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Problematic Interviewee Behaviors in Qualitative Research[1]

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The interview is a staple of many qualitative approaches. Although textbooks offer extensive guidance to researchers about conducting interviews, less guidance is available about problematic interviewee behaviors, such as flattery or statements indicative of social desirability response bias. In this study, a secondary analysis of 22 phenomenological interview transcripts, we sought to examine problematic interviewee behaviors. More than 300 pages of typed text were subjected to line-by-line scrutiny, yielding only six potential instances of the phenomenon. Each could be interpreted several ways. What appeared to be flattery could also be perceived as simple gratitude or appreciation. We concluded that problematic behavior was rare in this data set.

Keywords: *qualitative interviewing; social desirability; validity threats; phenomenological study*

Face-to-face interviewing is a staple of many qualitative research approaches. Interviews are designed to "have the informant produce statements which are both real or natural in relation to his or her lifeworld, and useful or relevant in terms of the current research project" (Mazeland & ten Have, 1996, p. 1). Textbooks offer extensive guidance to researchers about the conduct of interviews, including establishment of rapport with interviewees, strategies for inducing free-flowing description of experiences, and protective measures for participants who may become agitated while recounting painful events (Kvale, 1996; Thomas & Pollio, 2002). Some authors even provided suggestions about how to dress to create the right impression on the interviewee (Fontana & Frey, 2000). Less guidance is available to researchers about potentially problematic interviewee behaviors, such as flattery,

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188

flirtation, or statements indicative of social desirability response bias. For example, the authoritative text *Handbook of Qualitative Research* (Denzin & Lincoln, 2000), which contains more than 1,000 pages, does not have a listing for *social desirability* in its index nor does it contain substantive discussion of interviewee improprieties anywhere in the text. In the chapter on interviewing, Fontana and Frey (2000) stated, "There is inherent faith that the results are trustworthy and accurate and that the relation of the interviewer to respondent that evolves in the interview process has not unduly biased the account" (p. 646). It is not clear how often problematic interviewee behavior may occur because few researchers mention its occurrence when writing their final reports. Oakley (1981) noted that "Interviewing is rather like a marriage: everybody knows what it is, an awful lot of people do it, and yet behind each closed front door there is a world of secrets" (p. 41). Problematic interviewee behavior could represent a serious threat to validity of interview data (Hutchinson & Wilson, 1992). In the current study, a secondary analysis of interview transcripts, we sought to examine the frequency and nature of problematic behaviors of interviewees with the goal of opening dialogue among scholars about this issue.

CHARACTERISTICS AND DYNAMICS OF THE INTERVIEW SITUATION

Research interviews display some commonalities with everyday social interactions in which persons strive to present themselves in a favorable light. Unlike ordinary conversations, they often plumb the meanings of behaviors ostracized by society and shrouded in secrecy. A review of pertinent literature illuminates characteristics and dynamics of the interview situation that could heighten people's tendencies to make a favorable impression on the researcher. Scholars have called attention to the moral demands that an interview makes on participants, the power imbalance between investigator and interviewee, and the differing agendas of the two parties.

The current trend among qualitative researchers is to consider interviewees as collaborators or coresearchers. In contemporary literature, the interview is referred to as a "negotiated accomplishment" of the two parties (Fontana & Frey, 2000, p. 663). This is a laudable egalitarian stance; however, in truth the relationship between researchers and researched is not egalitarian. With rare exceptions, the researcher's so-called purpose of the study determines the topic to be discussed. The researcher decides what particular part of the participant's answers to follow up (Rapley, 2001). The

participant may disclose a large amount of deeply personal material, whereas the researcher discloses little or none. In an egalitarian relationship, there would be greater reciprocity and sharing of thoughts and feelings.

Individuals who have agreed to participate in a qualitative research project may have a complex set of reasons for doing so. They may expect to unburden themselves of painful memories and receive some therapeutic benefit. Some authors do extol the potential benefits of participating in a private, respectful dialogue with a sensitive, well-trained listener (Cutcliffe, 2002; Thomas & Pollio, 2002), although such benefits cannot be guaranteed. One of the essential tensions in the interview is the differing agendas of researcher and informant (Mazeland & ten Have, 1996): "An informant may even make an effort to speak the interviewer's 'language' . . . rather than his or her own" (p. 18). According to Gadamer (1975), two people in dialogue do not, in any real sense, possess language prior to their conversation. Their language is worked out between them as they try to achieve meaning and understanding. As noted by Rapley (2001), interviewers and interviewees work to construct themselves as certain types of people in relation to the topic of the study.

Although they may welcome an opportunity to tell their stories, participants in face-to-face interviews for a qualitative research project also may experience considerable apprehension about the researcher's evaluation of them. When the researcher is a nurse, interviewees bring with them some psychological baggage from previous encounters with nurses and other health care providers. Stereotypes of nurses as judgmental battle-axes and torturers—or ever-nurturing mothers—may come to mind (Muff, 1988). Such images could generate anxiety as well as wishes to placate or please. According to Lawler (1993), "The identity of 'nurse' is so powerful that it can structure social interactions, and some nurses find that people respond to them, not as individual persons, but as nurses" (p. 217).

Research interviews undoubtedly are imbued with more significance than everyday social interactions. Goffman (1967) pointed out that even a social conversation "has a life of its own and makes demands on its own behalf. It is a little social system with its own boundary-making tendencies; it is a little patch of commitment and loyalty" (p. 114). Goffman (1967) further claimed that

> Just as there is no occasion in which improper impressions could not . . . arise, so there is no occasion of talk so trivial as not to require each participant to show serious concern with the way in which he handles himself and the others present. (p. 33)

As long ago as 1922, in a text on human nature, Cooley (1922) asserted that

> There are persons who in the simplest conversation do not seem to forget them-selves, enter frankly and disinterestedly into the subject . . . but are felt to be always preoccupied with the thought of the impression they are making, imag-ining praise or depreciation, and usually posing a little to avoid the one or gain the other. (p. 215)

If ordinary social conversation creates concern about the impression one is making, surely a 1:1 research interview can be expected to do so. According to Dingwall (1997), there is "impression management" (p. 56) on the part of interviewer and respondent.

A participant's concern about the researcher's approval could be height-ened if the research involves disclosure of unethical, immoral, or illegal acts. Nursing studies often explore acts that harm oneself or other people. Nurses investigate acts of commission (e.g., battering, bingeing and purging) and acts of omission (e.g., failure to take medication or secure prenatal care) that could engender researcher disapproval. To mitigate disapproval, partici-pants could try to rationalize their behavior or make statements designed to cast the behavior in a more favorable light. Recall Goffman's (1959) asser-tion that all speech acts are performative, used to present the self in a morally adequate light.

In quantitative research textbooks, there is overt concern for the phenom-enon of social desirability, "A bias in self-report instruments created when participants have a tendency to misrepresent their opinions in the direction of answers consistent with prevailing social norms" (Polit & Beck, 2004, p. 732). To reduce the possibility of this type of responding, participants are assured that their responses will be kept confidential and there are no correct answers to the questions. If these measures are not presumed sufficient to ensure the integrity of questionnaire responses, the researcher may create a "lie scale" that is embedded within the instrument and used to weed out par-ticipants who may be faking. An example of a typical lie scale item is "I always donate to all worthy causes."

A 1:1 interview is more intimate than marking response options on a ques-tionnaire. There is insufficient discussion in the qualitative research literature of the moral demands that a 1:1 interview places on informants (Mazeland & ten Have, 1996; Rapley, 2001). Among the few published reports mentioning the possibility of social desirability in informant responses is Shiner and Newburn's (1997) account of recreational drug use among teenagers. Semi-structured interviews were conducted with drug users and nonusers. Of

pertinence here is a brief researcher caveat that "it is possible that the school setting may have encouraged respondents to give what they thought were socially desirable answers . . . thus reducing the validity of the interview data" (Shiner & Newburn, 1997, p. 520). Locker (1981), who interviewed mothers about their decisions regarding health care of family members, called attention to the mothers' attempts to convince the researcher that their decisions were reasonable. Rapley (2001) wrote about interviewees who

> work to hold the floor, either through forecasting that more talk is to come or through rush-throughs (and by producing stories . . .) and this allows them the space to construct a specific, and often "*morally adequate*" identity in relation to the topic of the talk." (p. 316)

In an article about validity threats in interviews, Hutchinson and Wilson (1992) listed several "problematic respondent behaviors" (p. 118), such as sexual overtures, hostile demeanor, jokes, silences, and outbursts. They also cautioned readers that some respondents try to shift the focus to the interviewer—which can be problematic to young or inexperienced interviewers. There was no mention of social desirability responses.

Before concluding this discussion, a word about culture is in order. Social desirability may be strongly entrenched in some cultures. In a study of Himalayan culture, Berreman (1962) found that interviewees' perceptions of the interviewers' interests affected the data gathered in the interview. To mitigate this factor, several interviews were conducted by different interviewers. Lipson and Meleis (1989) in a study of Middle Eastern immigrants found that some social desirability was inherent in this culture and reported that some participants admitted to not being truthful during the actual interview. Subsequently, Lipson and Meleis (1989, 1999) collected much of their data informally, in the time before and after the actual interview.

To summarize, a research interview is a unique situation, laden with meaning for both parties. We argue that the nature of research conversations could intensify people's tendencies to make a positive impression or please the investigator. When the researcher is a nurse, interviewees could have powerful transference reactions based on previous experiences with nurses. Although extant literature provides guidance regarding interviewer behavior, scant attention has been given to the behavior of the interviewee. Dynamics between interviewers and interviewees during these unique dialogic situations deserve greater attention.

PURPOSE

An exploratory study was undertaken with the purpose of identifying problematic interviewee behaviors. A particular focus was behavior that exemplified social desirability, or in popular parlance "making nice" or "schmoozing." Other behaviors of interest included those specified as so-called problematic in the aforementioned article by Hutchinson and Wilson (1992).

DESIGN

In this secondary analysis, existing data from three phenomenological studies were selected for inclusion. These studies were purposefully selected because they involved nurses interviewing patients and a professor interviewing students and thus were suspected to have the potential of exhibiting the phenomenon of concern.

SAMPLE

There were 22 transcripts, comprising 316 pages of typed text, available for line-by-line scrutiny. The transcripts provided a verbatim account of words spoken by interviewers and participants, along with notation of interviewee behaviors such as laughing, crying, sighing, or hesitating before answering a question. The purposes of the three original studies were distinctly different, the first designed to elicit experiences of patients in the inpatient health care environment (Shattell, 2002a), another focused on graduate students' experiences in a university's modern foreign language department (Beauvois, 2002), and the third asking patients to describe how they went about soliciting nursing care (Shattell, 2002b). All interviews had been conducted according to the procedure outlined in Thomas and Pollio (2002). In brief, the researchers initiated the dialogue by an open-ended question about what stood out to the participants about their experiences. To illustrate, the question in the third study was "When you think about soliciting nursing care in the hospital, what stands out to you?" (Shattell, 2002b). Thereafter, interviewer questions were employed only to encourage further elaboration or clarification. All three studies had taken place in the south-eastern United States, although the interviewers and interviewees were not

necessarily natives of the area. All interviewers were White women, with the nurses being younger than age 40 years and the university professor older than age 40 years. Men and women of varying ages and races had participated in the phenomenological interviews. Nurses who interviewed patients were not involved in their care.

METHOD

Transcripts, containing no identifiers of the study participants, were subjected to line-by-line analysis by the first author, who had played no role in the original studies. Her aim was to identify tendencies toward social desirability response bias or any other problematic interviewee behaviors that could potentially threaten validity of the interviews. Any segments of text hypothesized to exemplify such tendencies were copied verbatim from the transcript, noting the words, conversation, and context that preceded the incident, as well as the response of the interviewer. Each example was presented verbatim at a meeting of an interdisciplinary phenomenology research group for discussion and verification. At the same time, the second author conducted secondary analysis of her own data on soliciting nursing care (Shattell, 2002b) for the same purpose. The third author, who serves as codirector of the interdisciplinary research group, supervised all aspects of the analysis, provided feedback on the preliminary findings, and brought the manuscript to fruition.

FINDINGS

Despite the large number of transcript pages analyzed, very little evidence of problematic interviewee behavior was found. The transcripts yielded only six potential instances of the phenomenon, each of which could be interpreted several ways. None was a definitive exemplar of the phenomenon. In the following paragraphs, we discuss each and invite readers to consider the plausibility of our interpretation.

In the first transcript segment, the interviewee (a female graduate student) is asked the standard question "Is there anything else about this experience that you would like to add?" as the interview draws to a close. The student replied, "One thing is that I am glad I met you." The interviewer (a female professor in her department) responds with surprise, "Oh," and laughs. Further elaborating, the student says,

> It is people like you who are so in love with what you are doing . . . even if you hate it sometimes . . . you emanate that. . . . Your enthusiasm for being where you are is inspiring, and I like to be around people who inspire me.

At face value, the student's statement could be perceived as flattery. The power differential between professor and student is well known. The so-called flattery, however, does not surface until the end of the interview, leading us to conclude that this is probably a genuine compliment by the interviewee. A second graduate student, near the end of her conversation with the professor, says, "You've helped me a lot." She appears to refer to interactions that occurred outside the interview situation because the transcript contains no evidence of so-called helping the student. Again, this seems to be a genuine compliment.

In the next transcript segment, the male interviewee offers a glowing evaluation of a nurse who cared for him when he was hospitalized. He refers to "this little pixie of a nurse," a descriptor that might very well fit his interviewer (an attractive young woman with a pixie haircut). He also makes a point of telling the interviewer, "I've always had a good time with nurses." On initial examination, these statements could be interpreted as pleasing or schmoozing, perhaps flirting a bit, with the young female interviewer. We concluded that this was not the case, however. Contained within this segment of transcript is further elaboration on the "little pixie of a nurse" and specific behaviors that meant a lot to the patient:

> It was real obvious that she liked being a nurse, and liked being a care-giver. . . . She just was always very attentive and concerned about how comfortable I was, and if it reached a point where I couldn't stand it anymore, [she would] get the doctor in here. She was just always very thoughtful. One of the things that I remember *most* was [her] coming by my room or sticking her head in the door, more often than just the number of times [to] bring you pills or change your sheets, that kind of thing. It just seemed to me that she was there a *lot*. And another thing that she did that I don't think probably was part of the routine was that, every day as her shift was ending, she came and talked to me. And would make sure that, "Mrs. So and So is going to be here until 11 and she will take good care of you. And I'll be back in the morning." It made you feel real safe.

Given the additional information provided by the interviewee, we concluded that he was expressing gratitude for his nurse's attentiveness. Her frequent checks and her parting comments each day helped him feel safe in the scary hospital environment. In view of the loneliness described by hospitalized patients (Shattell, 2002a), it is plausible to conclude that another hospitalized interviewee is simply expressing gratitude for the interviewer's

attentiveness during a long phenomenological interview: "You've been real sweet too and I appreciate you." The appreciative statement is made at the conclusion of the interview, at a time when flattery would seem to serve no purpose. No further contact between researcher and study participant was scheduled to take place after completion of the study.

The next transcript segment involves poor nursing care; however, the interviewee minimizes the nursing role in her unpleasant hospital experience:

> I was getting a little frustrated and then I started to have muscle spasms, nothing from the procedure, just being flat. And I asked for something [interviewee apparently asked for, but did not receive the requested medication] . . . and that's when I told the doctor, "I'm bringing my own medicine next time." . . . It truly irritated me and it kind of set the tone. And then I was all night in a very bloody gown, very bloody sheets. It was just over night . . . it was no big deal. But that was *not* a good experience.

This interviewee appears to have two legitimate complaints: She neither received medication for her discomfort nor assistance with her personal hygiene, lying in bloody linens all night. It is logical to infer that nurses should have been attending to these needs. It logically follows that she might feel irritation toward her nurses as well as her doctor. Yet she assures the interviewer, whom she knows is a nurse, "It was no big deal."

Another hospitalized patient, who was a well-controlled Type 2 diabetic at home, received his meals and blood glucose checks at inappropriate times, necessitating insulin injections while in the hospital:

> I guess the thing that aggravated me the most is, I'm Type 2 diabetic and they, and it wasn't the nurses per se, *I don't know who it was really*, but they'd seem to come in, bring me lunch and it always had fruit, peaches, or something sweet, and 10 minutes later they'd come and check my blood, or not 10 minutes but half an hour later, and my blood sugar was always up, so they were sticking me, giving me insulin, which I don't take insulin 'cause my blood's controlled really well.

This man's refusal to blame the nurses, although they must have been the dispensers of the insulin, is similar to the behavior of the previous interviewee. There is no flattery of the nurse interviewer in these two transcript segments; however, it seems clear that the interviewees chose not to offend her by casting any aspersions on the competence or diligence of her professional colleagues. Does this mean that the validity of the two interviews should be questioned? A thorough examination of the remainder of the text of the two interviews suggests that the validity of the data is not compromised in

any way. Both interviewees gave detailed, rich descriptions of their experiences (Shattell, 2002b).

How did interviewers respond to the above-cited comments of participants? Minimal polite responses were most common. To the interviewee who called his nurse interviewer "sweet," a simple thank you was uttered. To the student who credited her professor with inspiring her, the professor replied that inspiration is reciprocal: "Having students who respond is also inspiring. That doesn't go just one way, right? Teachers are often inspired by their students' enthusiasm and ideas and creativity."

DISCUSSION

This first attempt at exploring the occurrence of problematic interviewee behavior in qualitative research interviews by no means explicates the phenomenon with any degree of clarity. We conclude that there was little evidence of the tendency of interviewees to give socially desirable responses. More than 300 pages of interview transcripts were carefully examined, with only six segments of text pertinent to the phenomenon. Each of these could easily be interpreted several ways. A likely explanation for most of the flattering interviewee statements is simple gratitude or appreciation. One individual seemed to be grateful just because the interview punctuated a long and lonely day of hospitalization.

The reluctance to speak badly of nurses that was apparent in the final two segments of transcript deserves further study, however. Such reluctance could hamper full elucidation of patients' legitimate complaints about their care. Some patients may feel especially vulnerable when invited by nurses to be interviewed for research when they are continuing to receive care from the same facility. They may feel a need to ingratiate themselves to staff members, lest they be neglected. It is probably not a good idea for nurses to interview patients to whom they have personally delivered (or will deliver) care. Likewise, it may be prudent for professors to refrain from interviewing students they have taught. As shown in our interview segments, the students tend to bring the baggage of prior experiences with the professor into the interview situation. In this case, the prior experiences had apparently been positive, and the interviewees felt comfortable conveying their appreciation. Not all education experiences are so positive. A professor, even if not currently teaching student interviewees, may still be perceived to have considerable power (e.g., writing recommendations for future employment). A request to a student to participate in a research interview could be perceived

as coercive, although there is no evidence that such was the case in the study by Beauvois (2002).

Because the current study was a secondary analysis of existing data, our findings should be viewed with caution. Problematic interviewee behavior seemed to be rare; however, a study specifically designed for the purpose of investigating such behavior would permit more confidence in this conclusion. Because the current study only involved American study participants, applicability of the findings to individuals in other cultural contexts cannot be presumed. As noted earlier, social desirability response tendencies appear to be more prevalent in other cultures, mandating researcher modification of interview methodology. We consider the primary value of the current study to be stimulating further discussion about a topic that is seldom explored.

Interviewing has been called the soul of qualitative research (Downs, as cited in Hutchinson & Wilson, 1992, p. 119). Humans have used the interview as a tool to obtain knowledge about one another since the time of the ancient Egyptians (Fontana & Frey, 2000). Modern researchers often speak of the art and craft of interviewing. To supplement the art, systematic inquiry seems in order. The quality of our studies can only improve when we have accurate knowledge about a host of factors that may influence the relationship between interviewer and interviewee.

NOTE

1. An earlier version of this article was presented at the 9th International Qualitative Health Research Conference, Guadalajara, Mexico, February 2003.

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