CONDUCTING INTERVIEWS WITH ELDERLY INFORMANTS FOR THE PURPOSES OF EDUCATIONAL ETHNOGRAPHY: SELECTED ASPECTS OF GERONTOLOGICAL FIELDWORK

Abstract: The article presents the problem of conducting interviews for research and educational purposes with elderly people. It is not the purpose of the article to analyze the process of collecting interviews for clinical purposes in medical sciences. The article refers only to the epistemological issues in social sciences. The importance of proper interviewing elderly people is related to the planning of formal, informal or non-formal educational support for them (Kargul 2001) or on the other hand, for the purpose of data collection in qualitative research such as educational ethnography. In both cases, pedagogues should have deep knowledge about both the interview performance and the specificity of conducting interviews with the elderly informants, with respect and knowledge about the state of functioning of their health, cognitive skills etc. It is also particularly worth considering the problem of collecting data with informants having dementia or mental illnesses or being in need of particular sensitivity from the researchers. The article introduces the problem of educational needs of people in late adulthood, synthesizes the characteristics of elderly people as informants, taking into account their cognitive performance, health-related requirements or chronic diseases. In addition, the content includes procedural recommendations for the practice of data collection with informants in late adulthood (Tokaj 2005; Talarska & Wieczorowska-Tobis 2012) – after 60-65 years of age.

Keywords: social sciences, education, qualitative methodology, ethnographic research, interview, informants, elderly people

Beata Borowska-Beszta, PhD
Associate Professor at Nicolaus Copernicus University
Faculty of Education
Head of Chair of Disability Studies
1 Lwowska Street
87-100 Torun
Poland
E-mail: borbesz@umk.pl
E-mail: borbesz@gmail.com
Mobile: +48 600623700

Mateusz Smieszek, PhD Candidate
Academia Copernicana PhD Study
Nicolaus Copernicus University
1 Lwowska Street
87-100 Torun
Poland
E-mail: mat.smieszek@gmail.com

INTRODUCTION

Elderly people are regular participants of educational processes for seniors in Poland and abroad. They regularly participate in clubs of seniors, Universities of the Third Age and other forms of support and continuing education. Usually, participation in formal or informal ways of activating older people is preceded by conversations with those who want to participate in selected forms of activation or support. In addition, older people, and females and males participate more or less regularly, as interlocutors in qualitative research, conducted by college students or more experienced researchers from social sciences in general.

The following article analyzes important elements related to key problems accompanying the collection of data for educational, supportive or qualitative research among informants both gender in their late adulthood. The content includes theoretical analysis related to human aging from the educational perspective, and methodological analysis of data collection, when informers in e.g. educational ethnography are females and males in late adulthood. The article indicates the threads of conducting interviews with informants, older people who are getting old without disabilities and people experiencing certain health problems related to age or people experiencing a chronic illness. These three types of contexts that accompany the gathering of qualitative data with seniors become important elements of the researcher's knowledge and constitute support in his/her professional preparation for entering the area where interlocutors reach older age (Tokaj 2005; Talarska & Wieczorowska-Tobis 2012) as a time over 60-65 years old.

REVIEW OF LITERATURE

AGING FROM EDUCATIONAL PERSPECTIVE

The justification for undertaking methodological issues related to collecting data among the elderly for the purposes of lifelong education or conducting qualitative research has its serious justification for the participation of people in late adulthood in various educational activities in Poland and in the world. Elderly people, depending on the state of functioning, well-being and state of health, have obvious needs in terms of various forms of formal, informal and non-formal education.

Adamczyk (2017) believes that nowadays the traditional perception of life is limited to the following areas: youth - education, adulthood - work, old age - free time. Lifelong learning covers all forms of education: formal, informal and non-formal. Changes in the social structure make it necessary to transform facilities dealing with education. Hrapkiewicz (2009) indicates that a large group of people over 60 years of age, after finishing their professional activity, strives to continue their educational development. They are perceived by educational institutions that create proposals tailored to the needs and capabilities of elderly people. Bonk et al. (2013) writes about the aging of society and the increasing participation of older people in educational and activating activities. Tylikowska (2013) distinguishes the assumptions of education of an elderly person, and rightly states that one should initially ignore the untrue Polish myths about old age such as "old age not joy", because such beliefs remain in the memory of elderly people, blocking their potential. According to the author, care should be taken to develop seniors, because it causes self-acceptance of their lives, gives spiritual peace and joy of today (Tylikowska, 2013). Sikora (2013) distinguishes, in turn, the needs of elderly people in the field of education. Among them are "technical knowledge and skills (computer, ATM, personal accounts, cell phone, music equipment, TV, video); health (coping with health problems, getting information, mainly from doctors); rest and entertainment (developing new interests, but also existing ones); Subjects related to life (dealing with financial, inheritance, legal matters)"(Sikora, 2013, 44).

AIMS, FORMS AND FUNCTIONS OF EDUCATION OF THE ELDERLY PEOPLE

Halicki (2009) believes that all educational activities conducted among older people should strive to achieve specific, defined goals. The basis of education is support in maintaining the independence of life and satisfaction with life. An important area is also the acquisition of new knowledge and competences. A frequent element of education is also encouraging elderly people to take actions for the benefit of others in order to

gain a sense of participation in social life (Halicki 2009). Levasque and Minniti (2006) distinguish five models of education for the elderly: "Vellas" (classical, French), Anglo-Saxon, Chinese, South American, North American (Levasque and Minniti 2006). According to Delahaye and Smith (1998), the educational strategies that elderly people take can vary. The authors indicate that in the initial phase of education they prefer structured forms with a high degree of dependence on the person conducting the classes. Later, however, they willingly use less formal ways of acquiring knowledge.

Kargul (2001), Leszczyńska - Rejchert (2015) indicate a threefold system of satisfying the educational needs of older people. The authors emphasize that lifelong education of seniors includes a triple education system: formal education - (teaching and learning within the school system), non-formal education - (otherwise extra-school, organized educational activities taking place outside the formal education system), non-formal education - (the process of shaping personality throughout life, as part of everyday experiences, upbringing influences of environments, and mass media) (Kargul 2001; Leszczyńska-Rejchert 2015). Leszczyńska-Rejchert (2015) indicates that it is worth learning in late adulthood in the areas of media education, legal education, health education, leisure time education, education about modern technologies (Leszczyńska-Rejchert 2015).

The educational activity of elderly people also has several basic functions. Dubas (2013) distinguishes the following functions: instrumental, social, cultural - civilizational, auxological, axiological - theological, emancipatory, felicititic, biographical, existential. Maciejasz et al. (2015) write that in relation to conducting educational activities with the participation of seniors, it is important to emphasize and see the impact of the aging process on the intellectual and social functioning of older people. Szarota (2004) emphasizes that it is very important to consider physical or psychological changes when conducting individual or group educational activities (Szarota 2009). The author continues that the unfavorable cognitive and intellectual changes progressing with age are of particular importance of care. This applies, among others involution of perception processes (receiving information and stimuli), processing experienced impressions and received information, as well as changes in thinking processes (analysis, synthesis, generalization and abstraction) and memorizing. Memory disorders, as well as the orientation in time and space in the elderly, also affect the nature of the educational relationship, according to Szarota (2009).

Challenges in the educational process

Walker (1993), as well as Hughes (1995), write that during the implementation of education with the participation of seniors, many difficulties may arise. Barriers may concern personal attitudes and attitudes of older people to the educational process. Due to personal biographies, experiences of older participants can be characterized by different attitudes (positive or negative) to education or any support. Persons may adopt, for example, passive attitudes and not demonstrate involvement in educational activities (Walker, 1993). What may affect the attitude of the teacher, pedagogue, should in such situations show activity and create the right dimension of the relationship. Pikuła (2014) writes that the nature of the current (family, health, financial) situation of an elderly person may also constitute a barrier to involvement in lifelong education. Therefore, the teacher must approach the subjects individually and flexibly shape the entire educational process. Pikuła (2017) highlights also the meaning of vocational activity of seniors.

Tanner (2005) notes that barriers of a communicative nature are an extremely important area of emerging difficulties during lifelong education. The emerging communication barriers between the educator and the elderly can hinder the exchange of information and understanding. Communication barriers may include, inter alia, language issues or cultural differences (Tanner 2005). In the case of older people, communication barriers may also appear as a result of physical difficulties such as hearing or sight problems. Communication problems are also related to the nature of the relationship. Tanner and Harris (2008) also write that an elderly person may have some concerns about the nature of the relationship between the elderly student - teacher and senior student - a group of students, which results in closing down, adopting a passive attitude or

withdrawing from participation in educational activities. There may also be difficulties of an emotional or perceptual nature. The information overload in the case of long and complicated tasks and tasks may also be a difficult situation. The authors emphasize that the basis for creating educational programs for the elderly is reflection on the needs and abilities of people from the above social group (Tanner and Harris 2008).

Sienkiewicz-Wilowska (2013) indicates, as also important in older age, that the essential role is played by the past, but also the uncertain future. The elderly person experiences and meditates on the beginnings and subsequent stages of their current life, also feels a constantly approaching end, which has a huge impact very often on changes in the spiritual area (Sienkiewicz-Wilowska, 2013). Sherron and Lumsden (1990) show that this is of course of great importance in the context of creating conditions for lifelong education for the elderly. Halicki (2009) indicates that seniors may have problems with motivation and involvement in educational activities. It is also important to recognize individual needs in the area of interpersonal contacts, according to Halicki (2009). The author continues, that changing the family structure (death of a spouse, children who are moving out) may affect the perception of the world of elderly people. Persons in such situations will seek contacts with others. They will look for solutions that will help in dealing with new living conditions. Spigner-Littles and Anderson (1999) write that gaining knowledge in the elderly age is to create oneself on the basis of previous life experiences (Spingner-Littles and Anderson 1999).

Elderly informant characteristic

A participant of discussion, an informant in older age is an interlocutor at a certain age, and functioning condition, experiencing or not chronic diseases. Knowledge about the individual needs of interlocutors in late adulthood can improve both the process of establishing bonds in the field, conducting interviews and ensuring psychological security for interlocutors, the elderly. What is the phase called late adulthood? Straś-Romanowska (2005) believes that late adulthood is the time when a person ages, that is, old age (Straś - Romanowska 2005). Pikuła (2013) writes that old age is defined as the period of life of the system following the mature age, characterized by a decrease in vital functions and a number of morphological changes in individual systems and organs"(Pikuła 2013, 24). According to Talarska and Wieczorowska-Tobis (2012) "it is very difficult to clearly define old age. Most of it is still associated with health problems, dementia and dependence on the environment. However, since attention has been paid to the fact that old age is the next stage of ontogenesis, more and more emphasis is put on the realization that disability and dependence are not its inherent elements"(Talarska and Wieczorowska - Tobis 2012, 256).

Age

According to Talarska and Wieczorowska-Tobis (2012), the criterion of age is used to define the old age. The authors indicate that the old age begins with the age of 65, although according to WHO it starts with the age of 60. The authors note that the state of functioning of two 65-year-olds may differ, therefore the calendar criterion has some limitations. Authors Talarska & Wieczorowska - Tobis (2012) and especially Kijak and Szarota (2012) argues that in the criterion of the calendar age there is a division into "early old age (65-74 years or 60-74 years, depending on the beginning of old age) and late old age (from the age of 75)"(Kijak and Szarota 2012, 256). However, according to Tokaj (2005) "the beginning of the aging process, despite the huge advances made by science, seems to be elusive, thus the exact determination of the threshold of old age is still impossible. However, it should be noted that among gerontologists and representatives of other sciences interested in the issue of old age, the prevailing view is that the border separating the maturity from the old age runs between 60-65 years of age "(Tokaj 2005, 41).

Triad of functioning

The aging of informants can develop in three basic ways indicated by Duda (2012). These are: favorable aging, normal aging and pathological aging.

- healthy aging - is characterized by the fact that people who are aging in this way are cheerful

and satisfied with life. They are happy to make contacts with young people, optimistic about life and society, and what they see themselves as young people. They are mentally fit, with no major function restrictions, do not get ill chronically. In most cases, they die a natural death.

- normal aging - aging is accompanied by the presence of discreet, usually chronic, disease symptoms presented in healthy aging.
- pathological aging - aging with a visible share of diseases. (Duda 2012, 4 - 5)

According to Pędich (1986), an inherent feature of the stage of life in late adulthood is illness or discomfort. The author distinguishes the division of diseases accompanying the elderly:

- older-aged diseases, which have already started in young or middle-aged, have been going on for many years, and do not show significant differences in the elderly.
- diseases that have already begun in the elderly age, but are not directly related to the aging process. In general, they have a different course from similar diseases in younger age and require slightly different treatment.
- pathological processes caused by aging itself, appearing in late adulthood and generally not found in younger people (Pędich 1986, 286).

Cognitive skills

Collecting data during interviews with older informants requires the researcher's vigilance on the physical and cognitive functioning of informers. It is important both during individual FTF talks and interviews during focus groups. An investigator who can notice fatigue and signs of fatigue should stop the interview and return to the content after the rest period. Vigilance on manifestations of psychological functioning will prevent the unintended exploitation of older informers.

Adamczyk (2017) indicates that "a wide knowledge of the rules of their psychophysical functioning, which allows to accurately determine their real capabilities and needs, also in the field of education, is important in working with older people. According to Krakowiak et al. (2011) it is essential to look at the physical, social, mental and spiritual functioning of the elderly. It should be added that Kilian (2015) indicates that older people show a different approach to education than younger students. Educational activity in the case of older people often plays primarily a socialization role (Kilian 2015), so this attention should be taken into account when collecting verbal data. Percy and Withnall (1994), write that it is extremely important for older people to be in contact with others, to be in a groups, to act together. At this stage of life, there is some blurring between science and socialization. The authors' note confirms the legitimacy of collecting data among older people using focus groups.

Physical fitness of older people, important to be taken into account by data gathering researchers, is a category analyzed, among others, through Skalska (2011), Krakowiak et al., (2011), Duda (2012) and Parnowski (2013). The authors agree that as a person grows older, decreasing motor skills results from the deepening physiological changes associated with old age, injuries, chronic diseases, as well as the negative impact of the environment and lifestyle. Skalska (2011) writes that "lowering physical activity is associated with a significant deterioration and functional limitation and an increase in the incidence of chronic diseases. Deficiency in late adulthood is usually defined as the difficulty in performing one or more self-service activities, such as: independent bathing, dressing, eating, using the toilet, and the ability to move"(Skalska 2011; Krakowiak, et al. 2011, 112-113). These comments make the researchers' vigilance for individual needs and performance during the interview.

Cognitive functioning, which is important when collecting data with elderly informers, is a matter worth deeper analysis and the necessary knowledge of researchers going to perform the FTF interviews. It seems necessary to know about the cognitive functioning and cognitive processes of the elderly, and their efficiency, which can be crucial when conducting conversations under the assumptions of a safety of environment.

The characteristics of cognitive functioning were analyzed by Birren (1964), Straś-Romanowska (2005). The authors point out that "with age, the sensitivity of the senses is weakening. It was found that from about 40 -50. years of age the threshold of sensitivity to the sense of sight, hearing and taste is gradually decreased.

Only pain sensitivity remains relatively constant"(Birren 1964; Straś-Romanowska 2005, 270). Cavanaugh (1997), Straś- Romanowska (2005) indicate changes such as: "weakening both the selectivity of attention and the ability to concentrate, extended reaction time to visual and auditory stimuli and the time of performing activities, both simple and complex. In addition, the slowdown of response time is a reliable and universal psychophysical indicator of aging for authors "(Cavanaugh 1997; Straś-Romanowska 2005, 270). Because the cognitive processes of seniors are weakened in terms of the accuracy of sensory perception, attention and thinking, it is recommended that the data collector should think carefully about the construction of questions, which should be simple, and uncomplicated. It is worth remembering that the weakened concentration of informants requires taking breaks and rest, which the researcher should observe.

Chronic diseases problems

Particular attention should be paid to the problems of collecting data during conversations with older people suffering from chronic somatic or mental illness. Chronic diseases require threefold attention. First, compliance with the ethics of data collection (obtaining the necessary consent from legal guardians in the case when the elderly person is incapacitated). Second, ensure the most appropriate safe environment and space when collecting data. Thirdly, openness and acceptance of the non-specific behavior of the interlocutors and the content they say. The researcher should also have knowledge about the subjective way of conceptualizing yourself and your state of health, everyday life by interlocutors with chronic neurodegenerative or mental diseases.

Kostka (2009), Borowicz (2015) write that in the elderly suffering from chronic diseases, limitations of physical activity are observed, which in turn leads to a decrease in their functional efficiency and deterioration of their health. Balicka-Kozłowska (1986) additionally indicates the deterioration of hearing, sight and limb performance (Balicka-Kozłowska 1986). According to the author, "the environment seemingly changes its physical characteristics: with each year and month the same stretch of road becomes longer and bumpier, floors are growing constantly, kilos weighs more, all seasons become colder, people around are becoming increasingly quiet and more blurred and your own hand becomes shorter when you want to reach for something "(Balicka-Kozłowska 1986, 163). According to Skalska (2011), Krakowiak, et al. (2011) emerging disability in late adulthood limits the autonomy of older people The authors believe that an older person's guardian should be ready to provide support by meeting physical needs, but also to provide mental assistance through conversation and ensuring a sense of security (Skalska, 2011; Krakowiak, and other 2011).

Blicharski & Bukasiewicz (1976) write that chronic disease can occur in people at every stage of life. They usually occur in the elderly and contribute. for this, among others decreased immunity and general weakness of the organism (Blicharski and Bukasiewicz 1976). "A chronic disorder is considered to be any disorder that has at least one of the following features: deviation is permanent, leaves permanent disability, is caused by permanent pathological changes, requires specialist rehabilitation, and any predictions will require long-term supervision or care in the future or he needs it already "(Krakowiak et al. 2011, 19). One of the groups of chronic neurological diseases occurring in late adulthood is dementia. According to Bogusławski and Drat - Gzubicka (2011), Krakowiak, et al. (2011), dementia, as disease of the brain obstruct the process of remembering, communicating and reasoning. Dementia is more widely defined by the WHO and means that it is a syndrome caused by a brain disease, usually of a chronic or progressive nature, in which cognitive functions such as memory, thinking, orientation, understanding, counting, learning ability, functions are disturbed. language, the ability to compare, evaluate and make choices. Consciousness is not disturbed. The impairment of cognitive functions usually accompanies, and sometimes precedes, lowering control over emotional and social reactions, behavior and motivation "(Krakowiak, et al. 2011, 25). In late adulthood, dementias associated with Alzheimer's disease are also present in participants of educational activities (Borowska-Beszta and Urban 2014).

Another disease in late adulthood may be atherosclerosis. The consequence is, among others: hypoxia of the heart, typical heart attack,

hemorrhagic stroke (Moszczyński 1997) Trailers and later effects of stroke may be vomiting, headache, convulsions, paralysis of the body, speech and visual disturbances, as well as falling of the corner of the mouth (Moszczyński 1997). Another disease associated with atherosclerosis occurring in the elderly, indicated by Bogusławski and Drat - Gzubicka (2011), Krakowiak, et al. (2011) is a stroke and its effects in the form of paresis, disorder of the senses and others. In addition, in late adulthood, not only dementia health requirements may arise, but also mental health problems such as very late-onset of schizophrenia diagnosed after the age of 75 accompanied by delusions, change of moods, distrust of neighbors, friends, family members (Borowska-Beszta 2014) or depression among the elderly, accompanying m.in. Alzheimer's disease, Parkinson's disease, epilepsy, cerebrovascular disease, stroke (Parnowski 2013).

METHODOLOGICAL ISSUES

DATA COLLECTION WITH THE GERONTOLOGICAL POPULATION

Bigby (2004) and Kaźmierska (2004) emphasize that the qualitative approach in research provides a holistic, explanation and understanding of the functioning mechanisms of the respondents by taking into account the broad situational context (Bigby 2004). When research serves the purpose of implementing changes in the lives of participants, the research, as research meant as action research within educational practice. The research activity based on this model considers a specific action directed not only at the attempt to answer how the reality is, but also at the question of how to improve the status quo and the everyday lives of research participants.

Collection of verbal data will require the researcher to take into account general assumptions of data collection ethics (Creswell 2009; Flick 2010; Rapley 2010; Jemielniak 2012), emphasizing the characteristics of a potential purposive sample - a group of elderly people as informants. This means among others: their age-related needs, sex, the current state of psychological and social functioning, health condition, whether as older people experience disabilities, chronic diseases, including neurodegenerative diseases, psychoses, depression, affecting the state of senses functioning, thinking, mood, cognitive processes. Because the three variant ways of aging indicated by Duda (2012) shows also that aging can occur in a "healthy" way, with minimal dysfunctions, diseases or as aging with present diseases, the researcher's skills are necessary, related to empathy, vigilance on the behavior and wellbeing of the informer and his/her safety. Interview, previously written or orally agreed, what means that the elderly person got to knowledge of the purpose of interview, duration, data destiny, coding and anonymization of personal data - should proceed in serenity, without rush, time pressure and in a friendly atmosphere based on the willingness to listen carefully. Data collection can sometimes be difficult due to emotions of the informant related to health problems (diseases including dementia, Alzheimer's disease, very late-oneset schizophrenia) or experiencing loneliness due to life circumstances. Data collection should be done in a tactful and friendly manner and should not cause discomfort or disturbance to participants – elderly informers.

ETHICS OF INDIVIDUAL OR FOCUS GROUPS INTERVIEWING

The ethics of FTF data collection during individual or focus group interviews, when the informants are elderly people (who are non-disabled, disabled, or with chronic diseases) does not deviate from the assumptions indicated by researchers and social science methodologists in relation to other vulnerable groups in the population. In any case, the need to create bonds in the field is described in details by Rapley (2010), Angrosino (2010), Flick (2010) and related to obtain the written formal consent or by choosing the option mentioned as verbal consent (Green and Bloome 1997) of informants to participate in the interview. In addition, researcher must also obtain the necessary consents of persons who are legal guardians of interlocutors (in the case of incapacitation) or managers of daytime or stationary facilities as places of data collection.

The consent forms should contain, among others: purpose of the interview, duration, topic of conversation, explanations regarding the anonymisation of personal data (when the informant prefers the anonymous interview

option). Moreover, the consent to the types of recording of verbatim data (audio, camera, video). In addition, preliminary information should clearly and simply indicate the way of recordings storage, or their eventual destruction within the time set by the researcher (e.g. 6 months) from data collection, what emphasizes Rapley (2010). The consent should also indicate the way the researcher will use the transcripts of the interviews. Some attention should also be paid to the fact that participation in the study of older people as informants should be completely voluntary, which means that the researcher should flexibly adapt to clear wishes to change the date of the interview or respect the total refusal to participate in the interview. The refusal may be caused by a bad mood and temporary problems or a certain distrust showing the slow building of bonds, which as a process requires time, as indicated by Spradley (2016; 2016).

An important element is also crucial to take into account (while organizing focus groups with the participation of older people living in stationary facilities) their personal preferences to be a member of a given group with specific participants, they accept. In addition, the correct time of focus groups should be also considered, which will not be in conflict with the rhythm of the day in the facility, meal times, activating classes, meetings with visiting family members.

Experiences of field researchers, qualitative methodologists, as Flick (2010), Jemielniak (2012), Spradley (2016; 2016) indicate that the researcher should remember that the decisions he/she makes during the research can meet certain difficulties and raise the ethical dilemmas. Denzin and Lincoln (2009) even that write "every methodological decision is an ethical decision" (Denzin and Lincoln 2009, 244). That is why it is extremely important to have an in-depth look at all elements of research activities and field demands and to refer them in own research assumptions. Ethical problems can arise during each stage of the interview - the preparation phase, conducting the research, as well as collecting data and analyzing the collected research material. Ricken (2001) emphasizes that in relation to the ethical aspects of research, it is also important to look in detail at the wider context of the analyzed reality (Ricken, 2001). Worth notice is the remark made by Minocha et.al (2015) about the data collection with the elderly people. The Authors emphasize also that "not all elderly people are vulnerable or socially isolated or lonely and in need of help: many older people, in fact, are active and engaged in volunteering or looking after younger relatives or even studying for degrees or short courses" (Minocha et al., 2015, 2). Furthermore, the support for the ideas of interviewing persons with dementia (with considerations of possible failures of poorly planned research) express Hellström et al. (2007). The authors share an interesting conclusion about participation as interviewers' elderly persons with dementia – "a well-executed and sensitively handled interview provides not only valuable insights into the 'real' experience of dementia, but also has a raft of potential benefits for all concerned"(Hellström et al. 2007, 617).

Researchers' competences

In the process of collecting data from the interview and the interpretation, the social competences of the researcher are important. First of all, expressing authenticity, empathy and respect, but also intuition, the ability to make contact, criticism and self-reflection. Tanner and Harris (2008) write that a researcher with own personal qualities is a research tool. The personal characteristics of the researcher, mainly experience and knowledge, turn out to be very important also at the stage of results analysis, which mainly consists in the description, explanation, design and evaluation as well as understanding and interpretation (Tanner, Harris, 2008). In the context of the methodology of qualitative research with the participation of older people, it is important to pay attention to a few basic issues of conducting research and data collection. Hughes (1995) writes about paying attention to the individual characteristics of the subjects (Hughes, 1995). The object of research should be a concrete person and its unique fate, not a statistical, average unit in the group. During qualitative research, researchers examine one selected, narrow, well-defined slice of reality. Lloyd (2006) recognizes the necessity of having a flexible research plan, identifying the research area and subjects, and adapting the procedure to realities (Lloyd, 2006). Especially in disability field research, one cannot rely on initial assumptions because it often turns out that the planned research activities are completely

inadequate due to the large diversity of the group and the varied level of psychophysical abilities of the subjects.

A very important collection of qualitative data with the participation of elderly people is the perception of the level, the degree of self-awareness of informants. Write about this, among others Tanner and Harris (2008), Lloyd (2006) and Hughes (1995). Knowledge about self, the ability to get deep into your own life experience has a huge impact on the process of data collection during qualitative research (Tanner Harris 2008). While conducting research in the form of, for example, interviews with an elderly person, the researcher should approach the entire research process in a reflective way, he/she should be able to see, notice whether statements of informers are in-depth or whether they are only cursory, chaotic statements in which a broader context is still not recognized. The self-awareness of the informants has a large impact on the process of data collection and analysis while conducting qualitative research (Tanner and Harris 2008; Lloyd 2006).

DIFFICULTIES DURING DATA COLLECTION

Emerging barriers and difficulties when collecting data with elderly information providers can occur both on the part of the researcher and informants. The conditions of such interviews show a need for a researcher's specific skills, which means his/her sensitivity to the situation during data collection, empathic understanding, increased attention to subtle verbal or non-verbal messages. It is important to thoroughly analyze theoretical and methodological literature, which constitute the basis for conducting qualitative research. Beresford (2003), as well as Dubas (2016) emphasize that due to numerous communication, situational or social difficulties, it is important to apply a flexible action plan and adjust the conditions to the current personal situations of the informers (Beresford 2003). The interview should therefore be divided, take a break to not overload the participants. The researcher should propose a break by him/herself, especially when interviewing the chronically ill informant. The basis for building relationships during the interview is a subjective approach to the elderly and, as emphasized by Spradley (2016; 2016) a respect. Moreover, recognizing their individuality and diversity of biographies and life experiences. The flexibility of activities is also connected with the need to pay attention to the general environmental conditions, the impact of the interactions of relatives on the actions and behaviors of the informers. Kilian (2015) writes about tasks that a researcher working with elderly people is facing. The author indicates a few of the most important activities, including: "creating opportunities to share their own thoughts, accumulated knowledge and experience, asking questions that arouse curiosity and reflection, encourage thinking and encouraging them to stand up for themselves, drawing up problems to be solved (Kilian 2015, 178).

TWO CASES: INTERVIEWING ROBERT 77 YEARS OLD AND RHONDA 76 YEARS OLD

How practically to collect data during FTF meetings with the elderly people with special mental health needs? Borowska-Beszta (2014) collected over 12 months the data based on the participants observation of the daily life of a female (who will be coded for purposes of this article as Rhonda76) who in late adulthood, being 76 years old, was diagnosed with a very late-onset of schizophrenia. Additionally, in May and June 2017, first author of this article - Borowska-Beszta held informal conversations when she visited for several times in the geriatric ward of a psychiatric hospital her former university professor Robert of age 77, who was diagnosed with Alzheimer's disease (whose name will be encoded as Robert77 in this paper). Both conversations during the collection of data from Rhonda76, and while speaking Robert77 indicated some optimal regularity of conversations, the important accent of which was, to the first author of the paper to ensure well-being during conversations and alertness to sometimes subtle signals and threads from informants:

- First of all, the researcher should be characterized by inner serenity and lack of rush, as well as some friendly restraint in expression and gestures. In both cases, it was important to adapt of the researcher to the pace of thinking and of speaking by interlocutor, applying pauses and giving encouragement by word, gesture or smile.
- In the case of speaking with Robert77 pace of the dialogue was clearly released, with a focus

on searching for simple words that will not cause confusion to the informant and will not disturb him/her. It was Robert who actually became a calm conversation director who took in the dialogue such direction that satisfied him, in the space and content in which he felt safe. Robert77 showed to the researcher the living room, and moreover his own room, with his personal objects, he wanted to tell about. In the case of speaking with Rhonda76, the pace was efficient and not too fast, with a focus on listening carefully to the dynamically and emotionally expressed delusional or extra-delusional content, as well as calm attempts to answers and respond to the content heard.

- Secondly, the researcher should follow the informant, areas of his/her interests, activities he/she undertakes, words and gestures, and not impose the subject of conversations. Doing joint laundry with Rhonda76 was satisfying for her wellbeing, feeling of independence and gave her also opportunity to speak with the researcher about her needs or difficulties.
- Thirdly, the conversation, in addition to data collection, can also be carried out in the direction of emotional encouragement and improvement of well-being, especially if the informant had chronic diseases and have a sense of humor and react to reality with a weaker or stronger type of smile.
- Fourthly, the conversation can be carried out during a quiet walk and easy travel – walking.
- Fifthly, conversations on a given topic, longer than 30 minutes, can cause fatigue and visible fatigue among informants. This was especially noticed in Robert 77 with Alzheimer's disease. Hence, the recommendations that came after meetings precise, that formal or informal interviews with elderly having health conditions mentioned above should be conducted rather shorter about 15-20 minutes.
- Sixthly, it is not advisable to exert any pressure to obtain the given information. Just as it is not advisable to persuade an elderly person during an interview (for example with Rhonda76 having paranoid schizophrenia) that she is wrong in seeing reality inappropriately or inaccurately. The researcher should accept the content and fully respect own comments of the interviewed authors.
- Seventhly, the researcher should be attentive to various information channels, gestures and peculiar forms of messages, sometimes symbolic, simplified, visual (when the informant wants to show us something, for example, a board with announcements on the hospital corridor, personal photos). First author of this article became more convinced about the real condition and functioning level of Robert77 after a little talk before the board in the common room. On the board was written sign in 10 cm letters - Psychiatric Department of Psychogeriatry, then number and full name of the hospital. Robert77 with a certain and subtle embarrassment showed on the board with his hand and said - "I'm in this stay for the second time but - hesitated - I cannot figure out what's going on here?"
- Eighth, one should give all explanations about the various issues that the informant asks and when the informer needs an explanation to feel safe.

CONCLUSION

The above article is an analysis of theoretical assumptions concerning the education and educational needs of people in late adulthood and at the same time carrying out educational field studies with the participation of informants in late adulthood. The general discussion was focused on the assumptions of methodological issues of data collection with the elderly participants and on practical data collection characteristics and suggestions. The above-mentioned practical remarks on the implementation of FTF data collection during interviews could also be extended in future work to include data collection with seniors conducted online and methodological indications regarding the consultation. An important issue pointed out in the article is the knowledge that not every person in late adulthood can be perceived as the one in the group of vulnerable informants, but there are those who due to own way of aging will require researchers to be aware of the subtle situational reality while the face-to-face meetings and interviewing.

REFERENCES

Adamczyk, Monika. „Modele edukacji osób starszych". *Edukacja-Technika-Informatyka* 3 (2017): 32-37.

Angrosino, Michael. *Badania etnograficzne i obserwacyjne*. Warszawa: PWN 2010.

Balicka-Kozłowska, Helena. Aktywność w starszym wieku – hamulce i bodźce. *Encyklopedia seniora*. Red. Irena Borsowa, Warszawa: Wiedza Powszechna 1986.

Beresford, Peter. *It's Our Lives: A Short Theory of Knowledge, Distance and Experience*. London: Citizen Press 2003.

Bigby, Christine. *Ageing with a Lifelong Disability: A Guide to Practice, Program and Policy Issues for Human Services Professionals*. London: Jessica Kingsley 2004.

Birren, James E. *The Psychology of Aging*, Englewood Cliffs, N.J.: Prentice-Hall 1964.

Blicharski, Julian i Barbara Bukasiewicz. *Opieka pielęgniarska nad przewlekle chorym w domu,* Warszawa: PZWL 1976.

Bogusławski Wojciech i Joanna Drat – Gzubicka. „Przewlekłe i postępujące choroby neurologiczne". Red. Krakowiak Piotr, Dominik Krzyżanowski, Aleksandra Modlińska. *Przewlekle chory w domu*, Gdańsk: Fundacja Lubię Pomagać 2011.

Bonk, Edyta i Magdalena Bury-Zadroga, Karolina Buszkiewicz, Przemysław Kluge, Katarzyna Lipka Szostak, Tadeusz Parnowski, Beata Podlasek, Julia Anastazja Sienkiewicz Wilowska, Magdalena Sikora, Beata Tarnowska, Anna Tylikowska, Paulina Wójcik, Joanna Zienkiewicz, Magdalena Zylik. *Edukacja osób starszych*, Warszawa: Stowarzyszenie Trenerów Organizacji Pozarządowych 2013.

Borowicz, Adrianna M. „Fizjoterapia a jakość życia osób starszych wieku". Anna Leszczyńska – Rejchert, Lidia Domańska, Elżbieta Subocz Elżbieta. Red. *Seniorzy w pryzmacie koncepcji Społeczeństwo dla wszystkich grup wieku* Olsztyn: Wyd. UWM 2015.

Borowska-Beszta, Beata. "A Case Study of Informal Learning in the Family associated with Very-Late-Onset of Schizophrenia in Female". *International Research Journal on Quality in Education*, 1(4) (2014):1 12.

Borowska-Beszta, Beata and Roksana Urban. "A case study of cognitive-educational support for elderly female with Alzheimer's disease". *International Research Journal for Quality in Education* 1 (6) (2014): 7-17.

Buczkowska, Elżbieta. „Rola pielęgniarki w opiece długoterminowej nad niesprawnym seniorem w środowisku". Jolanta Twardowska-Rajewska *Senior w domu: opieka długoterminowa nad niesprawnym seniorem*, Poznań: Wyd. UAM 2007, 151-153.

Cavanaugh, Stephen. "Content analysis: concepts, methods and applications: Content analysis is a flexible methodology that is particularly useful to nurse researchers, asserts". *Nurse researcher* 4(3) (1997):5-16.

Chrzanowska, Iwona. *Pedagogika specjalna. Od tradycji do współczesności*. Kraków: Impuls 2015.

Creswell, John. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. 3rd Edition. Los Angeles: Sage Publications, Inc. 2009.

Delahaye, Brian L. and Barry J. Smith. *How to be an effective trainer*. New York: Wiley 1998.

Denzin, Norman K. i Yvonne S. Lincoln. *Metody badań jakościowych.* T.1. Warszawa: PWN 2009.

Dubas, Elżbieta. „Starość – darem, zadaniem i wyzwaniem. Rola aktywności i edukacji (wybrane wątki)Red. Marcin Muszyński i Elżbieta Dubas. *Refleksja nad starością. Obiektywny i subiektywny wymiar starości*. Łódź: UŁ 2017, 13-23.

Duda, Krzysztof. „Proces starzenia się". Anna Marchewka, Zbigniew Dąbrowski, Jerzy A. Żołądź *Fizjologia starzenia się. Profilaktyka i rehabilitacja*. Warszawa: PWN 2012 s. 1-32.

Flick, Uwe. *Projektowanie badania jakościowego*. Warszawa: PWN 2010.

Flick, Uwe. *Jakość w badaniach jakościowych*. Warszawa: PWN 2011.

Green, Judith and David Bloome. "Ethnography and ethnographers of and in education: A situated perspective". James Flood, Shirley Brice Heath and Diane Lapp, D. Eds. *Handbook of research on teaching literacy through the communicative and visual arts*. New York: Macmillan Publishers 1997, 181-202.

Halicki, Jerzy. "Edukacja w starości jako działanie poprawiające jakość życia seniorów". *Chowanna* 2 (2009): 203-212.

Hellström, Ingrid and Mike Nolan, Lennart Nordenfelt, Ulla Lundh. "Ethical and Methodological Issues in Interviewing Persons with Dementia", *Nursing Ethics.* 14 (5) (2007): 608-619.

Hrapkiewicz, Helena. „Uniwersytety Trzeciego Wieku jako jedna z form kształcenia osób starszych". *Chowanna.* 2 (2009): 115-127.

Hughes, Beverly. *Older People and Community Care: Critical Theory and Practice*. Buckingham: Open University Press 1995.

Jamielniak, Dariusz. Red. *Badania jakościowe, Metody i narzędzia*. T.2. Warszawa: PWN 2012.

Jamielniak, Dariusz. Red. *Badania jakościowe, Podejścia i teorie.* T. 1. Warszawa, PWN 2012.

Kamiński, Aleksander. „Aktywność jako wzmaganie żywotności osób starszych". Red. Irena Borsowa i in?? *Encyklopedia seniora*. Warszawa: Wiedza Powszechna, 1986.

Kamiński, Aleksander. *Czas wolny osób starszych*. Red. Irena Borsowa. *Encyklopedia seniora*. Warszawa: Wiedza Powszechna 1986.

Kaźmierska, Kaja. „Wywiad narracyjny jako jedna z metod w badaniach biograficznych". *Przegląd Socjologiczny.* 1 (2004): 71-96.

Kargul, Józef. *Obszary pozaformalnej i nieformalnej edukacji dorosłych*. Wrocław: DSWE 2001.

Kijak, Remigiusz i Zofia Szarota. *Starość. Między diagnozą a działaniem*. Warszawa: Centrum RozwojuZasobów Ludzkich 2012. http://trzcianka.cdnpila.kylos.pl/wp-content/uploads/2015/11/Starosc-miedzy diagnoza-a-dzialaniem.pdf (Access: 4th April 2017).

Kilian, Marlena. Metodyka edukacji osób w starszym wieku. Podstawowe wskazówki i zasady. *Forum Pedagogiczne,* 1 (2015): 171-185.

Kostka, Tomasz. „Zaburzenia psychogeriatryczne (otępienie, depresja, delirium)". *Choroby wieku podeszłego. Praktyka lekarza rodzinnego*. Red. Tomasz Kostka, Małgorzata Koziarska–Rościszewska. Warszawa: PZWL 2009, 148-151.

Krakowiak, Piotr i Dominik Krzyżanowski, Aleksandra Modlińska. *Przewlekle chory w domu*. Gdańsk: Fundacja Lubię Pomagać 2011.

Kromolicka, Barbara. „Holistyczny charakter opieki nad przewlekle i terminalnie chorymi". Red. Piotr Krakowiak, Dominik Krzyżanowski, Aleksandra Modlińska. *Przewlekle chory w domu.* Fundacja Lubię Pomagać 2011, 258-272.

Kułagowska, Ewa i Maria Kosińska. *Opieka długoterminowa w Polsce – potrzeby, organizacja, bezpieczeństwo, jakość,* Instytut Medycyny Pracy i Zdrowia Środowiskowego, Sosnowiec 2014.

Kuźmicz, Ilona. „Rodzina w sytuacji terminalnej choroby bliskiej osoby". Red. Józefa Matejek, Ewelina Zdębska. *Senior w rodzinie i instytucji społecznej.* Kraków: Iris Studio 2013, 21-29.

Kvale, Stainar. *Prowadzenie wywiadów.* Warszawa: PWN 2010.

Leszek, Jerzy. *Choroby otępienne. Teoria i praktyka.* Wrocław: Continuo 2011.

Leszczyńska – Rejchert, Anna. „Wyzwania edukacyjne wynikające ze starzenia się społeczeństwa polskiego" Red. Anna Leszczyńska – Rejchert, Lidia Domańska, Elżbieta Subocz. *Seniorzy w pryzmacie koncepcji Społeczeństwo dla wszystkich grup wieku*. Olsztyn: Wyd. UWM 2015, 30-31.

Levasque, Moren and Maria Minniti „The effect of aging on entrepreneurial behavior". *Journal of Business Venturing* (2006): 177-194.

Lloyd, Liz. "A carring profession? The etics of care and social work with older people". *British Journal of Social Work* 36 (2006): 71-85.

Maciejasz Magdalena i Wojciech Łątkowski, Sylwia Timoszuk, Anna Grudecka. „Wybrane aspekty jakości życia osób 60+ w Polsce w świetle badań jakościowych". *Studia Ekonomiczne. Zeszyty Naukowe Uniwersytetu Ekonomicznego w Katowicach.* 223 (2015): 257-267.

Minocha, Shailey and Caroline Holland, Catherine McNulty, Duncan Banks and Jane Palmer. "Conducting empirical research with older people". *Designing for- and with - vulnerable people*, 27th Apr Paris, France 2015.

Moszczyński, Paulin. "Mercury compounds and the immune system: a review". *Int J Occup Med Environ Health.* 10 (3) (1997):247-58.

Pakuła, Magdalena. *Postawy osób starszych wobec edukacji*. Lublin: Wyd. UMCS 2010.

Parnowski, Tadeusz. „Rola uniwersytetów trzeciego wieku jako skutecznego narzędzia aktywizacji osób starszych". Red. Bolesław Samoliński, Filip Raciborski. *Zdrowe Starzenie się.* Wyd. Naukowe Scholar Warszawa 2013, 165-169.

Penkala – Gawęcka, Danuta. „Kulturowe wymiary zdrowia, choroby i leczenia w świetle badań antropologii medycznej" Red. Bożena Płonka – Syroka. *Antropologia medycyny i farmacji w kontekście kulturowym, społecznym i historycznym*. Wrocław: Akademia Medyczna 2008, 19-34.

Pędich, Wojciech. „Cele i zadania lecznictwa geriatrycznego". Red. Irena Borsowa. *Encyklopedia seniora.* Warszawa: Wiedza Powszechna 1986, 286-289.

Percy K., Withnall A. (1994*). Good practice in the education and training of older adults*. Hampshire: Arena

Pikuła, Norbert. „Duchowość osób starszych". Red. Józefa Matejek, Ewelina Zdębska. *Senior w rodzinie I instytucji społecznej*. Kraków: Iris Studio 2013, 53-63.

Pikuła Norbert. „Senior w centrum oddziaływań edukacyjnych". *Przegląd Pedagogiczny* 2 (2014): 130-139.

Pikuła, Norbert. „Znaczenie pracy zawodowej dla osób po 60. roku życia". *Studia Edukacyjne* 44 (2017): 301 - 315.

Rapley, Tim . *Analiza konwersacji, dyskursu i dokumentów.* Warszawa: PWN 2010.

Ricken, Friedo. *Etyka ogólna*. Kęty: Antyk 2001.

Sikora, M. „Potrzeby osób starszych w kontekście procesu uczenia się." Red. Edyta Bonk et al. *Edukacja osób starszych*. Warszawa: Stowarzyszenie Trenerów Organizacji Pozarządowych 2013, 43-44.

Skalska, Anna. „Niesprawność i zagrożenie upadkami w podeszłym wieku". Red. Piotr Krakowiak, Dominik Krzyżanowski, Aleksandra Modlińska. *Przewlekle chory w domu.* Gdańsk: Fundacja Lubię Pomagać 2011, 112-114.

Spradley, James. *The Ethnographic Interview.* Publisher: Long Grove: Waveland Press Incorporated 2016.

Spradley, James. *Participant Observation*. Long Grove: Waveland Press, Incorporated 2016.

Straś – Romanowska, Maria. „Późna dorosłość. Wiek starzenia się". Red. Barbara Harwas – Napierała i Janusz Trempała. *Psychologia rozwoju człowieka. Charakterystyka okresów życia człowieka.* Tom 2, Warszawa: PWN 2005, 263-292.

Sherron, Ronald H. and Barry D. Lumsden. *Introduction to educational gerontology*. Washington: Hemisphere 1990.

Sienkiewicz-Wilowska, Julia. „Samopoczucie w okresie późnej dorosłości u uczestników terapii zajęciowej w dziennych domach pomocy społecznej". *Studia Psychologiczne* 3 (2013): 19-34.

Spigner-Littles, Dorscine and Chalon E. Anderson. „Constructivism: A paradigm for older learners". *Educational Gerontology* 25 (1999): 203-209.

Szarota, Zofia. *Gerontologia społeczna i oświatowa*. Kraków: AP 2004.

Tanner, Denise. "Promoting the well-being of older people: messages for social workers". *Practice* 17 (2005): 191-205.

Tanner, Denise and John Harris. *Working with older people*. New York: Routledge 2008.

Talarska, Dorota i Katarzyna Wieczorowska – Tobis. *Starość – radzenie sobie z utratą.* Red. Remigiusz Kijak. *Niepełnosprawność – w zwierciadle dorosłości.* Kraków: Impuls 2012.

Tokaj, Astrid. *Rodzina w życiu seniora a przebieg procesu jego adaptacji do starości.* Red. Artur Fabiś *Seniorzy w rodzinie, instytucji i społeczeństwie: wybrane*

zagadnienia współczesnej gerontologii. Sosnowiec: Wyd. WSZiM 2005.

Tylikowska, Anna. *Jak się starzejemy? – aspekty psychologiczne*. Red. Edyta Bonk i in. *Edukacja osób starszych.* Warszawa: Stowarzyszenie Trenerów Organizacji Pozarządowych 2013.

Walker, Alan. „Poverty and inequality in old age". Ed. John Bond, Peter Coleman, Sheila Peace. *Ageing in Society*. London: Sage 1993, 280-303.