



Perspective



Video Interviews as a Tool in Qualitative Research: Researcher Experiences during the COVID-19 Pandemic

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Abstract: The COVID-19 pandemic control measures, among them social distancing, led to a rise in video meetings and interviews in business, social and research arenas. Face to face human interaction decreased dramatically during 2020–2022, when video meetings and e-conferences quickly became the order of the day. Qualitative researchers rapidly adapted to restrictions and face to face interviews or group discussions were held online. The purpose of this commentary is to share some of the experiences made by researchers that used electronic media for data collection during the pandemic and to reflect on the advantages and disadvantages to determine the added value that can be applied post-pandemic. The advantages and disadvantages of this methodology have not been widely reported and existing evidence is not conclusive. Highlighting and sharing qualitative researcher experiences with this data collection approach will hopefully further stimulate debate, hone methods, raise awareness and prepare researchers as more pandemics are forecasted.

Keywords: qualitative methods; video interviews; pandemic; experiences; post-pandemic lessons; evidence; SDGs

1. Background

The COVID-19 pandemic control measures, among them social distancing, led to a rise in video meetings and interviews in business, social and research arenas. Digitalization is about using digital technologies to transform, processes, access, and create knowledge. Online qualitative research methods are described as traditional methods; key informant interviews and focus group discussions that make use of infrastructure provided by the internet and related digital technologies for example video interviews [1]. Face to face human interaction decreased dramatically during 2020–2022, during the most stringent restrictions to reduce transmission, when video meetings and e-conferences quickly became the order of the day [2,3]. Qualitative researchers rapidly adapted to restrictions and face to face interviews or group discussions were held adapted to restrictions and face to face interviews or group discussions [4,5]. Video interviews are a digital qualitative research method used to collect rich, in-depth data through spoken narratives, facial expressions, gestures, and context. Compared to text or audio alone, they (i) capture non-verbal cues (emotion, hesitation, confidence) (ii) enable remote participation and (iii) create reusable, multimodal data [6].

Video-based formats include FaceTime, Facebook, Video Chat, Skype and platforms like ZOOM, GoToMeeting, and Webex Adobe that support full-motion video imaging with real-time audio. These formats can lead to selection bias since participants need to have digital devices with a functional camera and microphone and participants need to have at least some digital competence [7]. Fortunately, digital literacy levels are rising globally and desktop computers, laptops, tablets, smartphones and other similar devices now have these functionalities built-in [8].

In telemedicine, telephone communication between doctor and patient has long since been in use [9]. Recently, video consultations in telemedicine have increased and these have been found to have the potential to



improve the effectiveness and quality of therapeutic interventions [8]. The drawback however, is the difficulty reaching the correct diagnosis due to the lack of physical examination [10].

In research, for both experienced qualitative interviewers and beginners, online interviewing presents a new set of challenges worth exploring [1]. Prior to the pandemic, the use of telephone interviews for qualitative data collection has generally been viewed as an inferior to face-to-face interviews [11]. Concerns for telephonic interviews, included the challenge of establishing rapport, inability to respond to visual cues and potential loss of contextual data [11] and non-verbal behaviours like frowning or nodding [1]. On the other hand, online video data collection and methods are particularly valuable when the participants are hard to reach or are geographically dispersed, in addition to reducing time and costs [7]. As with any new form of data collection, video-conferencing will require methodological research to determine their strengths and limitations [7].

The purpose of this commentary is to share some of the experiences made by researchers that used electronic media for data collection during the pandemic and to reflect on the advantages and disadvantages to determine the added value that can be applied post-pandemic. In the experiences shared here, the participants were subjects in different countries that had taken part in qualitative or mixed method designs. The sample sizes depended on theoretical and thematic saturation. Interview technique

During the COVID-19 study, two researchers interviewed the patients in each sitting, fielding questions in alternating turns. Occasionally, three researchers took part in a video call. This interviewing approach had been tested and used by one researcher during an earlier research project [12–16]. Having two to three researchers, fielding questions in turn had proved very useful in eliciting rich detailed narratives, hence the recommendation to use the approach. The interview technique of having at least two researchers in a session added value to the data quality, engagement and helped in combating researcher fatigue. Research elsewhere revealed videoconferencing fatigue as a social determinant of health among workers [17]. Fielding questions in turn seemed to have averted that. All researchers took detailed notes. Each interview session was followed by a debriefing session where researchers also compared notes. The same interviewing technique is currently being used in a global menopausal study exploring perspectives, meaning, experiences, coping strategies as well as what comprehensive menopausal education should entail.

2. Patients and Public Involvement Statement

Patients and public were not involved in the design, conduct, reporting or dissemination of this research since this is a researcher perspective.

3. Experiences of Interviewers

- Attention span

During debriefing, the interviewers reported being less tired as compared to earlier studies where they had interviewed participants alone and had experienced conversations at times, becoming monotonous. Key informants too, found video interviews comfortable. One participant said the following;

“I initially thought, oh video interview and I actually found the interview really interesting and dynamic talking to two people rather than only one. I am now a fan of Zoom.” (Key Informant 1)

- Detailed rich data

According to literature, the richness of narratives depends on researcher experience. In our experience, having two researchers balanced the strength and weaknesses of the interviewers, granting the senior researcher the opportunity to compensate for the less experienced junior researcher.

- Reflective listening

In our experience, having two researchers allowed for reflective listening since one researcher could summarize what the participant said, used the participants words to play back, thereby building in a reflective listening component into the interview

- Saves time and travel costs

Video interviews proved very efficient, particularly with regards to saving time and costs of travel. One participant said the following;

“If you had asked me to come to your institution in person, I would have opted out of the research due to time constraints.” (Key Informant 2)

4. Discussion

The switch from face to face to video interviews in research was amplified by the pandemic. This entailed additional work for some researchers who had planned for face-to face data collection. Some ethical revisions were needed, particularly in settings where sensitive information was involved [4]. Households with many people also presented challenges on privacy as bystanders could easily eavesdrop on the video calls [4]. See Table 1 above. Overall, video interviews increased participation in studies, since no travel was warranted [18]. One study revealed that clinicians considered the on-line interviews efficient, accessible, and could be fitted in easily between their clinical shifts and enabled interviews to be conducted from their homes, outside the typical office hours. Video interviews facilitated more inclusive research as a result, with a wide range of participants from all regions of England, from the most rural to the most urban, across north, west, south and east [19]. Concurring with our findings, research from elsewhere [6] confirmed that video interviews have the advantage that contextual data can be collected and they traverse the need for researchers and participants to be in the same geographical space, saving costs and money. Contradicting our findings, research from elsewhere [20] reported that video interviews are logistically demanding and time consuming, calling for more research.

Table 1. Advantages and disadvantages of face-to-face interview vs. Video interviews.

	Advantages	Disadvantages
Face to face	<ul style="list-style-type: none"> • Fewer tech issues • Inclusive of computer-illiterate people. 	<ul style="list-style-type: none"> • Travel and transport costs • A guest at some institution • Time to travel to and fro • Potential exposure to virus • Lower participation rates due to time demands • Cancellations due to sickness
Video	<ul style="list-style-type: none"> • Comfort of own home • Equal interviewer and interviewee power • Saves time • Saves travel costs • Social distancing maintained • Higher participation rates • No cancellations if one has the virus • May exclude people who do not use communications technologies. • Wide -reach in countries with high connectivity 	<ul style="list-style-type: none"> • Tech issues can be a challenge, telephone was used as back up

In support of our findings, online interviews across research studies have been reported to have reduced the carbon footprint of research departments, by cutting out car travel and reducing air pollution resulting from emissions [21]. This is especially important as the reduction of greenhouse gases is vital, bearing in mind climate change. Climate change affects the most vulnerable, the poor, women and children in particular, requiring urgent action across all sectors. The use of online interviews in research is one-way researchers can bring about social value and attend to issues of sustainability and climate action [22].

The power dynamics between interviewer and interviewee in our view, were also levelled. The participants did not have to feel like a guest in a room at some institution or elsewhere as they were in the comfort of their own homes and the online setting was neutral. The video interview approach also proved very useful in complying with social distancing measures and potentially reduced the chances of forward transmission [23]. In a pandemic setting, video interviews proved to be efficient and the interviewers did not observe any negative effect on data quality or richness. Concurring with our findings, a study that assessed the effectiveness of video-based interviews was cited by both moderators and participants as comparable to face to face interviews, save for the advantages of reduced time, costs and logistics [7]. In contrast to our findings, a separate study found in-person interviews marginally superior to video interviews [24]. As pandemics are forecasted to become more frequent in future, the incorporation of video interviews in qualitative research calls for more evaluation. A study elsewhere found that video interviews have the potential to increase equity in research as people in remote or marginalized locations can participate without travel. Mobile-based video interviews lower barriers where literacy is limited but oral communication is strong [6].

5. The Role of Video Material as Evidence

Noteworthy is the role of videos in producing evidence of what works and what does not, for whom and where. As 2030 gets closer, the need for evidence of policies that work becomes more important than ever. In line with our findings, video interviews and video material have been found as useful tools in evidence generation for Sustainable Development Goals (SDGs). Used for data collection, video interviews foster inclusion and equity as hard to reach populations are not automatically excluded from research. The use of videos in research allows for the participation of difficult to reach and key populations for example of (i) rural populations (ii) people with disabilities (iii) migrants and displaced communities. In summary, video interviews reduce travel costs, barriers that often exclude vulnerable groups from participating in activities like research, thereby addressing SDG 10: Reduced Inequalities

On the other hand, video material taken before an intervention, mid-way and at endline can be used as evidence to demonstrate if a policy or intervention has produced any impact [25]. A study found the utility of video material in advancing SDG 4: Quality Education. The educational research videos shed light on the learner and teacher experiences and interactions while as video material supported inclusivity by catering for people with different learning or communication styles. The use of videos in learning has the potential to foster global academic collaboration and knowledge sharing [26,27].

A study conducted in Zimbabwe revealed how digital inclusion initiatives address the digital divide and consequent disparities by providing hard-to-reach groups access to digital infrastructures and/or competencies. Video interviews and material can amplify women's voices and lived experiences, especially in contexts where written expression is constrained. Videos have been found useful in documenting gender-based inequalities, care work, and help in creating empowerment narratives, showing the before and after scenarios of women thereby advancing SDG 5: Gender Equality [27].

Similarly, video evidence is powerful when used to document experiences related to governance, justice, human rights, and social trust and has the potential to enhance transparency and accountability in research by capturing authentic testimonies, advancing SDG 16: Peace, Justice, and Strong Institutions and also SDG 17: Partnerships for the Goals, when video technologies are used in international research collaboration to produce comparable qualitative datasets across countries [26,27]. Video interviews contribute to environmental sustainability as less travel leads to lower carbon footprint, fewer physical resources (paper, transport, infrastructure).

The above findings put video interviews as a qualitative research tool that sits at the intersection of: Digitalization-transforming how knowledge is produced and shared, SDGs-ensuring research is inclusive, ethical, participatory, and policy-relevant and Sustainability-reducing environmental impact while increasing social reach.

Video interviews can be especially valuable in disaster and humanitarian settings, such as during wars, natural disasters, or floods, where travel is unsafe or communities are physically cut off. In these situations, they allow researchers to maintain contact and gather timely insights without putting participants or themselves at further risk. However, they are not always the best choice. Face-to-face interviews remain more appropriate when researchers need to build trust, read body language, or engage with participants who may have limited digital skills or unreliable internet access. This is particularly important in sensitive contexts or when working with marginalized groups.

A key limitation of video interviews is the risk of selection bias: participants must have access to a stable internet connection, a suitable device, and the ability to use it. This can exclude certain populations, especially in parts of the Global South where smartphone penetration and digital literacy may still be uneven. Noteworthy, Africa's smartphone market rose by 14% in the 4th quarter of 2025 [28].

The growing use of digital technologies in qualitative research is changing both how knowledge is understood and how research is carried out. It places modern methods within wider discussions about what counts as valid knowledge, how researchers relate to participants, and how power influences the production of knowledge in a digital world. Tools such as online ethnography and AI-supported data analysis make it easier to study larger and more diverse groups, but they also create new layers between the researcher and the field. This can make traditional ideas of "being there" in fieldwork and the role of the researcher more complex and less straightforward [29,30].

Concerns about the growing role of data and algorithms reflect long-standing concerns in qualitative research about self-awareness (reflexivity) and power. What's new is that these issues now play out through digital platforms and the data people leave behind online, which can shape what researchers see and how they interpret it [31]. These changes in our view, do not mean that qualitative approaches need to be replaced, but rather adapted. How can researchers balance deep, nuanced interpretation with the possibilities offered by digital tools?

6. Conclusions

Video interviews as a research tool boomed during the pandemic. The advantages and disadvantages of this methodology have not been widely reported and there is conflicting evidence with some findings that seem to suggest the superiority of in-person interviews. Highlighting and sharing qualitative researcher experiences with this data collection approach will hopefully further stimulate debate, hone methods, raise awareness and prepare researchers as more pandemics are forecasted.

Video interviews in qualitative research exemplify digitalization by leveraging digital technologies to collect rich, inclusive data, while simultaneously supporting the Sustainable Development Goals through enhanced participation, reduced inequalities, and evidence provision for what works and what does not where and for whom. At the same time there are still concerns around datafication, algorithmic influence, reflexivity and power. Balancing computational affordances and hybrid methodologies attuned to context, ethics, and meaning-making cannot be over-emphasized.

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Institutional Review Board Statement

Not applicable as this is a perspective.

Informed Consent Statement

This Perspective draws on insights shared in informal video discussions with research professionals during the COVID-19 pandemic. All participants were informed that their anonymized perspectives would be included in publications, and provided verbal and written consent for their input to be used in this context. No identifying details nor sensitive personal health information is disclosed.

Data Availability Statement

The data that support the findings of this study are not publicly available. During the informed consent process, participants were explicitly assured that their individual-level data would remain confidential and would not be shared beyond the research team. In accordance with these consent agreements, the data cannot be made available to other researchers.

Conflicts of Interest

The author declares no conflict of interest.

Use of AI and AI-Assisted Technologies

No AI tools were utilized for this paper.

References

1. Lobe, B.; Morgan, D.L.; Hoffman, K. A Systematic Comparison of In-Person and Video-Based Online Interviewing. *Int. J. Qual. Methods* **2022**, *21*, 16094069221127068.
2. Adipat, S. Why Web-Conferencing Matters: Rescuing Education in the Time of COVID-19 Pandemic Crisis. *Front. Educ.* **2021**, *6*, 752522.
3. Felder, J. The Rise of the Video Call: How COVID-19 Has Changed the Way We Collaborate. UC Today, 6 November 2020. Available online: <https://www.uctoday.com/collaboration/the-rise-of-the-video-call-how-covid-19-has-changed-the-way-we-collaborate/> (accessed on 20 April 2026).
4. Conducting Qualitative Fieldwork during COVID 19. 2020. Available online: <https://www.youtube.com/watch?v=iSU3N3EB1O8> (accessed on 20 April 2026).
5. Gailloux, C.; Furness, W.W.; Myles, C.C.; et al. Fieldwork without the field: Navigating qualitative research in pandemic times. *Front. Sustain. Food Syst.* **2022**, *6*, 750409.
6. de Villiers, C.; Farooq, M.B.; Molinari, M. Qualitative research interviews using online video technology—Challenges and opportunities. *Meditari Account. Res.* **2022**, *30*, 1764–1782.
7. Lobe, B.; Morgan, D.L. Assessing the effectiveness of video-based interviewing: A systematic comparison of video-conferencing based dyadic interviews and focus groups. *Int. J. Soc. Res. Methodol.* **2021**, *24*, 301–312.

8. Ng, I.Y.H.; Lim, S.S.; Pang, N. Making universal digital access universal: Lessons from COVID-19 in Singapore. *Univ. Access Inf. Soc.* **2023**, *22*, 1073–1083.
9. Di Cerbo, A.; Morales-Medina, J.C.; Palmieri, B.; et al. Narrative review of telemedicine consultation in medical practice. *Patient Prefer. Adherence* **2015**, *9*, 65–75.
10. Mubarak, A.A.; Alrabie, A.D.; Sibyani, A.K.; et al. Advantages and disadvantages of telemedicine during the COVID-19 pandemic era among physicians in Taif, Saudi Arabia. *Saudi Med. J.* **2021**, *42*, 110–115. <https://doi.org/10.15537/smj.2021.1.25610>.
11. Drabble, L.; Trocki, K.F.; Salcedo, B.; et al. Conducting qualitative interviews by telephone: Lessons learned from a study of alcohol use among sexual minority and heterosexual women. *Qual. Soc. Work* **2016**, *15*, 118–133. <https://doi.org/10.1177/1473325015585613>.
12. Michel, J.; Schmid, S.; Aebersold, E.R.; et al. Did the pandemic influence telehealth use among Swiss emergency department patients? A sequential explanatory study. *BMJ Open* **2023**, *13*, e070046.
13. Michel, J.; Chimbindi, N.; Mohlakoana, N.; et al. How and why policy-practice gaps come about: A South African Universal Health Coverage context. *J. Glob. Health Rep.* **2019**, *3*, e2019069.
14. Michel, J.; Obrist, B.; Bärnighausen, T.; et al. What we need is health system transformation and not health system strengthening for universal health coverage to work: Perspectives from a National Health Insurance pilot site in South Africa. *S. Afr. Fam. Pract.* **2020**, *62*, 5079.
15. Michel, J.; Mohlakoana, N.; Bärnighausen, T.; et al. Testing the contextual Interaction theory in a UHC pilot district in South Africa. *BMC Health Serv. Res.* **2022**, *22*, 343. <https://doi.org/10.1186/s12913-022-07705-z>.
16. Michel, J.; Datay, M.I.; Motsohi, T.J.; et al. Achieving universal health coverage in sub-Saharan Africa: The role of leadership development. *J. Glob. Health Rep.* **2020**, *4*, e2020037.
17. Increased Use of Videoconferencing Apps during COVID-19 Pandemic Led to More Fatigue among Workers, Study Finds. ScienceDaily. Available online: <https://www.sciencedaily.com/releases/2022/07/220715105742.htm> (accessed on 20 April 2026).
18. Anthony, K.; Miller-Day, M.; Dupuy, M.; et al. Is There Really a Difference? A Comparison of In-Person and Online Qualitative Interviews. *Int. J. Qual. Methods.* **2025**, *24*:16094069251349580. doi:10.1177/16094069251349580.
19. Kneafsey, R.; Pezaro, S.; Maravic da Silva, K.; et al. *Psychological Therapies for Severe Mental Health Problems. Training Delivery Evaluation*; Coventry University: Coventry, UK, 2023. <https://doi.org/10.18552/PTSMH/2023/001>.
20. Henry, S.G.; Fetters, M.D. Video Elicitation Interviews: A Qualitative Research Method for Investigating Physician-Patient Interactions. *Ann. Fam. Med.* **2012**, *10*, 118–125.
21. Romanello, M.; Di Napoli, C.; Drummond, P.; et al. The 2022 report of the Lancet Countdown on health and climate change: Health at the mercy of fossil fuels. *Lancet* **2022**, *400*, 1619–1654.
22. Climate Change and Health. World Health Organization. Available online: <https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health/country-support/climate-resilient-and-environmentally-sustainable-health-care-facilities> (accessed on 20 April 2026).
23. Michel, J.; Mettler, A.; Stuber, R.; et al. Effects and utility of an online forward triage tool during the SARS-CoV-2 pandemic: A mixed method study and patient perspectives, Switzerland. *BMJ Open* **2022**, *12*, e059765.
24. Krouwel, M.; Jolly, K.; Greenfield, S. Comparing Skype (video calling) and in-person qualitative interview modes in a study of people with irritable bowel syndrome—An exploratory comparative analysis. *BMC Med. Res. Methodol.* **2019**, *19*, 219.
25. Michel, J.; Schneider, K. Demystifying impact evaluation: An impact evaluation framework. *Front. Epidemiol.* **2025**, *5*, 1460997. <https://doi.org/10.3389/fepid.2025.1460997>.
26. Tripon, C. Towards Quality Education for All: Integrating EdTech, Mentorship, and Community in Support of SDG 4. *Educ. Sci.* **2025**, *15*, 1184.
27. Richardson, P.E.; Wilson, S. Evaluating a women’s digital inclusion and storytelling initiative through the lens of empowerment. *Digit. Geogr. Soc.* **2024**, *7*, 100092.
28. Omdia: African Smartphone Market Jumps 14% in 4Q25, as Entry-Tier Pressures Signal 2026 Reset. Omdia. Available online: <https://omdia.tech.informa.com/pr/2026/feb/african-smartphone-market-jumps-14percent-in-4a25-as-entry-tier-pressures-signal-2026-reset> (accessed on 20 April 2026).
29. Pink, S.; Horst, H.; Postill, J.; et al. *Digital Ethnography: Principles and Practice*; SAGE Publications Ltd.: Thousand Oaks, CA, USA, 2016.
30. Hine, C. *Ethnography for the Internet: Embedded, Embodied and Everyday*; Routledge: Abingdon, UK, 2020.
31. The Costs of Connection. 2019. Available online: https://law.unimelb.edu.au/_data/assets/pdf_file/0008/3290381/Couldry-and-Mejias-Preface-and-Ch-1.pdf (accessed on 20 April 2026).