

Using interviews as qualitative data collection tool in health sciences research

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Abstract

Qualitative data collection using interviews is a predominant method in health sciences research. It allows researchers to obtain comprehensive insights into patients' experiences, healthcare professionals' viewpoints, and the social and cultural settings influencing health and illness. Interviews in health sciences research consist of structured dialogues between the researcher and participants, directed by pre-established questions based on research objectives. It has the objective to usually investigate lived experiences, beliefs, attitudes, perceptions, and meanings that are not readily quantifiable. This article addresses types of interviews, questioning strategies in interviews, what to consider in selecting interviews as data collection method and the phases involved in interview data collection. The mode of interviews and field relationships, trustworthiness in qualitative interviews, and strengths and limitations of interviews in health sciences research are discussed. It is intended to serve as a guide for qualitative researchers in health sciences, aiding them in the deliberate selection and integration of appropriate strategies and formulation of pertinent questions for qualitative studies.

Introduction

Interviews are a fundamental data collection technique in qualitative health sciences research. Interviews offer unique advantages for understanding subjective experiences and complex phenomena that are usually the case in health sciences. As a conversational method for obtaining data, interviews include various modes such as face-to-face, telephonic, and electronic/multimedia approaches (Chahal, 2021). The technique transcends simple data collection to provide detailed understanding of beliefs, feelings, attitudes, and values while allowing participants' to be real and creative in the provision of their views.

Interviews have unique features that distinguish them from other qualitative methods, as they require personal commitment from both participants and researchers, along with significant time and resource allocation (Adhabi & Anozie, 2017). While emerging technology has increased implementation flexibility beyond traditional face-to-face formats, researchers must navigate associated challenges and ethical dilemmas throughout the interview process (Adhabi & Anozie, 2017). However, there is a paucity of literature that provides guidelines and discusses questioning strategies, among others. To bridge this gap and provide a guide to qualitative researchers and graduate students, this paper discusses (1) types of interviews, (2) questioning strategies in interviews, (3) what to consider in selecting interviews as a data collection method, (4) phases in interview data collection, (5) modes of interviews and field relationships, (6) trustworthiness in qualitative interviews and (7) strengths and limitations of interviews in health sciences. This review and the autoethnography paper will generate and initiate an academic discourse that will allow additions to improve questions asked during qualitative research interviews.

Types of interviews

A research interview is a data collection method in which participants verbally communicate information about their behaviour, thoughts, or feelings in response to questions verbally posed by an interviewer (Crano et al., 2023). Interviews always involve some form of verbal interaction in which the interviewer requests information from a participant. This feature distinguishes the technique from self-administered questionnaire methods, where respondents may never interact personally with a researcher (L Laari, 2025). Interviewing can be broadly classified as structured, semi-structured or unstructured interviews. According to Stuckey (2013), unstructured interviews are also known as narrative interviews as they use narrative strategies and requires experienced researchers to conduct.

Structured interviews on one hand have preset questions asked in the same way to all respondents usually useful for comparability but less flexible due to its rigidity. On the other hand semi structured interviews are less rigid as it seen as a flexible guide with open-ended questions, allowing the participant to elaborate while the researcher probes deeper (Stuckey, 2013). Semi structured interview guides are preferable in health sciences research where interview questions are itemised based on study objectives as was demonstrated in Bentum et al. (2023). Unstructured or in-depth interviews also known as conversational according L Laari (2025) requires minimal guiding questions, allowing participants to freely share their perspectives usually best for exploring sensitive issues in health sciences. Unstructured or narrative interviews are stories that are based on the unfolding of events or activities from the perspective of a participant's lived experience. As one of the oldest human activities it is an approach that is use when little is known about the research topic (Stuckey, 2013). Due to it emic, participant-based, or data-driven strategy, analysis will usually lean to inductive dominant analysis (Luke Laari, 2025a) as it allows wide net in coverage.

Answers to the questions posed during an interview can be recorded by writing them down, by audio-recording the responses, or by a combination of both. A high degree of flexibility is required for oral interviews to be successful. For semi structured and unstructured the sequence of topics should be determined by the flow of discussion. It is often possible to come back to a topic discussed earlier in a later stage of the interview depending on participants flow of ideas. Good communication skills are required to lead to a shared understanding. The researcher should take note and be aware of nonverbal communication and records this as field notes (Phillippi & Lauderdale, 2018). Give constructive feedback and remember to comment on positive things first with clear specificity without giving blaming criticism.

Questioning strategies in interviews

Good research questions do not automatically produce good research, but poorly composed questions will likely create problems that affect all subsequent stages of a study (Agee, 2009). There are arguments for the researcher to start with what, how, who, and when; grand tour question as indicate in Table 1. Questions starting with "Why" may make participant feel uncomfortable as suggested by L Laari (2025). The type of questions asked must be adapted to the changing level of trust between the interviewer and the participant during the interview. Moving from safe, specific, sensitive, and end with reflective strategies. In health sciences research is best to close with an ideal or positive reflection, so participants leave the discussion thoughtfully and not emotionally burdened (Agee, 2009).

Table 1
Phases and types of interview questions

Phase	Type of question	Purpose	Positioning	Example
Opening Phase: Warm-up and give Context.	Grand Tour Question	Break the ice, help the participant relax, and set the scene.	At the beginning, after greetings and consent, to ease participants into the discussion.	Can you describe a typical day in the community?
	Knowledge Question	Establish factual background and context early on.	Anytime, but often early in the interview to set context or later to verify specifics.	What services are available for this group of patients?
Middle Phase: Detail Exploration of context.	Experience Question	Gather detailed lived experiences.	Early to mid-interview, after rapport is built but before abstract/analytical questions.	Could you tell me about your experience of caring for patients with cancer?
	Mini-tour Question	Focus on specific events, processes, or situations.	After the grand tour, once participants are comfortable and context is set.	Can you describe what goes on when a woman dies giving birth?
	Example Question	Anchor general statements with concrete stories	Throughout, but especially mid-interview, to back up general statements with specific cases.	Can you give me an example of a difficult delivery?
	Interpretative Question	Clarify meanings and link ideas expressed earlier.	Throughout the interview, especially after participants mention something that needs clarification.	You said earlier that you go to healers for diarrhoea treatment. How is this related to ideas about the feeding habits of the child?
Grounding Phase: stimulate emotions and contrast values	Feeling Question	Uncover emotional dimensions of experience.	After experience questions, once participants have narrated events to go deeper into emotions.	How did you feel when the first patient in your care died?
	Provocative Question	Stimulate critical reflection and reveal contrasting views.	Later in the interview, once trust is established, since it may touch on sensitive or controversial topics.	Some say that HIV is the punishment of God; what do you think about that?
	Hypothetical Question	Explore imagined scenarios, priorities, and decision-making.	Mid-interview, after factual/experience-based questions, to encourage reflection.	Suppose you had more money; how would you spend that?
Closing Phase: Reflection and Wrap-up.	Ideal Question	End on a reflective note, highlighting values, aspirations, or positive visions.	Mid to late interview, after understanding real-life experiences, to contrast ideals with realities.	Please describe to me what a good delivery would be like.

Suggested question categories based on L Laari () and Agee () interview questions

What to consider in selecting interviews as data collection method

When a researcher decides to use interviews as a data collection method that researcher should consider time allocation, gender dynamics, privacy requirements, and information content needs (Chahal, 2021). Each of these components significantly influences the quality, depth and credibility of the data that would be collected.

Time allocation

Time allocation or its availability is a critical factor of the interview effectiveness. Inadequate time may result in superficial responses, rushed interactions, or missed opportunities to probe for deeper insights. In contrast, a prolonged interviews may lead to participants fatigue that will in turn reduce the reliability of the data (Kallio et al., 2016; Luke Laari, 2025b). Literature recommend that the interviewer establish a realistic timeframe needed to balance comprehensive data collection with respect for participants' availability and attention span as this arrangement helps build trust for participants to feel their time is valued (Gill et al., 2008). Although there is no ideal time recommendation, the researcher's experiences regarding participants schedules should be considered as a guide.

Gender considerations

Gender concerns are crucial, particularly in sensitive study contexts such as health, sexuality, or cultural practices. Gender dynamics influence the nature of disclosures in interviews, as participants frequently feel more at ease discussing personal or socially sensitive topics with an interviewer of the same gender (Nyirenda et al., 2018). Moreover, cultural contexts may impose gendered expectations for communication, which researchers must manage to prevent prejudice and maintain inclusivity (Lefkowich, 2019). A reflective methodology, incorporating an understanding of interviewer-interviewee positionality, is advised to tackle these dynamics (Berger, 2015). Depending on the culture, arguably a particular gender may make some questions less sensitive in eliciting desirable answers. Whereas other genders may appear culturally inappropriate to answer questions from the opposite gender.

Privacy requirements

Privacy considerations are fundamental to ethical and scientific integrity in qualitative interviewing. Interviews often require the sharing of personal experiences or sensitive information; therefore, it is essential to provide a confidential, secure, and non-judgmental environment to encourage participants to share information candidly (Orb et al., 2001). The absence of or poor privacy strategies may jeopardise data integrity, since participants will be prone to concealing information or modifying responses due to anticipated exposure risks. To curb this, researchers must ensure confidentiality by implementing safe data management processes which include assurance of sound scientific conduct and well-informed consent acquisition (Goodwin et al., 2020). Starting with assurance that the participants' data is safe has been recorded in many manuscripts, but without proof of it being done during the fieldwork when data is collected. A clear statement to participants is necessary and a requirement to improve participant openness.

Information consent needs

Ultimately, the requirements for information consent should inform both the design and execution of interviews. The depth and kind of the information needed must correspond with the study objectives. Exploratory studies may require open-ended, wide questions that promote narrative detail, while confirmatory research may prioritise focused, structured questions to validate specific constructs (Creswell & Poth, 2016). Explicitly delineating information requirements guarantees that interviews are focused and prevents superfluous diversions, thus improving data quality and transparency (Doody & Noonan, 2013; Nii Laryeafio & Ogbewe, 2023). Table 2. Shows description and implications for factors that influence qualitative data collection using interviews.

Table 2
Factors to consider when selecting interviews as data collection method

Factor	Description	Illustrations	Propositions
Time Allocation	Determining adequate duration for interviews to avoid fatigue while ensuring depth of responses.	Short interviews may lead to superficial answers; overly long sessions risk fatigue.	Careful scheduling enhances data richness and respects participant time.
Gender Considerations	Recognising how interviewer and participant gender dynamics influence comfort and openness.	Participants may disclose sensitive health issues more freely with same-gender interviewers.	Awareness of gender norms prevents bias and promotes inclusivity in data collection.
Privacy Requirements	Ensuring confidentiality and a safe environment to foster honest disclosures.	Conducting interviews in private spaces and guaranteeing confidentiality agreements.	Strong privacy measures build trust and improve validity of qualitative findings.
Information Consent Needs	Aligning interview questions with research objectives to ensure purposeful and relevant data.	Exploratory research requires open-ended questions; confirmatory studies may need structured ones.	Clear focus ensures interviews generate meaningful insights linked to study aims.

Phases in interview Data Collection

The process for collecting interview data in qualitative research typically has three primary phases worth of consideration to the researcher. Planning or preparation, executing the interview, and post-interview activities. Each of these encapsulates specific tasks that enhance the overall quality, rigour, and reliability of the findings of the research.

Planning the interviews

The planning phase lays the foundation for the groundwork for effective interviewing. The process commences with a clear definition of the research question to guarantee that the interview questions remain focused and relevant to the objectives of the study (Banner, 2010; Creswell & Poth, 2016). Once the research question is clear, the researcher formulates an interview questions guide, a structured or semi-structured set of open-ended, neutral, and non-leading questions intended to elicit comprehensive narratives (Kallio et al., 2016).

Planning also entails addressing ethical considerations. Researchers are required to secure approval from an institutional review board or ethical committee and prepare the informed consent documents. This safeguards participants' rights and guarantees their understanding of the study's objectives, potential hazards, and their entitlement to withdraw at any time (Nii Laryeafio & Ogbewe, 2023). Inadequate planning may jeopardise the study's credibility and ethical integrity. It may also lead to delays in data collection when unforeseen issues are met during the data collection process.

Conducting the interview

This phase entails direct engagement with participants. The researcher or trained research assistants initially establish rapport to foster a trusting environment that encourages participants to comfortably share personal experiences (DiCicco-Bloom & Crabtree, 2006). To reinforce this trust, the researcher must ensure confidentiality and promise participants that their responses would stay anonymous. During the interview, active listening and probing tactics are utilised to thoroughly investigate the participant's narrative. Active listening helps capture both verbal and emotional nuances, while gentle probing allows participants to elaborate without being led (Patton, 2014). To ensure accuracy, interviews are typically recorded (audio or video), always with the participant's consent. Simultaneously, the researcher may document field notes regarding non-verbal cues, environmental characteristics, or contextual elements that recordings alone cannot encapsulate (Knox & Burkard, 2009). This phase is critical as the quality of the data is significantly influenced by the researcher's interviewing proficiency and perceptiveness. Researchers should note the shaman effect, participant fatigue and unconscious bias, as these have been suggested by Luke Laari (2025b) to possess power that can affect and influence when data collection should end.

Post interview

The concluding phase pertains to data processing and validation. Interviews are initially transcribed verbatim, capturing every uttered word, including pauses and emotions (Poland, 1995). These transcripts serve as the foundational material for data analysis. To guarantee precision and credibility, researchers may conduct member checking, allowing participants to access their transcripts or summaries to verify the accurate representation of their perspectives (Birt et al., 2016). Another approach is transcription validation, which involves cross-checking transcripts with recordings or having many researchers analyse them to reduce inaccuracies (MacLean et al., 2004). These measures contribute to enhancing the trustworthiness of the study by ensuring the findings faithfully reflect participants' perspectives (Lincoln & Guba, 1985). Post-interview validation is important because poor and typographical issues within the transcript will inadvertently affect the analysis and subsequently influence the findings and conclusions of the study.

Mode of interviews and field relationships

Interviewing is a flexible qualitative method, and its administration significantly affects rapport, data depth, ethical considerations, and field dynamics. Amid technological progress and global challenges such as the COVID-19 pandemic, researchers increasingly navigate between face-to-face, telephone, video, and digital messaging platforms when engaging participants. Each mode possesses methodological advantages and disadvantages that require strategies to uphold trustworthiness.

Face-to-Face Interviews

Face-to-face interviewing has always been considered the benchmark in the qualitative research (Rahman, 2023). It allows the researcher to observe nonverbal cues, body language, and reactions within the environment, and this observation enhances the interpretation of meaning by the researcher (Opdenakker, 2006). Physical co-presence cultivates rapport and trust, which are especially beneficial when confronting delicate health or social matters (Gill et al., 2008). Furthermore, in clinical and community health research, examining the interview environment enables researchers to effectively contextualise participants' experiences (DiCicco-Bloom & Crabtree, 2006). Nonetheless, logistical expenses, trip duration, and accessibility obstacles, especially in rural or resource-limited environments, may restrict maximum applicability of face-to-face interviews (Irvine et al., 2013).

Telephone and Video Interviews

Telephone and video-conference interviews have gained prominence owing to their cost-efficiency, ease, and ability to overcome geographic limitations (Rahman, 2023). Research indicates that, when meticulously crafted, these modalities can produce data that is comparable in depth and richness to face-to-face interviews (Novick, 2008; Trier-Bieniek, 2012). For certain participants, particularly in sensitive study domains, telephone interviews may enhance disclosure by mitigating social desirability bias and the pressure of physical presence (Sturges & Hanrahan, 2004). Nonetheless, obstacles persist. The lack of visual indicators in telephone interviews diminishes the researcher's capacity to discern silence, hesitancy, or emotional subtleties. Likewise, although video interviews reintroduce visual elements, they may be impeded by technological interruptions, inconsistent internet connectivity, or "Zoom fatigue" (Archibald et al., 2019). To mitigate this, researchers frequently utilise augmented verbal back-channelling, explicit check-backs, and clarification queries to maintain rapport and guarantee precision (Irvine, 2011).

Digital and Mobile Messaging Tools

Recent data underscores the use of mobile messaging platforms, like WhatsApp, WeChat, and Telegram, for qualitative interviews. These platforms provide simultaneous or asynchronous communication via text, audio notes, and calls, extending accessibility to participants encountering mobility, caregiving, or geographical limitations (Lobe et al., 2020). This approach is useful in low- and middle-income countries (LMICs) and during public health emergencies such as COVID-19, when mobility constraints hindered conventional fieldwork (Hewson & Laurent, 2012).

Nonetheless, messaging-based interviews provide distinct methodological and ethical challenges. Concerns include digital consent, participant identity verification, data security, and the management of metadata that could unintentionally jeopardise privacy (James & Busher, 2013; Lobe et al., 2020). Researchers must meticulously balance the inclusivity and ease of these methods with stringent ethical precautions, including encrypted communication, transcript anonymisation, and secure data storage.

Cross-Language Interviews

In multilingual healthcare systems, cross-linguistic interviewing is a prevalent occurrence. It requires systematic translation procedures, like forward-back translation, collaborative translation, or mediated approaches where bilingual researchers co-create meaning (Squires, 2009). The participation of interpreters presents both advantages and obstacles: although they facilitate communication across languages, they also influence the collaborative creation of meaning through their selection of vocabulary, emphasis, and cultural context (Temple & Young, 2004). Methodological evaluations advocate for researchers to practise reflexive awareness about language, acknowledging the impact of translation choices on interpretation and outcomes (Van Nes et al., 2010). Documenting translation procedures with transparency, specifically on the adaptation or retention of idiomatic expressions, strengthens the credibility and auditability of cross-language research (Regmi et al., 2010).

The selection of interview style significantly influences data quality and the dynamics of researcher-participant relationships. Although in-person methods are essential for their depth, remote and digital approaches have shown growing validity and effectiveness in modern research. Every modality requires methodological adjustment, ethical awareness, and reflexivity to guarantee inclusion, rigour, and participant safety. The future of interviewing is rooted in methodological pluralism, where researchers intentionally choose, integrate, and modify modalities to optimally fulfil research objectives and accommodate participant requirements.

Trustworthiness in qualitative interviews

Lincoln and Guba's criteria, credibility, transferability, dependability, and confirmability, are fundamental operational approaches that require prolonged engagement, triangulation, audit trails, and reflexive journaling. Modern reporting standards prioritise transparency regarding the study team and reflexivity.

The COREQ 32-item checklist for interviews and focus groups (Tong et al., 2007) and the SRQR standards of 21 items for the entire report (O'Brien et al., 2014) are now mandated by some journals in the fields of medicine, nursing, and public health. These reporting standards when adhered to during the qualitative methodological activity will improve trustworthiness in qualitative research.

Strength and limitations of interviews in health sciences

Interviews possess a fundamental strength in their ability to yield rich, detailed, and nuanced material that profoundly explains participants' perspectives (Kvale & Brinkmann, 2009). In contrast to standardised quantitative surveys, interviews permit participants to articulate their narratives in their own language, allowing researchers to uncover intrinsic motivations, meanings, and social dynamics (King et al., 2018).

Interviews also illuminate the personal and cultural meanings behind health habits and health-seeking behaviours. Qualitative interviewing has been essential in clarifying cultural interpretations of sickness, stigma, and patient-provider dynamics (Helman, 2007). They are especially helpful in global health and cross-cultural research, as biomedical frameworks may conceal essential contextual information.

Moreover, interviews provide a process that is flexible and adaptable, as researchers are able to probe responses, modify question sequences, and explore emergent themes. This renders the approach particularly appropriate for exploratory or theory-generating studies (Patton, 2014). This adaptability also improves participant engagement, as interviews may be customised to suit different communication styles and requirements.

Notwithstanding these advantages, interviews also exhibit numerous limits. Initially, they require considerable time for execution, transcription, and analysis, particularly when dealing with extensive samples or prolonged interview durations (Poland, 1995). The transcription procedure necessitates considerable resources and presents a risk of inaccuracy if not meticulously checked.

Secondly, interviews require proficient interviewing skills and reflexivity. The quality of data is significantly influenced by the interviewer's capacity to establish rapport, pose non-leading questions, and maintain awareness of how their own positionality affects the conversation (Berger, 2015). A lack of enough reflexivity may lead to bias or distortion, since the researcher's assumptions excessively impact the findings.

Third, qualitative interviewing encounters difficulties related to researcher bias throughout both data collection and analysis. Interpretive processes are influenced by the researcher's disciplinary background, cultural perspective, and theoretical framework (Malterud, 2001). Although measures like member checking, peer debriefing, and triangulation can reduce this vulnerability, it cannot be totally eradicated.

Ultimately, the findings from interviews may lack statistical generalisability owing to the generally small, purposeful samples (Creswell & Poth, 2016). Nonetheless, their significance is in transferability, the ability of findings to enhance comprehension in analogous circumstances (Lincoln & Guba, 1985). Through the provision of dense description, researchers empower readers to assess the relevance of discoveries to alternative contexts.

Conclusion

Interviews are fundamental to qualitative research in health sciences since they provide distinct insights into the lived and contextual aspects of health, sickness, and care that are sometimes overlooked in quantitative methods (DiCicco-Bloom & Crabtree, 2006). Interviews reveal the social, cultural, and relational foundations of health behaviours and care experiences through storytelling, discussion, and engagement, therefore enhancing biomedical data with patient-centred insights (Green & Thorogood, 2018).

Recent methodological literature underscores the necessity of connecting study objectives, design, and analysis, ensuring that interview questions are intentional, theory-driven, and analytically manageable (Kallio et al., 2016). Transparent and reflexive reporting is equally essential, enabling readers to evaluate the legitimacy of findings and the researchers' positionality (Berger, 2015). Reflexivity should involve cross-language practice with clear documentation of translation choices and interpreting roles to mitigate meaning distortion (Squires, 2009; Temple & Young, 2004).

The growing acceptance of digital and remote interview formats in the post-COVID-19 period highlights the necessity for ethical vigilance, especially concerning digital disparities, privacy, and consent protocols (Archibald et al., 2019; Lobe et al., 2020). By incorporating current recommendations on modality selection, and reporting requirements, interview studies will continue to produce substantial and practical insights for patient care, service innovation, and health policy (Creswell & Poth, 2016).

Declarations

Author Contribution

Luke Laari conceptualised and prepared the draft of the manuscript and reviewed and performed the analysis.

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