



Original research article

# Capturing lived experiences remotely: exploring the potential of audio diaries as an innovative qualitative data collection method in crisis contexts

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## Abstract

**Background:** The COVID-19 pandemic disrupted traditional qualitative research methods, necessitating innovative approaches to data collection that avoided physical contact.

**Aim:** To introduce and reflect upon audio diaries as a novel qualitative technique for capturing healthcare workers' lived experiences in crisis contexts.

**Methods:** Healthcare professionals in Barcelona, Spain, recorded their thoughts, reflections, and concerns using WhatsApp audio notes. The study was conducted in two phases: the first during the initial pandemic wave (March–July 2020) and the second during a less restrictive period.

**Results:** In the first phase, seven healthcare professionals provided 147 audio entries (2–10 minutes each). In the second phase, five professionals submitted 12 entries (26 seconds to 23 minutes). Audio diaries demonstrated several strengths, including efficiency, authenticity promotion, establishment of an informal therapeutic space, and the capturing of emotional content through voice tonality.

**Conclusion:** Audio diaries offer a valuable alternative for collecting rich, transferable data in situations where traditional face-to-face techniques are not feasible, particularly in crisis contexts. This methodological innovation has implications for future qualitative research, especially in challenging or restricted environments.

**Keywords:** Audio diaries; COVID-19; Healthcare professionals; Innovative methods; Qualitative research

## Introduction

The COVID-19 pandemic has significantly impacted various aspects of life, including health research. The implementation of lockdowns, social isolation measures, and the overwhelming of health centers led to the interruption and cancellation of numerous studies during the first wave of the pandemic (Townsend et al., 2020). This unprecedented situation necessitated the development of novel approaches to ensure safe and efficient data collection within a radically altered social and health context (Sy et al., 2020; Torrentira, 2020).

The lockdown exposed a pronounced gender gap in research implementation and participation, as well as in health work and family responsibilities (Bayraktar, 2022; Brigidi et al., 2021; Minello, 2020). This revelation underscored the need for a data collection approach that could accommodate the new pandemic-induced realities, including gender inequality, the challenges of redistributing work and family tasks, and the extreme workloads resulting in time constraints.

The COVID-19 pandemic brought to light international concern over the lack of a “promiscuous care” structure, as defined by The Care Collective (2020). This concept refers to care networks that are not necessarily interconnected but establish relationships and exchanges of care. The unique circumstances of the initial pandemic phase (March–May 2020) made it challenging to document and theorize about these promiscuous care networks as they were occurring, often due to legal restrictions on personal contacts. Notably, this marked the first time in Western history that individuals outside the health-care field were unable to document events as they unfolded. This void allowed the media and public to shape narratives that heroized healthcare professionals, victimized the deceased and their families, and amplified the tragedy's impact.

The pandemic also rendered traditional data collection techniques that involve direct contact with informants, such as observation, participation, or face-to-face interviews, impossible. These methods not only jeopardized the safety of participants and researchers but also violated government-imposed restrictions. Consequently, the need arose for a data col-

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lection method that could capture the gender gap and informal care networks as instantaneously as possible. Moreover, the widespread deployment of health professionals and students to hospitals and primary care centers to manage the influx of patients made it very difficult to secure their participation in qualitative research (Gómez-Ibáñez et al., 2020). This situation, coupled with the scientific community's focus on quantitative studies aimed at alleviating COVID-19, further complicated the landscape for qualitative health research.

The qualitative research community had to adapt its data collection methods to the constraints imposed by the pandemic. Online surveys, reflective diaries, phone interviews, and video calls have been widely employed as alternative qualitative data collection tools, especially during lockdown (Nind et al., 2021; Torrentira, 2020). The incorporation of virtual methods for interviews and focus groups has been driven by ethical considerations and, in some cases, safety concerns. However, these adaptations have posed particular challenges for qualitative approaches, which rely heavily on in-person observations and other complementary techniques that have been rendered impossible by pandemic-related restrictions.

This methodological essay aims to illustrate and discuss the advantages and applications of audio diaries in a situation where traditional research methods and social relations were profoundly altered by a collectively experienced health emergency. Drawing on Beck's (2006) conceptualizations of risk society and democratization, we posit that the initial health emergency was dramatically experienced by the majority of people, transcending economic, social, and cultural boundaries. In some instances, this crisis even altered the established order of privileges (Brigidi et al., 2021). However, it is crucial to note that while the experience of the pandemic was widespread, its consequences and the accessibility of treatment were far from democratic.

## Materials and methods

The use of diaries in qualitative research has gained prominence as a method for understanding lived experiences concurrently (Morell-Scott, 2018). Building on this concept, Torrentina (2020) proposed replacing traditional observations with diaries, particularly in phenomenological or ethnographic research designs. Audio diaries have been defined as a qualitative longitudinal method that enables researchers to investigate participants' *in situ* lived experiences within a specific context over time (Monrouxe, 2009). The efficacy of audio diaries in capturing cognitive processes and providing opportunities for reflection on experiences has been documented by Crozier and Cassell (2016). During the COVID-19 pandemic, audio diaries were employed in qualitative research (Paul et al., 2021; Tay et al., 2021). However, their application with health professionals, particularly from an ethnographic perspective, has been limited.

### **Audio diaries: Being there without being there**

At the beginning of the COVID-19 pandemic, we conducted an investigation to understand the care and health reorganization situation in hospitals. In our study, we adapted the use of audio diaries to the contextual reality of the COVID-19 pandemic in Barcelona, Spain, following Verma's (2021) non-prescriptive concept and instructions. The organizational arrangement among health professionals and other aspects such as work conditions, human resources, stress, and family management were explored. Unable to enter the health centers or

directly observe health scenarios, we only had an indirect solution: what if we could acquire information about the happenings from inside the organization? This method allowed us to be close to the healthcare professionals' experiences without physically being there. In this paper, we will focus on explaining this novel data collection method.

We were interested in the participants' description of their own experiences – both professional and human in the face of a difficult situation, which had, until then, been unknown at the clinical and health training level. During that time, dying in solitude was being dramatized on television, press, and the radio. However, no thorough reports were available regarding the occurrences in health centers and how professionals were being organized. We were interested in how they adapted to situations and what improvisation strategies were being deployed at the clinical, wellbeing, and emotional levels. It was not possible to make observations and virtual focus groups; therefore, we only had the option of interviews via phone or video calls. The key issue was that the professionals were exhausted, making it very difficult to access them; the same occurred with reflexive diaries. We were unsure about inviting the participants to think, feel, and successfully write because – as previously mentioned – they were exhausted and possessed limited ability to think about anything beyond work.

Notably, all holidays, breaks, or sabbaticals were cancelled, and health center staff worked more than twelve hours a day. In March, April, and May 2020, people were living in a health, political, and social emergency. There was much desperation, as we knew nothing or almost nothing about the virus, its transmission, or its treatment. Everything seemed like a reminder of the distant images of the Ebola epidemic seen in documentaries (Brigidi, 2020). Fear and despair were the most visible feelings on the screens: images of deserted cities, increasing death tolls, and the perverse media desire to celebrate the healthcare professionals and victimize vulnerable groups. People's fear and despair were evident on TV (at times bordering on sensationalism) and social media; daily coverage was dominated by images of deserted cities, rising death tolls, celebrations honoring healthcare professionals, and stories of vulnerable groups disproportionately affected by the crisis. We aimed to document what was happening from the perspective of healthcare professionals, without slipping into the sensationalism of the videos on social media and TV. This is where we began to consider whether – instead of writing – the participants could be invited to speak whenever they wanted and for as long as they pleased.

## Results

### **Methodological development of audio diaries and how we achieved it**

This methodological paper resumes our experience with data collection in the research mentioned above. Thus, the focus of the paper is the method itself, not the research findings. Participants were healthcare professionals who were actively working during the first wave of COVID-19. Via WhatsApp audio notes, we invited them to send us their reflections, stories, experiences, and criticisms about the health reorganization experience, and about who established the work shifts and the tasks. They could create audio notes whenever they wanted, without any time limit. This facilitated their use; when they felt the need to explain something spontaneously, they did so without having to spend much time. Immediacy was, therefore, an essential feature. Most notes were recorded after work

shifts, on the way home, walking down the street, going to pick up the car, or on public transport. Others opted for intimate moments in their room, before going to sleep or even just after waking up, or while eating breakfast and thinking about what the day would bring. In short, we wanted to understand participants' experience in the safest way possible and, at the same time, in a sufficiently rich and rigorous manner (methodologically speaking).

Offering this freedom to express their experiences would help establish and consolidate rapport (Gaglio et al., 2006; McGrath et al., 2019). Likewise, one of the interests of qualitative inquiries is the ability to collect silences (Mazzei, 2003; Poland and Pederson, 1998). This approach creates opportunities for the documentation of intimate moments imbued with emotional significance, which might otherwise be suppressed or altered during face-to-face interactions due to societal or educational communication norms. In the case of audio diaries, sobbing was recorded, including crying, pauses, and long silences. Additionally, small details were recorded, such as the noises in their homes, a spoon touching a cup of coffee, or clothes falling on the floor. These provided realism and authenticity, crucial for understanding what they were sharing in their audio notes. Their desperation and fears were captured by the vibrations and the low, gravelly tones of their voices; something unique and impossible to collect using other means.

The exact instructions were: *"Please, tell me how your workday has been organized, why these decisions were made and who made them, what has happened in your workday, how relations with your colleagues and supervisors have been, the difficulties that you have observed, what worries you most, what you are doing to adapt to this new situation and why. Do not worry about the length of the audio, feel free. You can send as many audios as you want before July 2020, and you can do it at any time. You can also send us photos or videos of your body, face, hands, or of your protections that illustrate your audios. We are here to listen to you."*

Initially, the principal researcher (SB) disseminated the instructions by email and WhatsApp to personal contacts she had already worked with in other investigations. Snowball sampling (Parker et al., 2021) was promoted, encouraging these contacts to invite their contacts too. Before sending audio notes, a space was offered to explain the aim of the study and research team, respond to any possible doubts, and explain the mechanisms used to maintain the anonymity and confidentiality of the submitted data. Moreover, participants were sent an information document and an informed consent form that had to be returned completed. Between March and July 2020, seven healthcare professionals provided two rounds of audio files each. A total of 147 audio diary entries were received, ranging from 2–10 minutes each. In a subsequent phase of the study, an additional researcher (JL) replicated the methodology. This iteration aimed to assess the method's efficacy in yielding valuable research insights during a later stage of the pandemic, characterized by reduced social restrictions and increased mobility. The objective was to evaluate the method's utility in a context where the pandemic persisted but no longer constituted an acute social emergency. Five healthcare professionals provided 12 audio entries (with a length from 26 seconds to 23 minutes).

It is important to note that the informants were intentionally chosen, which established a foundation of trust and rapport from the outset (Kim et al., 2023). This approach aligns with Verma's (2021) guidelines, which emphasize the importance of establishing a strong researcher-participant relationship in qualitative research, particularly when using audio diaries. The pre-existing connections between the researchers and

participants facilitated a more open and candid sharing of experiences, which is crucial to the depth and authenticity of the data collected. The intentional selection of participants with whom the researchers had prior professional relationships served multiple purposes. Firstly, it ensured a level of comfort and familiarity that encouraged participants to share more freely and in-depth about their experiences during a highly stressful period. Secondly, this established rapport allowed for a quicker adaptation to the audio journal method, as participants likely felt more at ease with the researchers and the research process. Moreover, this approach helped to mitigate some of the challenges associated with remote data collection during a pandemic. The trust established through previous collaborations potentially reduced participants' hesitations about sharing sensitive information or personal reflections via audio recordings. This trust was particularly crucial given the intense and often emotionally charged experiences healthcare professionals were navigating during the COVID-19 crisis.

## Discussion

### Strengths of the method

The strength of this methodological choice can be seen in the quality and quantity of data collected. The substantial number of audio entries received, along with their varied durations, suggests that participants felt comfortable engaging with the method and sharing their experiences at length. This outcome aligns with Verma's (2021) emphasis on creating conditions that facilitate rich, detailed accounts in qualitative research. Regarding dependability, that is, the degree to which the different researchers produce similar data and results, notably, the audio diaries were collected by two of the researchers through various sources and at different times (Davies and Dodd, 2002; Morse, 2015). This approach not only enhanced the reliability of the data but also allowed for a comparison of experiences across different phases of the pandemic, providing a more comprehensive understanding of the evolving situation in healthcare settings.

Regarding the credibility of correspondence (Cutcliffe and McKenna, 1999; Whittmore et al., 2001), the data obtained were evidently credible since they collected real narratives in the first person and in real time. Hence the analytical interpretations carried out later and agreed upon by the research team will also be of high credibility. The same applies to the authenticity of the data collected, that is, of the reality of the data and the relationship with the researchers (Amin et al., 2020). How could the data be anything but credible and authentic if it was "simply" their own audio narrative? The data collected (and analyzed) were transferable to other populations immersed in a similar socio-cultural context. The participants' real voices represented the reality of the health professionals of large cities, such as Barcelona, or their immediate surroundings.

Regarding the auditability of the data obtained, there was value in observing the experiential parallels obtained through the audio diaries or through interviews (online, telephone, or face-to-face). This allowed us to immerse ourselves in the reality being studied and to understand it from within. The stories collected were neutral, that is, what the participants' recordings were not mediated by the interests or perspectives of the research team. The instructions were open-ended, allowing participants to express what they wanted to in the way they wanted.

Informants and researchers perceived several benefits of using audio diaries as a qualitative data tool. From the research-



ers' perspective, it was an efficient way of managing time as the interviews required no appointments or any arrangements to make observations. The only thing that was required was correct participant selection and a delicate accompaniment (so as to not overburden them). The high level of participant engagement resulted in substantial audio submissions and extensive feedback. This robust participation fostered a strong participant-researcher rapport, which in turn facilitated the generation of additional valuable data. This advantage was also identified among the participants, who felt comfortable and liberated when making their recordings, almost as if it were a therapeutic space. Sometimes the researchers responded with their own brief voice notes, answering with a simple "I understand what you are experiencing is difficult" or similar, which motivated participants to respond and provide more details.

An advantage identified during the implementation of this qualitative data collection technique was participants' time management. As they decided when and for how long to participate, participation took place at the most appropriate time for each participant, further promoting the authenticity of the stories and ensuring the safety of the participants. These were authentic stories, narrated in moments of need for expression and in places that were considered suitable by each participant, reinforcing, as mentioned, veracity, credibility, audibility, and transferability. This fact is reflected in the great variability of the length of the audios and their richness.

On the other hand, it was enriching for participants and researchers to make clear and feel the sincerity of the audios and their sensitivity. An informal therapeutic space was established that encouraged the participants to continue participating since, according to their own statements, "It feels great to be able to explain to you whenever I want, how I feel, and how I am experiencing all this". Audio diaries demonstrated several advantages over video call interviews in capturing emotional content and generating rich data. While video interviews often present challenges in highlighting, recognizing, or capturing emotions, with silences potentially assuming different meanings, audio diaries excelled in these aspects (Krouwel et al., 2019). The audio diary method facilitated the documentation of a broad spectrum of vocal tonalities while eliminating visual distractions, thereby enhancing the authenticity and emotional depth of participants' narratives. Furthermore, audio diaries promoted participant agency to a greater extent than traditional interviews or focus groups (Van Marrewijk, 2003). This method afforded participants more autonomy in their responses, allowing for a level of reflection and decision-making that might have remained latent in more structured interview formats.

Finally, audio diaries made it possible, in a more ethically fair way, to include people who would have had difficulties in participating in an interview due to medical (Jover Leal, 2022) or labor reasons (night shifts or long working hours), or simply people who did not want/could not show their faces due to administrative or legal issues.

### **Weakness of the method**

This data collection technique is not exempt from disadvantages, the improvement of which should be studied on future occasions. Firstly, it was impossible to redirect the conversation when the stories digressed from the subject to be studied. Unlike traditional interviews, where the researcher can guide the conversation back to relevant topics, the asynchronous nature of audio diaries did not allow for immediate redirection of digressive accounts. Although such instances were infrequent, they highlighted a methodological constraint inherent to this

approach. Additionally, there were potential risks associated with the audio submission process. Participants might inadvertently send their audio files to an incorrect recipient or experience technical difficulties resulting in lost recordings. In such cases, if participants were required to re-record their thoughts, the authenticity and spontaneity of the content could be compromised. The initial recording often captured the participant's immediate reactions and reflections; any subsequent attempt to recreate this content might lack the original's raw emotional quality and genuine insights. This potential loss of authenticity posed a challenge to the method's efficacy in capturing participants' unfiltered experiences and perspectives. If a participant sent the audio to the wrong recipient, the confidentiality of the data could be put at risk, which did not happen. Emphasis was placed on confirming who they sent the audio to. Participants were explicitly instructed to verify the recipient's identity before sending each audio file. Moreover, we emphasized that participants retained the ability to delete any message after transmission if they discovered it was sent to an incorrect recipient or if they subsequently disagreed with its content.

Another disadvantage was speech confusion. Participants sent their audios at moments they considered the most opportune and spoke about what was relevant to them at that precise moment. This meant having to order the narratives when making the transcriptions for later analysis. Once again, the authenticity of the speeches and their truthful and relevant content prevailed. Subsequently, we must remind readers that this is not a technique that can be applied to any informant or in any investigation. The implementation of audio diaries as a research method necessitates a meticulously designed intentional sampling strategy and the cultivation of a robust rapport between researchers and participants (Mosher et al., 2017; Price, 2017). This carefully nurtured relationship serves to stimulate participant agency and fosters an environment conducive to rich data collection. When participants perceive the audio diary as a secure and confidential medium for expression, they may be more inclined to take initiative in sharing additional materials, such as photographs or videos, that complement their audio narratives. This perception of the audio diary as a 'safe space' can significantly enhance the depth and breadth of data obtained, potentially yielding insights that might not emerge through more traditional research methods.

## **Conclusion**

Evidently, audio diaries cannot replace classical qualitative techniques such as observations or interviews. However, they offer an alternative to collecting rich, real, and transferable data in situations of difficult field access or when informants cannot meet directly, show their face, or have mental/cognitive disorders. More research is needed on the suitability and usefulness of the technique; therefore, we propose that audio diaries be implemented in future research to assess their effectiveness and establish guidelines for their use. It is still a way of adapting the techniques used in qualitative research to modern times; we must progressively incorporate creativity in our investigations to reach the participants and their contexts more easily. Audio diaries are an example of this.

This study aimed to stimulate critical discourse on the urgent need for qualitative researchers to adapt their methodologies in response to rapidly changing and fragile research contexts. By examining the efficacy of audio diaries during a period of significant social upheaval, we sought to contribute

to the ongoing dialogue about methodological innovation in qualitative inquiry. Our work emphasizes the necessity for researchers to continually reassess and refine their approaches to effectively capture the complexities of contemporary social phenomena.

Experimenting with new forms of data collection that enable the collection and analysis of these in innovative and safe ways is vital (LaMarre and Chamberlain, 2022), while continuing to respect the ontological, epistemological, axiological, and methodological aspects of qualitative research (Carter and Little, 2007).

We would like to conclude with some reflective questions: (a) To what extent is observation always necessary in qualitative research? (b) To what extent is the researcher's eye not transformed into an ethical problem between the space, informant, and the subjects participating in the observed scenario? Let us consider, for example, research into childbirth: does not the presence of a researcher in the delivery room alter the very meaning of the respected event? Therefore, it would be more ethical to propose other forms of research and construct relationships between the researcher and the informants that can guarantee and preserve the intimacy, respect, and well-being of all the subjects present. Audio diaries offer a potentially subversive and decolonial research method, enabling investigations in contexts where traditional Western approaches relying on visual observation and physical presence are impractical or inappropriate. This methodology challenges conventional research paradigms, potentially facilitating more authentic representations of marginalized experiences and advancing more inclusive qualitative inquiry.

### Practical recommendations

Based on our research experience, we offer the following practical recommendations for implementing audio diaries in future qualitative studies:

1. *Participant selection*: Choose participants carefully, preferably those with whom you have an established rapport. Use intentional sampling to ensure participants are comfortable with the method.
2. *Clear instructions*: Provide concise, open-ended guidelines to participants. Explain the purpose of the study and address any concerns about confidentiality.
3. *User-friendly platform*: Utilize a familiar and accessible platform (e.g., WhatsApp, Telegram or similar) for audio submissions to minimize technical barriers.
4. *Flexible recording*: Allow participants to record at their convenience, without strict time limits. Encourage spontaneous and immediate reflections to capture authentic experiences.
5. *Researcher engagement*: Offer brief, supportive responses to maintain participant motivation. Be available to clarify doubts or provide additional guidance as needed.
6. *Ethical considerations*: Obtain informed consent before data collection begins. Ensure participants understand how to maintain their privacy (e.g., recording in private spaces). All participants must adhere to the commitment that no one will share the recordings, ensuring that everything shared will be kept private.
7. *Data management*: Develop a robust system for organizing and transcribing audio entries. Be prepared to analyze both verbal content and non-verbal cues (e.g., tone of voice, pauses, background noises).
8. *Context assessment*: Evaluate whether audio journals are appropriate for your research context, especially in situa-

tions where traditional methods are challenging or impossible.

9. *Complementary data*: Consider allowing participants to submit additional materials (e.g., photos, videos) to enrich the data when appropriate.
10. *Analysis strategy*: Develop approaches for analyzing both the verbal content and the emotional nuances captured in the recordings.

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The authors have no potential conflict of interest to declare with respect to the research, authorship, and publication of this article.

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