

The Photo Essay: A Visual Research Method for Educating Obstetricians and Other Health Care Professionals

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When it comes to issues related to low-income women seeking early, adequate, or continuous prenatal care, the public health and medical communities continue to tell women to take responsibility for their actions. Rarely are messages aimed at providers. To help physicians see how factors in their offices and clinics can affect service utilization, the photo essay, a visual qualitative research strategy was developed using low-income minority and disenfranchised women who had recently given birth or were near to giving birth. Eight photo essays were completed. Together, the narratives, in collaboration with the photos, provided an opportunity for physicians to hear and observe women, as consumers, as they expanded their descriptions of their prenatal care experience. Key Words: Visual Research, Prenatal Care, Health Communication, and Access to Care

Introduction

Improving access to, and utilization of, prenatal care is an integral public health initiative. The use of regular and timely prenatal care is highly associated with improved birth outcomes and maternal health. Women who attend early and adequate prenatal care visits are less likely to give birth to an infant with low birth weight or suffer from maternal or fetal death (Amini, Catalano, & Amn, 1996; Brett, Schoendorf, & Kiely, 1994; Vintzileos, Anath, Smulian, Scorza, & Knuppel, 2002). Despite the increased media, social and public health messages concerning the benefits of prenatal health care and the increased attention towards reducing barriers in seeking care, some women, particularly minority and low-income women, do not choose to utilize prenatal care services (Sword, 2003). Insurance or financial issues, as well as demographic factors such as maternal age, parity, and transportation are commonly referenced as key barriers to receiving prenatal care. However, a more recent and growing body of literature has begun to focus on the interaction between patients and health care providers as powerful impediments to the use of prenatal care services. For example, physician attitude, interaction style, and concern for patient satisfaction with the medical encounter have all been attributed to women's willingness to attend prenatal care visits. (Handler, Rosenberg, Raube, & Kelley, 1998; Raube, Handler, & Rosenberg, 1998)

The health care experience is comprised of many aspects, with the patient-provider interaction constituting a large portion of this experience (Rave, Geyer, Reeder, Ernst, Goldberg, & Barnard, 2003). In particular, negative provider-patient interaction has been cited as an important aspect of patient satisfaction and compliance across medical specialties. For example, patients of physicians who can decode the appropriate emotion being expressed by patients and who can encode, or convey, an intended emotion to their patients via verbal and nonverbal communication were the most satisfied and the most likely to comply with appointments (DiMatteo, Hays, & Prince, 1986). Patients also report being more satisfied when their physician is perceived as caring, sensitive, and empathetic. A physician's level of displayed affect has been shown to notably influence patient recall of information (Gross, Zyzanski, Borawski, Cebul, & Strange, 1998). Patients tend to judge physician affect based on vocal intonations during conversation (Harrigan, Gramata, Lucic, & Margolis, 1989), underscoring the importance of not only what a physician says, but also how he or she says it. Furthermore, Martin (1998) argues that patients perceive a "good doctor" to be one who is *caring*, *listens* to them, is *sensitive* to their needs, *follows through* with their care, and is *available*. Martin also believes patients evaluate the "timeliness, accuracy, courtesy, and outcomes of the service and information provided" (p. 753) in making judgments about the quality of their care. Poor physician communication can be harmful in any medical setting, but it is particularly troubling during prenatal visits, when the patient is as equally concerned for her own health as the health of her unborn child. It is also a particularly important issue among low-income populations because of concerns regarding social prejudice and the possible consequence of substandard care. For example, in a review of 41 studies, Hall, Roter, and Katz (1988) found provider behavior was inconsistent across social classes, and when physicians provided care to low income and minority patients, they communicated less information and were less supportive of the patient. This issue in health care, often referred to as healthcare disparity, is an emerging concern in health

services (Rowley, 1995; Wise, Wampler, & Barfield, 1995). Several studies indicate the reduced access to health care services due to language, cultural, or cognitive barriers not only manifests in decreased use of prenatal care, but also more negative birth outcomes in terms of infant health (Fiscella, Franks, Doescher, & Saver, 2002; Rowley; Wise et al.). Studies of interactions between patient and health care provider that were viewed as paternalistic or prejudiced were often viewed by low income women as reflecting their marginalized and disenfranchised positions in the community (Sword, 2003).

To better understand patients' expectations of "good" physician behavior, including communication and the care they receive, Baider, Uziely, and De-Nour (1997) compared patients' (n=205) perceptions of their physicians with their hypothetical ideal physician. Physicians also reported on their own behavior and the behavior of the ideal physician. Findings showed patients perceived their physician offered fewer explanations, and were less encouraging and less approachable than the physicians described themselves. In contrast, the correlation between physicians' self-reported behavior and their own perceptions of the "ideal physician" were quite high. Physicians have also been shown to overestimate the number of patients who would comply with follow-up appointments (Waggoner, Jackson, & Kern, 1981).

Prenatal care is often the first time a women uses the health care system as an adult. Her experiences as a health care user during this period in her life are likely to shape her opinions and attitudes about future health care use (Paneth, Wallenstein, Kiely, & Susser, 1982). The perinatal period is an ideal time to provide education to a woman and her family about preventive health care (Racine, Joyce, & Grossman, 1992). However, a poor experience during this time of her life is as equally likely to ensure a woman has a reduced sense of value about prenatal health care and the health care system, in general (Hickson et al., 1995; Chassin & Galvin, 1998). In an effort to address the discrepancies between physicians' perceptions of the health care they offer and women's perceptions of the health care they receive, the present study aims to educate obstetricians about the impact their services and actions, or inactions, can have on women's prenatal care experiences.

Background and Rationale of the Photo Essay

The National Friendly AccessSM program is a community-based participatory initiative in four communities in the United States that seeks to improve access and utilization to quality perinatal and pediatric services for the traditionally underserved. The program began in 2000 at the University of South Florida, Lawton and Rhea Chiles Center for Healthy Mothers and Babies (LRCC), in response to quantitative state health department data about our state's poor birth outcomes among low-income and minority women. The LRCC was created in 1996 with the broad mission to improve the health of mother's and babies through research, training, and tested interventions. The first six authors were faculty and students with appointments within the LRCC. Drs. Quinn and Albrecht conceived the idea to create a photo essay, based on the results from the initial data described below. They, in collaboration with Dee Jeffers, devised the research plan and recruitment protocol. The data were analysed and final essays were developed by Drs. Quinn and Albrecht. Dr. Mahan served as medical consultant and liaison to the medical community, recruiting physicians to participate in the initiative. Drs. Quinn,

Mahan, Albrecht, and Ms. Jeffers developed the presentation for the National Perinatal Association. Beth Reynolds was the photodocumentaryist who photographed the women and participated in the creation of the essays.

Informal focus groups conducted with women who were “irregular users¹” of perinatal health care services suggested women found little value in the health care they received. Additionally, these women surmised they were satisfied with the care they received, yet based this satisfaction on having little or no expectation of quality. The majority of women said they went to the doctor during their pregnancy because it was expected of them within their social networks. In what can be characterized in behavioral terms as “negative reinforcement,” women saw their physicians in order to avoid a negative consequence such as disapproval from a partner or family member. They found no personal value in attending and said their expectations about the care they received were met because they had no expectations to begin with.

Dr. Mahan and Dee Jeffers, on behalf of the LRCC, mailed copies of the focus group reports to physicians who were participating in a local initiative and results were discussed during a regularly scheduled meeting. The response from physicians in attendance was negative. Physicians attempted to quantify the results by asking, “How many women said this?” and personalized by asking, “Were these my patients?” Attempts to generate initiatives to further examine the cognitive barriers expressed by the women in the focus groups did not come to fruition. Physicians said they were “just too busy” to pay attention to women who did not value the services they offered. Drs. Quinn, Albrecht, Mahan and Ms. Jeffers, who were developing the research agenda for the Friendly Access program, believed the findings from the focus groups were too important to discount or ignore. However, knowing how difficult it is to gain the attention of health professionals, particularly obstetricians and their staff, the researchers knew they would have to take a distinctive approach if they were to be successful in this task.

Since the presentation of a written summary of women’s experiences was not successful in directing physicians to think about their practice behaviors, Drs. Quinn, Albrecht, and Mahan suggested a photo essay. Drs. Quinn and Albrecht and Ms. Reynolds had recently developed a photo essay of breast and cervical cancer survivors to promote cancer screening. Preliminary results of this photo essay indicated success in calling attention to women’s health behaviors. We hoped this initiative with a photo essay and obstetricians would be as equally successful. Since an upcoming meeting was planned in connection with the National Perinatal Association, Dr. Mahan arranged for the photo essay to be presented to attending obstetricians.

Visual research has traditionally been used in disciplines of visual anthropology and visual sociology, however; recently, it has gained popularity in a variety of social science disciplines including cultural geography, psychology, and health studies (Pink, 2004). Visual displays, including photography and video, can be incorporated into qualitative research projects in a variety of ways including: analyzing existing photographs and videos, using photographs to elicit discussions about certain topics, or by producing photographs or video, with informants, during participant observation or interviewing (Pink). In an attempt to provide a new opportunity for obstetricians to consider the patient perspective, the current project used a hybrid of photo elicitation and

¹ Irregular users are defined as women who have attended at least one prenatal care visit, but not the total number and pattern of visits as suggested by the American College of Obstetricians and Gynecologists.

produced photographs during participant observation and interviews. By including visual displays, in conjunction with participants' interviews, the photo essay is able to generate and integrate information that cannot be accessed verbally, and provide a richer, more complete portrayal of the context of pregnant women's lives (Killion, 2001).

In this project, the photo essay is a qualitative visual strategy, its main function is to capture the attention of physicians, and to have them begin to think about how patients receive and perceive prenatal services. It is an attempt to educate health care providers and systems to consider the possible missed opportunities for establishing trust and providing education within their practices and health care systems. The ultimate goal is to begin a dialog about ways to change the culture of maternal and child health services through improved communication and perceptions of service quality. It is also an effort to remind physicians to take the time to view their patients as people, and not discrete body parts that need attention.

Gagne's theory of learning describes learning as a sequence of phases, each of which requires unique conditions to be met (Gagne & Driscoll, 1988). The first step in the learning process is to gain the audience's attention (Gagne & Driscoll). Capturing the attention of the learner is crucial to ensure that stimulation is received (Tuckman, 1988). The second step of the learning process is motivation, during which time the learner attempts to reach a goal and receives something in return (Gagne & Driscoll). Most people have the desire to achieve or perform in a capable manner. To become engaged in the learning process, this desire must be activated. Motivation can be established by creating an expectancy of learning (Tuckman).

Using the time-honored tradition of story telling and the documented potential for influence that photographs have on emotions, the photo essay is an innovative way to capture physicians' attention. For decades, public health specialists have been developing messages urging consumers to adopt different preventive practices into their lives. Rarely have messages been aimed at providers. Instead, the public health and medical communities continue to advise patients to take responsibility for their actions, often times failing to recognize how medical providers' actions impact patients' decision-making. The photo essay was developed to assist physicians in understanding how communication practices in their offices and clinics can affect service utilization. Following the philosophy that "women are the best source of information on the nature and quality of their personal experiences with care and can provide information about how clinicians perform that is difficult to obtain in other ways" (Wong, Korenbrot, & Stewart, 2004, p. 119), the photo essay was developed and used to create a permanent artifact or "slice of the world," by visually recording the patient perspective of the environmental and cultural context within which prenatal care services occur.

For example, in Figure 1, Dana's story addresses issues of patient expectations and the mismatch that can occur between these patient expectations and provider's practice environments and protocols.

Figure 1. Dana's story and photos.

Dana is a 35 year-old, married mother of two. Amy is 4 and Charlene is 7 months old. Her pregnancy was planned and welcomed. "I tried to be an extremely informed patient."

Dana described her prenatal visits. "They were minimalist, they did all they had to do. There wasn't a lot of touchy-feely, dealing with my emotions. I felt I received good care but wasn't attended to emotionally. I knew I needed that. Especially in light of the fact that several friends had recently lost babies." Having friends who had miscarried worried Dana and she needed to talk about these issues with her medical team. "Bare minimum, they were seeing so many people they just didn't have time for that hands on thing."

Her first child was by cesarean and she very much wanted to have a natural vaginal delivery. "I have high expectations," she said. "I was not encouraged to attend prenatal classes, I sought that out on my own." Dana was often disappointed with her care, but also said she began to expect it and knew she would have to do a lot on her own. "You have to be proactive"

Suffering from severe stomach cramps Dana called both her ob/gyn and primary care doctor. Each told her to go see the other one. "I was treated like nobody wanted to touch me. My primary care doctor didn't want me and the ob/gyn didn't want me." Finally the ob/gyn staff saw her. She admits to being overly cautious and worrying too much. "I heard them (the ob/gyn staff) saying horrible things about me in the other room. I was in tears."

The nurses in the doctor's office did impress Dana. "They came to appreciate how serious I was about my pregnancy." Dana had the natural childbirth she had hoped for and pulled Charlene out herself. The doctor later told Dana that her birth was one of the most rewarding experiences she had ever had.

Dana Photo A



Dana Photo B



In Figure 2, Carrie's story, the theme of substance abuse and the attitude of health care providers are offered from her point of view.

Figure 2. Carrie's story and photos.

Carrie is a 29 year-old mother of two. Carl is 7 and Jamal is 6 months old. She has been pregnant two times in her life and is married. At 3 months she went to the doctor for the first time. Carrie admits to using cocaine during this pregnancy. At the first clinic she went to, she was turned away for a positive urine test. From the second clinic, she received a letter telling her to go the Children's Medical Services clinic because she again tested positive. At the CMS clinic she said, "I felt more welcome, I was among my kind of people." The first two clinics did not offer her any help; they just told her they could not see her anymore. "They (CMS clinic) talked with you more"

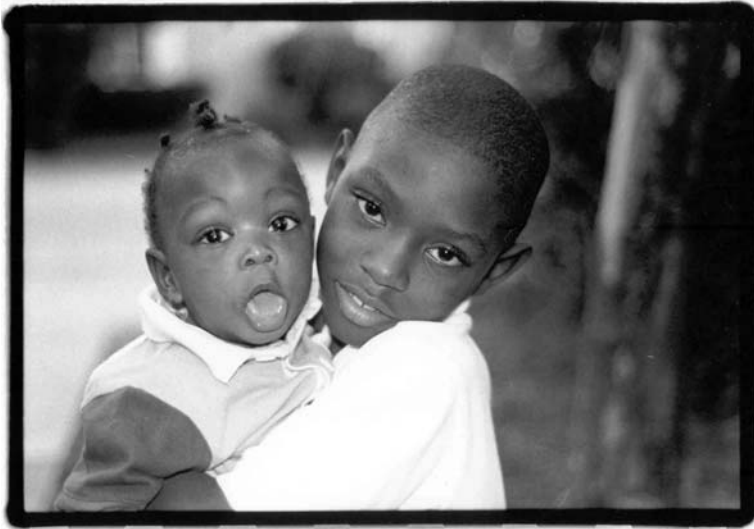
When she went to the hospital to deliver she told the staff she had been using drugs. As soon as she admitted to using drugs, things changed. "From then on it was miserable," she said. "It was like I had AIDS or something. Not wanting to touch you, and standing back from you." She was left in a room alone with a nurse occasionally coming in. "I was reaching over the side of the bed and the nurse was there, and she like walked off so I couldn't put my hand on her." She consistently asked for pain medication and received nothing because she had admitted using drugs. "Users don't get pain meds," Carrie reports. Toward the very end, about five minutes before she delivered, she was given pain medication.

Carrie told me there was no doctor in the room when she gave birth, only a nurse. "When I had Jamal, I felt like I had him myself." One aide came in and showed Carrie how to feed the baby when she was having problems. Carrie says this was the only person who was kind to her during that hospital experience. While this was Carrie's second pregnancy, she says, "Second time moms still need education, information, and a little kindness."

This was an unplanned pregnancy. “I was depressed the whole pregnancy.” A home visitor from the Federal Healthy Start program gave her emotional support. “She did her part, she was there the whole time, and she even came to the hospital.” The home visitor was the only health care professional with whom she had an on-going relationship during the pregnancy.

Carrie was clean for four months during her pregnancy, but Jamal has obviously suffered side effects. She knows the drug use was wrong, but feels she should have been treated more humanely. She is clean now and working as a dietary supervisor at a nursing home. She has never been on public assistance. “The best part (about the birth)... was seeing his face and he was alive.”

Carrie Photo A



Carrie Photo B



Lastly, in Figure 3, Kenya's story, we are offered a glimpse of a teen mother's need for health messages tailored to her lifestyle. Names of respondents have been changed to maintain confidentiality.

Figure 3. Kenya's story and photos.

She told me about the day she went for a sonogram. "I got there about 9 a.m., my appointment was at 11 a.m., and I didn't get seen until about 3 p.m." She said this was typical, but she had hoped by going early she might be able to be finish sooner. Even though the waiting was bothersome Kenya liked the staff. "Nobody criticized me, they gave me everything I needed, all the support I needed. And, talking to the other girls in the waiting room is about the only time I get to talk to people."

Kenya was on bed rest for several weeks and her water broke 3 weeks before DJ was born. She described this pregnancy as being very different than the first, but feels she was depressed during both and cried a lot. During delivery, she said she received no pain medication until the very end, even though she asked a number of times. The baby is on an apnea/heart monitor. He currently weighs 4 ½ pounds. He spent 2 weeks in the hospital at birth. DJ goes for weigh-ins every Monday.

Emotional support came from her sister Tess, 24, and Auntie Pammie. "They kept me going." Her auntie always came in with a smile, and told her not to worry what people think. Her mom was upset that she was pregnant again and rarely spoke to her during this pregnancy. When Kenya felt she was in labor and needed to go to the hospital her mother asked her to wait until they had finished dinner. Because her mother had to care for her older son, Kenya was alone in the hospital during the delivery.

The best part about being pregnant she pondered? "After they're out, I think it's when you see them, you see them crying. You know they're ok." The worst part- "Pushing, and they don't give you no medicine". Kenya is 19. She is the mother of 2 boys. Kevon is 2 and Daniel James (DJ) is 2 months. DJ is not even due yet. He was 2 ½ months early. Kenya was in her second trimester before she realized she was pregnant and went to the doctor.

Because the baby was early, she only had 4 prenatal visits at the local prenatal clinic. "They were real basic," she said describing her visits. "I think it was well done, they were nice people. It's just that every time I went I had a different nurse and doctor." The care was about what she expected. Kenya is on public assistance but feels that played no part in her care.

Kenya Photo A



Kenya Photo B



Because health care professionals are accustomed to learning new information, and because motivation can be established by creating an expectancy of learning, it seems that achieving the second step of the learning process, motivation, should be simple. However, that is not always the case. In fact, the manner in which medical providers typically learn new knowledge is formulaic. Health care professionals have little experience with the concept of learning *from* their patients. Instead, they tend to perceive the situation as learning *for* those they treat. Knowing how medical providers typically view learning, researchers created the photo essay as a pioneering tool to help health care professionals think about learning from patients.

The photographs and vignettes included in the photo essay are intended to set the scene and illustrate the relevance of the need for change. Using photographs, in collaboration with participant interviews, reveals the human element behind patients'

words. The photo essay illustrates the consumer's perceptions; how women feel about their pregnancies, related experiences, and the impact their perceptions have had on their lives. The hope is that their stories will motivate providers and the health care community to engage in a new way of thinking about opportunities to improve patient interactions.

Methods

Low-income women, who were to deliver or had recently delivered in a public hospital in an urban area of West Florida, were approached to participate in the study. They represented women who qualified for and agreed to receive social and mental health services through the Federal Healthy Start Program, a program that identifies women at-risk for an adverse pregnancy outcome due to psychosocial and medical factors. This study was approved by the University of South Florida's Institutional Review Board. Nineteen of the 25 eligible women consented to telling their stories and being photographed. Appointments and time frames were established however, five women moved during the filming, and contact was lost with another four women due to a withdrawal from the federal program. Two women experienced tragic outcomes, a stillbirth and neonatal death due to prematurity, and decided not to participate. The result was eight completed interviews with three depicted in this article. These three women represent the range of experiences of a low-income patient in the community. All the women were "underemployed²" prenatal patients whose stories depict: substance abuse, teen pregnancy, and pregnancy in a woman with advanced maternal age. Each woman who participated in the project received at least five 8 X 10 prints from the images produced during her interview.

A professional photodocumentaryist, with experience in a variety of photo-documentary work such as burn survivors, welfare mothers, cancer survivors, and firefighters, was hired to take the pictures (Reynolds, n.d.). Researchers developed a script for asking basic interview questions and a starting point for more open-ended discussion (Table 1).

Table 1

Prenatal Photo Essay Interview Questions

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| <ol style="list-style-type: none"> 1. How are you feeling today? 2. When was your last (or next) doctor visit? 3. How is the baby doing ?(for postpartum) 4. Can you describe your prenatal care visits? (any time you went to see the doctor for your pregnancy) 5. What was the best part of the visits? (and birth for postpartum). What are you most looking forward to? (prenatal women) 6. What was the worst part of the visits (and birth for postpartum). What are you not looking forward to? (prenatal women) |
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² Underemployed is defined as "Given work that fails to make good use of the skills possessed." Examples of this range from working a part-time job when the woman was willing to work fulltime, to working as a teacher's aid when the woman was a certified teacher.

The photographer spent three to four hours with each woman shooting multiple rolls of film and talking to her from the script. Although not a professional researcher or interviewer, the photo-documentaryist was trained on basic interview skills, and was used instead of an academic researcher because the intent of the project was to inspire the women to speak freely and continuously about their experiences, while being slightly distracted by the photography. Also, the researchers felt the women would feel safer disclosing information to a person outside the academic system.

Each interview was tape recorded and transcribed. The lead author and two co-authors reviewed each transcript. The lead author identified passages in the transcript which were most salient to the overall research questions including how a woman described: the process of seeking a prenatal care provider; the value she placed on the health care experience for this pregnancy; the most positive aspect of the experience; and the most negative aspect of the experience. The transcripts were circulated among Drs. Quinn and Albrecht to verify agreement with the removal of “social” information” (such as descriptions of trips to have one’s nails done or telephone calls with collection agencies) and the inclusion of salient data.

Following Patton’s (1990) guidelines for constructing case studies, the lead author took the remaining data and crafted essays (in the form of case studies), retaining as much of the woman’s “voice” and context as possible. The essays were then reviewed by two co-authors and modified based on consensus. The photographer also wrote a draft of each essay. The two drafts were compared, and elements of one were incorporated into the other until the resulting product was one in which all authors felt confident that the essays reflected the women’s tone and words in comparison with the audio-tape and full transcript. Researchers intended to include the women in the analysis and the creation of the essays, however; only two of the eight women who participated were able to be located. The women who could be reached were given a copy of the essay constructed from their interview and asked to make any edits, corrections, or suggestions for improvement. Neither woman had any comments other than one woman requested a different pseudonym be used for her, as the name of her sister was inadvertently chosen.

The authors and photographer selected the photos for each essay (there are five photos per essay in the original collection of essays, but space issues prevent us from including them all here). The photos were selected primarily for technical quality (good exposure, sharp image, focus) and on the authors’ consensus of their ability to tell a story as an image (i.e., the photographs were of such clarity and depth they appeared to tell their own story, apart from the essays). Also, in the photo selection process, we attempted to show the relationship of the mother and child when the infant was present during the session. When there were other children (siblings) in the home, we also attempted to show this aspect of the family and how they related to each other. We looked for four to five images for each story and in the tradition of good visual storytelling (Beth Reynolds, personal communication, October 25, 2003) we primarily sought a tight shot, a medium distance shot, and a wider photo to make a complete visual story.

After the photo essay collection was completed, researchers presented it to medical professionals at various meetings and conferences (Albrecht et al., 1999; Quinn & Albrecht, 2000). During the presentations, the photographs were projected on a screen while the lead author read the essay narratives. After the conclusion was read, session

participants were asked to complete a worksheet to identify their perceptions of the photo essay. More specifically, the worksheet asked providers to estimate whether or not any of these things could occur within their practices, to identify if the experiences represented missed clinical opportunities, whether they perceived the women were satisfied with their care, and whether or not the women received the type of care they would want a loved one to experience (Appendix A). After the worksheets were completed there was an informal group discussion about the exhibition. Physicians had the option to have their responses withheld from the final report by checking a box at the bottom of the worksheet. None of the physicians selected this option.

Results

Of the 25 medical professionals in the original session, all thought each photo essay displayed missed opportunities for interventions or health education. The majority said they recognized elements of each of the women's stories among patients in their practice. Although some practitioner's commented they felt they had a procedure in place to ensure every woman was receiving high quality and timely care, none specified in either the evaluation, or the verbal discussion that took place after they exhibition of the photo essay, that they had any type of system in place to document that every woman received or was offered all available services. Also, several physicians commented that the checklist they work from to ask about social and behavioral issues was designed to make things easier for their practice and not the woman herself. For example, one MD said he goes through the checklist saying, "You don't smoke do you? You plan to breastfeed right?" He reported it was eye opening to realize patients were likely to be acquiescing to his loaded questions and not truly sharing their actual behavior. There was also a mixed response from the physicians about whether or not they perceived the women were expressing satisfaction or dissatisfaction with their health care. The majority of the physicians did not feel any of the women had a prenatal health care experience they would want for themselves or a loved one. Physician responses for the three photo essays are included in this paper, summarized and reported in Table 2.

Table 2

Summary of Physician Responses to Photo Essay

	Identified Missed opportunities for intervention/education	Recognized similarities between woman in the photo and their own practice	Perceived the woman was satisfied with her prenatal care experience	Perceived the woman received the type of care they would want for their partner/sister/or self
Carrie	100% (25/25)	60% (20/25)	20% (5/25)	8% (2/25)
Dana	100% (25/25)	92% (23/25)	16% (4/25)	12% (3/25)
Kenya	100% (25/25)	84% (21/25)	80% (20/25)	4% (1/25)

Note: Only information pertaining to the three photo essays presented in this paper are included in the table.

Discussion

The photo essay is a multi-purpose visual research tool, which can be used to present a portrait of consumer responses to health care (e.g., satisfaction, expectations, etc.). This strategy can also be used to evaluate or assess patient satisfaction with services received. Although the variant concepts of patient expectation, satisfaction, and need for information voiced by these photo essays are related to many previously identified facets of the health care delivery experience (e.g., sense of trust with health care providers, social support, and expectations of the healthcare system), the photo essay produces something that quantitative tools cannot - the voice behind the concerns marked on a survey.

Furthermore, whereas many of the issues identified by the women in the project mirror concerns that have been identified in previous studies, the narratives of the photo essay provide something deeper. They provide an opportunity for women, as consumers, to expand their descriptions of their prenatal and delivery experience. They also create a context for health care providers to understand the relevance of their experiences. For example, waiting for several hours for an appointment could be a high source of dissatisfaction to a woman who is concerned about a problem with the pregnancy and anxious to discuss it with someone. Or, it may be less of a problem for a woman who perceives she has a healthy pregnancy, and has the opportunity to interact with peers and stay comfortably occupied during the wait. Either way, details like this are captured and revealed in the photo essay versus more standard quantitative survey tools.

Many other less tangible indicators discussed in the photo essays are also recurrent throughout the service management literature and evident in instruments used to measure patient satisfaction (Handler et al., 1998; Raube et al., 1998). For example, a recent study on satisfaction with prenatal care assessed the quality of interpersonal processes in relation to overall satisfaction. The dimensions of communication, patient-centered decision making, and interpersonal style all had significant relationships with overall satisfaction with prenatal care, and accounted for the majority of variance in satisfaction (19-43%, Wong et al., 2004). These more subjective factors were seen as essential for health providers to be privy to in order to ensure women experience quality service from conception to delivery (Handler et al.). Other issues include: provision of supportive care by competent, empathetic staff; involved, complex clinical interventions; intensive patient and family education; and emphatic support and evaluation of family dynamics (Cleary & McNeil, 1988; Omar & Schiffman, 1995; Lazarus & Philipson, 1990). These, among other factors highlighted in the project, suggest not only the mother and child, but all significant others within the woman's support system are critical to patient satisfaction with the care received (Petlier, Boyt, & Schiborwsky, 1999).

To better serve pregnant women, high quality care means more than following the American College of Obstetric and Gynecologic guidelines. It means adding human qualities of caring and compassion, and seizing teachable moments. Strategies for enhancing physician communication and perceived quality of care with low-income and minority patients include maintaining some degree of flexibility in attentiveness, facilitation, and collaboration based on each patient's specific needs; being attentive to the patient's needs; communicating to the patient that he or she shares the patient's health concerns; and facilitating patient involvement in the conversation, allowing or

encouraging the patient to tell his or her own “story” (Ventres & Gordon, 1990). Most importantly, pregnant women must be viewed as integral parts of the efficient health delivery system rather than bellies that need to be delivered.

Although the present study provides support for using the photo-essay as a relatively simple and inexpensive tool for communicating with physicians, it is not without its limitations. As is typical with any qualitative study, in order to get a rich description on women’s prenatal and delivery experiences, generalizability is sacrificed. However, even though some view lack of generalizability as a limitation of qualitative research, it can also be viewed as a strength. Generalizable quantitative statistics only provide one part of the picture. Without qualitative research filling in the other parts, we are left with incomplete assessments of human experiences. Another limitation of qualitative research in general, and of the current study, is researcher bias and subjectivity. Even though the photo-documentaryist was trained in conducting in-depth personal interviews, the role of the interviewer always creates some bias. The same is true when analyzing qualitative text. Researcher subjectivity is always present when interpreting the responses of research subjects. To help minimize the level of subjectivity in the current study, researchers reviewed and coded the transcripts and essays individually, then meet to reconcile any differences, before drawing any conclusions.

The evaluation completed by the physicians was meant to provide quick feedback, which could be provided in a short timeframe, and is not meant to generalize to any outside population. Also, in retrospect, researchers suspect that some of the questions may have been interpreted in a different manner than which they were designed. For example, the question that asked whether or not women seemed satisfied with their care may have been interpreted to be an indication of whether or not satisfaction was discussed. Therefore, some respondents may have selected “no” to mean there was no discussion of satisfaction rather than whether or not they perceived the woman appeared to express satisfaction or dissatisfaction. Also, it is possible that some of the respondents answered the question about similarities between the women in the photo essay, and the respondents, in a very literal sense. For example, if a physician felt he or she had no patients for whom substance abuse was an issue, the response may have been based on this rather than a general sense of whether or not the woman in the essay was expressing sentiments that may be similar to the physician’s patients.

Nonetheless, given the findings from the study, it seems the photo essay is an effective tool for capturing the attention of physicians and to get them thinking about how patients receive and perceive prenatal services. Photo essays can illuminate patients’ perceptions of healthcare in a non-threatening manner for an audience of health care providers. The non-didactic structure of the photo essay allows professionals to draw their own conclusions about patient/provider communication problems. As one doctor reported, after viewing the photo essay,

When you see those faces, you remember there are whole lives behind those eyes. I may only see a pregnant mom a few times, but she is going to remember me for far longer than I will remember her. I can see how this stuff can happen – you get busy, you see the patients as “non-compliant.” You don’t have a chance to give them what they really might

need. You give them medical care only because that's what you were trained to do.

Furthermore, in addition to informing obstetricians about factors that affect pregnant women's utilization of prenatal services, the photo essay can be used to address a variety of issues, in both clinic and community settings. For example, it can be used to address satisfaction issues within any health care setting, or it could be a useful evaluation tool to monitor or assess the impact of a program within a community. If used in combination with a patient flow study, the photo essay can also provide valuable information to hospital or clinic administrators regarding compliance with regulations and codes. Regardless of how it is used, the true intent of the photo essay is to generate reactions and responses, and as a variation on the photo-elicitation method. The reactions and responses of the viewers and readers of the essays are limitless (Hurworth, 2003).

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Appendix A

Friendly Access Photo Essay Evaluation

For each of the photo essays you viewed today, please respond to the following
questions. Please do not put your name or any identifying information on this form.

1. Please indicate whether you think the woman in the photo essay described a
situation that represented a missed clinical opportunity for intervention or
education (please refer to the labeled photos in the front of the room). If you
answered yes for any of the women, in the space provided, note one or more of
these missed opportunities:

Carrie	Yes	No
_____	_____	_____
Carmen	Yes	No
_____	_____	_____
Kenya	Yes	No
_____	_____	_____
Robin	Yes	No
_____	_____	_____
Dana	Yes	No
_____	_____	_____
Jamicah	Yes	No
_____	_____	_____

Ellen	Yes	No
_____	_____	_____
Marin	Yes	No
_____	_____	_____

2. Indicate whether the experiences the woman described (positive or negative) seem similar to women you encounter in your practice. Please comment in the space provided if applicable.

Carrie	Yes	No
_____	_____	_____
Carmen	Yes	No
_____	_____	_____
Kenya	Yes	No
_____	_____	_____
Robin	Yes	No
_____	_____	_____
Dana	Yes	No
_____	_____	_____
Jamicah	Yes	No
_____	_____	_____
Ellen	Yes	No
_____	_____	_____
Marin	Yes	No
_____	_____	_____

3. Indicate whether you think the woman in the photo essay was satisfied with her health care experience. Please comment in the space provided if applicable.

Carrie	Yes	No
_____	_____	_____
Carmen	Yes	No
_____	_____	_____
Kenya	Yes	No
_____	_____	_____
Robin	Yes	No
_____	_____	_____
Dana	Yes	No
_____	_____	_____
Jamicah	Yes	No
_____	_____	_____
Ellen	Yes	No
_____	_____	_____
Marin	Yes	No
_____	_____	_____

4. Indicate whether the woman in the photo received the type of health care experience you would want for your partner, sister, or your self. If applicable, please comment in the space provided

Carrie	Yes	No

Carmen	Yes	No

Kenya	Yes	No

Robin	Yes	No

Dana	Yes	No

Jamicah	Yes	No

Ellen	Yes	No

Marin	Yes	No

Additional thoughts or comments on the photo essay:

If you would prefer that your responses and/or comments NOT be included in the evaluation summary, please check this box

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Beth Reynolds was the photo-documentarian involved with the Missed Opportunities photo-essay. She has her Master of Fine Art in Photography from the University of Hartford Art School. Other photo-documentary work includes working with burn survivors, breast cancer survivors, and lung cancer patients. She has three books published and several traveling exhibitions. In addition to being a photojournalist and full time arts educator, she is the owner of The Photo-Documentary Press, Inc.

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