



# A method comparison of photovoice and content analysis: research examining challenges and supports of family caregivers



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## ABSTRACT

**Purpose:** The purpose of this manuscript is to compare methods and thematic representations of the challenges and supports of family caregivers identified with photovoice methodology contrasted with content analysis, a more traditional qualitative approach.

**Methods:** Results from a photovoice study utilizing a participatory action research framework was compared to an analysis of the audio-transcripts from that study utilizing content analysis methodology.

**Results:** Major similarities between the results are identified with some notable differences. Content analysis provides a more in-depth and abstract elucidation of the nature of the challenges and supports of the family caregiver.

**Conclusions:** The comparison provides evidence to support the trustworthiness of photovoice methodology with limitations identified. The enhanced elaboration of theme and categories with content analysis may have some advantages relevant to the utilization of this knowledge by health care professionals.

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## 1. Introduction

The use of participatory action research [PAR] has increased in recent years (Baum, MacDougall, & Smith, 2006; Thiollent, 2011). Participatory action research seeks to understand issues by involving the community in the research process. Critics of PAR assert the methodological process can be unpredictable and less objective; while proponents argue that engaging the participant in the research process adds value to the phenomenon of study (Baum et al., 2006; Marshall & Rossman, 2011). In this report, two qualitative research methods were used to compare and contrast findings related to family caregiver's perceived challenges and supports in that role. The primary study utilized a PAR method, photovoice, to identify the challenges and supports experienced by family caregivers of the older adult (Garner & Faucher, 2014). A secondary analysis of the photovoice participants' focus group transcripts applying content analysis was then conducted approximately 1 year later. The primary aim of this manuscript is to compare methods and thematic representations of the challenges and supports of family caregivers identified with photovoice contrasted with content analysis, a more traditional qualitative approach. The second aim is to address the trustworthiness of photovoice through this method comparison. This comparison is not meant to impede or limit the social voice attributes of the participatory action methodology, but to elucidate how research analyses can differ, complement and/or strengthen the results of a study. An underlying assumption is the two analyses may produce different results

based on the premise that subjective interpretation is always inherently possible with qualitative interpretation (Graneheim & Lundman, 2004). Moreover, in a comprehensive literature review of 37 photovoice health studies, Catalani and Minkler (2010) reported photovoice researchers rarely explicated the analysis process. To our knowledge, this is the first study to compare and contrast these two methods.

Photovoice is a method used with PAR, originated by Wang and Burris (1997). Participants involved in a photovoice study take pictures that exemplify their lived experiences. Photographs are accompanied by reflective writing that describes the thoughts and feelings associated with each picture. Participants then meet as a group to discuss their experiences and identify common themes identified through the photographs and reflective writing. The photovoice method emphasizes that study participants are co-researchers who direct the identification of themes, not the primary investigators (Wang & Burris, 1997). Final results are shared with the community and stakeholders in the form of an art exhibit that often serves as a platform for social change or awareness (Wang & Burris, 1997).

Content analysis is a research method used to analyze transcripts and visual behaviors. When using content analysis, researchers illuminate the phenomenon of interest by employing a systematic process of identifying meaningful text in transcripts and observations in field notes from group meetings or individual interviews (Krippendorff, 1980). Content analysis typically requires the researchers to first identify meaningful text (i.e. manifest content) and then add greater depth to the interpretation of the meaningful text (i.e., latent content) through a process of coding, categorization and identification of themes, respectively moving to higher levels of abstraction (Graneheim & Lundman, 2004). Meaningful text is coded and placed in categories and subcategories to reflect similarity of meaning within the text. The purpose of using

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content analysis is to create valid inferences that generate knowledge that has practical application (Krippendorff, 1980).

## 2. Background on family caregivers

*Administration on Aging [AOA] (2013)*, life expectancy at birth in the US is projected to reach an average of 86 years for males and 92 years for females in the next few decades. Aging is associated with increased need for care assistance and utilization of healthcare resources (Eliopoulos, 2010). The provision of older adult care by family or informal caregivers is recommended to reduce healthcare costs and sustain the US healthcare system (Bastawrous, 2013; Gibson & Houser, 2007). Definitions of family or informal caregiving are varied but most researchers agree it is the provision of a broad range of care to a family member without financial compensation (Bastawrous, 2013; Exel, de Graff, & Brouwer, 2008; Family Caregiver Alliance, 2013). Gibson and Houser estimated there were between 30 and 38 million family caregivers providing approximately \$350 billion worth of unpaid caregiving services in the US annually.

Perceived challenges of family caregiving are an important construct of the consequences of caregiving, and may include social isolation; work strain; physical, emotional and financial burden; and family relationship strain (FCA, 2013). These challenges can lead to increased burden associated with psychological distress (Garlo, O'Leary, Van Ness, & Fried, 2010). Caregiver burden is common among family caregivers of older adults and may be associated with the caregiver's ability to acclimate to the role of caregiving (Garlo et al., 2010). However, family caregivers often receive little guidance for what can be overwhelming and complex responsibilities (Raphael & Cornwell, 2008). According to Bastawrous (2013) current literature related to caregiver burden is predominantly quantitative in nature, lacks theoretical framework, and may not capture the nuances related to the family caregiving experience. Critical examination of the perceived challenges encountered by family caregivers of the older adult using qualitative methods is needed to help healthcare professionals better understand experiences associated with caregiver burden and plan early interventions to ameliorate challenges. In addition, identification of effective supports utilized by family caregivers is needed to strengthen evidence-based educational resources used to facilitate adaptation to the role of caregiving.

## 3. Photovoice

A purposive sample of family caregivers was recruited through the distribution of printed and digital brochures to older adult community centers, elderly advocacy organizations, geriatric nurse practitioner contacts, and a university alumni social media Web site (Garner & Faucher, 2014). Institutional review board approval and informed consent were obtained. The sample was all female including two Caucasian, two African-American, and one Hispanic participant from five counties in North Central Texas with a mean age of 59. Participants were told the study aim was to identify challenges and supports of those who are caregivers for an older adult family member and would include an art exhibit as a way of communicating to stakeholders who have a potential or actual role in policy-making. Participants were provided disposable cameras with instructions on how to take pictures to tell a story. Ethical issues relevant to photography also were covered. Subsequently narrative reflections for self-selected pictures representing either a challenge or a support as a family caregiver were discussed by each participant using a focus group methodology to guide the conversation within the group. After two-2 hour focus group sessions with the same participants, the group mutually identified themes under the broad categories of challenges or supports and agreed that no new themes would be revealed with another group meeting. Participants then individually examined their photographs and reflection sheets and placed these under the various themes (Garner & Faucher, 2014). Consistent with other photovoice studies, a theme was identified when four or more

compelling pictures with narrative reflections were placed under an identified category (Wang, Morrel-Samuels, Hutchison, Bell, & Pestronik, 2004). Both focus group sessions were audio-recorded transcribed and verified by all photovoice participants. Although field notes were taken during both focus group sessions, these were not shared with study participants. The field notes were used from the first session to assist focus group facilitation of the subsequent session.

## 4. Content analysis

The two transcripts of the focus group sessions were uploaded to the NVivo™ software, version 10 and serve as the unit of analysis. The process undertaken for content analysis is described by Graneheim and Lundman (2004) and was conducted by the primary investigators for the original study (Garner & Faucher, 2014) approximately 1 year after the completion of the photovoice study. Each researcher independently reviewed the transcripts to identify manifest content, a process directed at identifying the obvious components (i.e., meaningful text) within the narrative that expressed a challenge or a support of being a family caregiver. Meaningful text that described a reoccurring commonality was coded into a category. The researchers then met and compared their results. This first meeting involved discussion that further identified and clarified categories and lead into the identification of themes. Themes were identified as either a challenge or a support for the family caregiver. The researchers commenced a second round of independent analysis to verify the identified themes and categories, looking for additional themes and categories and began to identify subcategories under each theme. Subsequently, the researchers met to discuss independent findings and came to consensus. A third round of independent review of transcripts provided an opportunity for final assessment of the transcripts to meaningful text under each category and/or subcategory. A third meeting between researchers allowed comparison, clarification and reconciliation of their individual assessments. When the coding of meaningful text varied between each researcher under a theme or subcategory the then researchers re-looked at the meaningful text until consensus was met. When only one researcher placed text under a code and the other did not that text was eliminated.

## 5. Results

The themes identified by participants using photovoice are shown in Table 1. Since results of the content analysis have not been previously

**Table 1**  
Photovoice results (Garner & Faucher, 2014).

Challenges themes	Quotes from participants
Equipment and treatment	"struggling to manhandle a wheelchair into...a car can be a real challenge." "make sure physicians know what meds_ is on."
Financial problems	"money, money...brings worry and fear."
Vulnerability and safety	"How do you protect them, get them off these lists." "I feel like a foreigner in a new land."
Problem solving/trial and error	"I found the local store.....was the perfect solution."
Personal time and space	"I feel like a mother kangaroo...Her lifestyle revolves around the baby."
Supports themes	Quotes from participants
God	"We can depend upon God for help."
Counting blessings and being self-less	"Fallen Leaves, like the elderly, where they fall and have need for assistance." "Giving up silence you desire....because he....watch TV."
Memories	"I've learned more about...living with him..."
Health care providers and advocates	"The doctors and staff have been faithful."
Family, friends and community	Support comes from "prayers and words of encouragement." "I couldn't do what I do without them (i.e., sisters)."

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