“I hate cities”: spatial and social connectedness for rural and remote health care professionals

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Aims

In 2003 I undertook a small qualitative study looking at Tasmanian rural health professionals’ reasons for ‘going rural’ and ‘staying rural’. Recruitment and retention literature of the time appeared to de-emphasise factors highly influential in personal decision-making: issues of identity, culture, and experience; in-depth discussions of rural ‘lifestyle’, background or training. The importance of lifestage (including partnering, partner and family influences) also seemed disguised, and individual experience of communities and environments downplayed. The research examined connections, interactions and overlap between personal and professional identities, lifestages and lifestyles, preferred ‘place’ and choice of work location.

Method

A narrative-based qualitative approach was used, involving semi-structured interviews and informal observation of seventeen rural and remote workers (twelve health professionals from multiple disciplines, two spouses and three community development/small business workers).

Interviews were conducted at both workplaces and private homes, recorded and transcribed. Thematic analyses were developed in response to the interviews which were contextualised through iterative comparisons.

Results

Participants discussed factors like ‘right place’, differences between city and county, connectedness to particular places or place types, a critical minimum of social needs, being married or partnered, and having agency. All these were seen as critical themes in arrival, integration and acceptance of life in rural/remote communities.

Statements like “I’m a rural and remote person” and “I hate cities” demonstrated a need for what I call ‘spatial connectedness’ (attachment to place), specifically to rural and remote locations. The research suggested that the (right) rural place is a source of emotional support—whereas wrong place, whether wrong rural or urban, is demoralising and exhausting. It also suggested that research participants considered isolation a state of mind more than a matter of geography. They perceived isolation as changeable, and related to agency (capacity to change the situation), as well as to changing spatial and social factors. Identifying as ‘a rural person’ appears an important factor in individual identity construction and agency, as verified by choices of work location and community.

Need for ‘social connectedness’ (attachment to people) was demonstrated in a number of ways. I detected a critical minimum of social needs particular to longer stays. These included (a) at least one close friend, usually a spouse (b) some regularly present circumstantial friends, and (c) at least one
periodic public occasion where an individual could feel part of a larger social group (eg sport, religious, arts or community group). The research confirmed the importance of marital status, in its influence on arrival and departure decisions. It was important that a rural/remote health worker’s partner was similarly spatially and socially connected to the rural/remote location; or, if single, that the worker perceived adequate social opportunities for partnership or close support independent of partnership. Pre-existing friendships, as well as partner needs, had influence on the arrival of health professionals. Isolation was seen as a state of mind in the social as well geographic context, and changeable according to lifestyle and agency.

The research strongly suggested that partnering and life-stages are both catalyst and capacity for relocation and integration. Personal preferences for particular kinds of rural/remote place and community were notable as integral to individual decision-making.

Discussion

Drawing on these results, I argue that a sense of connectedness may be one reason that people live and work in rural areas. In particular, spatial connectedness and social connectedness appear crucial; firstly in attracting people, then in keeping them.

In our present postmodern risk society, sociologists have described ‘the reflexive project of the self’ as key to identity management. Individualisation and identity construction are thus strong motivating forces in individual and group activity, and active within the highly mobile health workforce culture. Choosing to live in rural and remote areas is thus a demonstration of identity construction. This research demonstrated participant identity construction in the forms of spatial and social connectedness to rural and remote locations. I theorise that these forms of identity construction (spatial and social connectedness) might be windows we can use in rural health recruitment and retention work. In particular, spatial connectedness for rural and remote health professionals has been neglected.

Implications for policy

This was a limited study in a small state. However given that other research has suggested similar conclusions, it is likely that the processes and themes delineated in this research should be further explored.

I suggest three points: (1) that individual identity construction and forces of individualisation are clearly demonstrated in health professional choices of work and life location; (2) if we are to find individualised local solutions to recruitment and retention challenges, then more personal data collection methods, such as face-to-face in-situ interviews, are needed; and (3) that in particular, we can further examine how ‘spatial connectedness’ and ‘sense of place’ need to be used in matching health professionals and their families to rural/remote health work.

In short, we need to work from an understanding of health professionals which assumes their identities are reflexive and context dependent. We need to understand that place constructs identity as much as individuals construct notions of place, and find more ways to use this in recruitment and retention.
Presenter

Anna Spinaze was a medical student and RAMUS scholar at the University of Newcastle, before withdrawing to focus on the bigger picture and ending up a health sociologist and social researcher. A rural Tasmanian resident, owner-builder and mother to a toddler; she is presently undertaking a PhD looking at role and identity for rural and remote health professionals given rising expectations associated with chronic conditions work.