Perspectives of power in rural and remote health

Lisa Bourke¹, John Humphreys², Judy Taylor³, Judy Taylor³, John Wakeman⁵

¹Rural Health Academic Centre, The University of Melbourne, ²School of Rural Health, Monash University, ³Spencer Gulf Rural Health School, University of South Australia, ⁴School of Medicine and Dentistry, James Cook University, ⁵Centre for Remote Health, Flinders University and Charles Darwin University

Aims: The study of rural and remote health has given little attention to the concept of power. Yet power is integral to why funding decisions are made, to the lack of status of rural practice, to why rural has become the second cousin to urban. Power is embedded in election outcomes, political responses, social relations and constructions of knowledge that impact upon rural and remote health outcomes. This paper discusses various ways in which power manifests in rural health and remote health, followed by the perspectives of rural and remote health professionals in Australia on this topic.

Methods: A discussion of power is presented that applies social theory, in particular the work of Anthony Giddens, to rural and remote health. This includes a discussion of political power, agency and leadership, social status, power in practice, power in communities, racism, the social determinants of health and the construction of knowledge in rural and remote health.

Following this, as part of a larger study exploring understandings of rural and remote health, interviews were conducted with 45 rural and remote health professionals. Interviewees were identified as those holding senior positions in four key areas, namely: policy, practice, academia or advocacy. Face-to-face interviews were conducted with each participant, including rural, remote and Aboriginal participants from every state and territory in Australia. During interviews, participants were asked to comment on a conceptual framework of rural and remote health, including a discussion of power. These responses have been analysed thematically.

Results: Most respondents considered the inclusion of power in a framework understanding rural health and remote health as important. However, the ways in which respondents referred to the concept of power was diverse, unclear and confused. Respondents differed in what power referred to, how power was understood and its utility in rural and remote health, but most commented it was ‘an important addition’ to understanding rural health and remote health.

Conclusions: While the topic of power has been unexplored in rural health and remote health, theoretical application suggests it plays a strong role in what happens in rural health and remote health. Further, most rural and remote health professionals agreed that it was an important element in understanding rural health and remote health. It is time to move beyond vague references to a detailed analysis of power. This will enable detailed assessment of rural health’s and remote health’s vulnerability, structural inequality and impacts of agency.