

Guest Editorial and Discourse

The Importance of Geography and Health in Nursing Research

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Where we live has critical implications for our health and well-being as well as for the type of health services that are provided and our ability to access them (Christofides, Schauer, & Zlotkin, 2005; Filate, Johansen, Kennedy, & Tu, 2003; Gillis, 2005; Williams, 2006). Geographical reporting or mapping of various cancers (Canadian Cancer Society/National Cancer Institute of Canada, 2007), cardiovascular disease (Heart and Stroke Foundation, 2003), and obesity (Canadian Population Health Initiative, 2006) provides visual representations of areas of high and low incidence and reminders about regional variations. Mapping of aging patterns in Canada suggests that some parts of the country may require particular health services to help meet the demands of an aging population (Government of Canada, 2002). Illustrative maps of this sort nicely profile the health differences and disparities within a country.

The relationship between health disparities and place of residence illustrates the influence of place in the health of human populations (Boyle, Curtis, Graham, & Moore, 2004). Equally important are the social, cultural, and political factors that interact with place, as well as the lived experiences of people who reside in a place and the meanings attached to particular experiences. Newer theoretical approaches to geography and health enable us to consider variant factors and experiences in our research (Gesler & Kearns, 2001).

Where we live is so critical that it is considered a determinant of health (Stafford & McCarthy, 2006). Place can impact on many of the health risks we are exposed to, the types of disease that confront us, and the health services that are available to us — important factors in the study of population health. The time is right for nurse researchers to consider some of the health implications of geography.

The idea for this particular issue of *CJNR* was germinated when the Editor-in-Chief, Laurie Gottlieb, visited us at Memorial University of Newfoundland. At that time we talked about some of the research we were doing and how we were relating our findings to particular geo-

graphical parts of the province of Newfoundland and Labrador. As researchers, we have come to appreciate the impact of geography on health as we pursue our research into the patterns of social inequalities of health associated with environmental and natural resource changes in the province's rural communities (Ommer & Coasts Under Stress Research Project Team, 2007; Parrish, Turner, & Solberg, 2007), as well as the disparate health/illness states and health-care needs of individuals living in families with genetic-based diseases. In the first instance, research findings point to the importance of considering geographical location when developing health and social policy to enhance the health of the population, the community, and the environment (Ommer, 2006). In the second instance, the challenges related to geography are a critical factor. Continuity of care is a key concern following predictive genetic testing for disease risk, as individuals and families struggle to adhere to and gain timely access to screening protocols and prophylactic interventions and as they adjust to the psychosocial and emotional burden of an uncertain health state. Regardless of the critical event (impact of genetic-based diseases or resource change), there is a pressing need for us to better understand the context of people's lives, how they experience health or illness within that context, and the personal resources — namely resiliency and reflective capability — that help them to face multiple stressors of varying magnitude.

Our research is not unique in demonstrating the importance of geography to health. There is a growing discourse on health and geography, and nursing geography in particular (Andrews, 2003; Andrews & Moon, 2005; Carolan, Andrews, & Hodnett, 2006). Consideration of geography in nursing research could contribute greatly to the evidence needed for decision-making in nursing practice and health policy — evidence that is grounded in “place.” Place may become more important as nurse researchers increase their work in emerging priority research areas such as health and climate change, where geographical location provides an important context (Clarke, 2005). As Walker (2005) suggests, with climate change there will be “increased exposures, existing sensitivities, and low adaptive capacities” (p. 22), according to where the population is located in terms of physical and social environment.

In addition to the conceptual tools defining place and space that it brings to our research, geography has a number of research tools to offer. The Geographical Positioning System (GPS) and Geographical Information Systems (GIS) are just two of these (Nuckois, Ward, & Jarup, 2004). Mapping is another tool that has not been used extensively in nursing research. We are not suggesting that nurse researchers need to enrol in GIS courses or to include these methods in their research proposals. However, we do recommend GIS use for certain types of

research, in order to enhance our understanding of health risks and disease entities and to enhance the targeting of health resources and services. An example of nursing research using GIS/GPS is a study by Donna Murnaghan and her colleagues at the University of Prince Edward Island (Murnaghan, Perry, LaRosa, & McGrath-Gaudet, 2007). The technology has enabled these researchers to locate cigarette acquisition and smoking behaviours among urban youths. As a consequence, they are able to map out these activities and create a visual image of where youths buy and smoke cigarettes, and therefore to develop more effective school health programs and policies around smoking prevention and cessation.

When we embarked on the journey of co-editing this issue on Geography and Health, we were in close geographical proximity at Memorial University of Newfoundland. Soon, however, we had the added challenge of working with others across the country. We were able to transcend different time zones and timetables with the aid of technology, and to overcome some of the challenges inherent in collaborating at a distance. We did, of course, have the support of Laurie Gottlieb, as well as Joanna Toti, Managing Editor, and other *CJNR* staff members, who answered our many questions, notified us of the latest correspondence regarding submissions, and kept the system up to date regarding submissions and reviews. They certainly made our work much easier and more enjoyable, helping us to surmount our geographical challenges, and they deserve our appreciation and gratitude. We also gained a greater appreciation for the work, care, and attention that goes into publishing each issue of the Journal.

Throughout the process it has been a rewarding experience to locate reviewers, discuss comments, and select manuscripts for publication. We received a good response to our call for papers and were pleased to find that nurse researchers are seriously considering the role of both place and space in nursing theorizing and research. Nurse scholars are not only considering this role but investigating it as well. The willingness of the nursing academic community in Canada to review submissions for the Journal has been a wonderful reaffirmation of not only the esteem in which these people hold *CJNR* but also the principle of peer review. The very rare refusal tended to be tempered with “but I can suggest another colleague for that review.”

Selecting contributions for this Geography and Health issue was not easy, as we attempted to identify those submissions that best exemplified research in the genre. The article by Amy Bender, Laurie Clune, and Sepali Guruge on nursing geography and community health nursing provides an excellent review of the literature on geography and health in general and nursing in particular. The authors give convincing reasons

why place, as both geographical location and lived experience, ought to matter to community health nurses. They note that the multi-layered and complex patterns of nurse-client relating are shaped by a careful balancing of openness and distancing as nurses care for clients in their homes and communities.

The article by Valorie Crooks, Allison Williams, Kelli Stajduhar, Diane Allan, and Robin Cohen extends our understanding of geography and health to how policy changes can have quite divergent impacts on intended and unintended target groups. These authors explore caregivers' ability to access and use relevant information in order to formulate meaningful knowledge about how to obtain the Compassionate Care Benefit, which can ease the financial burden of providing palliative care to a family member. The concept of "geographies of informational transfer and knowledge acquisition" is highlighted as integral to evaluating the response of health and social policies and programs to the needs of individuals and their families. Because information gaps and inaccuracies pose strong barriers to knowledge acquisition, the authors recommend the use of a central person (e.g., nurse) or repository.

Josephine Etowa, Juliana Wiens, Wanda Thomas Bernard, and Barbara Clow, in their article on participatory action research with Black women in Nova Scotia, bring us back to the importance of both lived experience and geographical location in health research. By examining factors affecting the health status of women and their families in a particular location, they illustrate the central role of place in women's lives. The women's lived experience of race and racism, coupled with poverty and unemployment, demonstrates some of the inequalities confronted. The limited access to health services that is a feature of many rural and remote areas, extenuated with a conspicuous absence of culturally sensitive care, further compromises the health of these women.

The research by Marilyn Hodgins and Judith Wuest primarily examines the role of geographical location in health-seeking behaviours. The authors address a critical question concerning how place influences the use of emergency departments for less urgent health problems. Their findings highlight the difficulty of not only identifying relevant factors but also determining their singular and interactive impact on emergency department use in diverse and similar urban and rural areas. The authors' work serves to illustrate the complexity entailed in considering the interplay between environmental and population factors.

William Rutakumwa and Naomi Krogman's exploration of the health problems, coping strategies, and health-care needs of women living in rural Uganda also points out the importance of geographical location for health status. This study illustrates how anthropogenic activity — that is, conflict and war and spread of HIV/AIDS — can interact with the

physical environment to cause further deterioration in health services and increase health problems. The authors show how a complex array of environmental, health-care, and health factors interact to shape women's lived experience of health.

The last article, by Denise Tarlier, Annette Browne, and Joy Johnson, demonstrates how nursing practice, continuity of care, and health outcomes are significantly influenced by the interaction of divergent place and spatial orientations in a remote First Nations community in Canada. The emphasis on the biomedical, to the exclusion of other, equally important, aspects of primary health care, illustrates the importance of space issues, even within a defined physical place, in shaping not only the nature and quality of nursing practice but also overall continuity of care.

All of the articles in this issue of *CJNR* provide a unique perspective on the intersection of geography and health. Nurse researchers are at a critical juncture. We are increasingly being asked to engage in knowledge-translation activities that will provide evidence for informed decision-making in nursing and other health professions. What we do at this juncture has implications for not only what we study but also how we conceptualize and implement our research.

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