Exploring Remote Women's Experiences of Health and Wellbeing:

A Grounded Theory Study in Remote North-West Queensland, Australia

Thesis submitted by
Desley Jan HARVEY
BSW (Hons), M Hlth Sc

In July 2011

For the degree of Doctor of Philosophy
In the School of Arts and Social Sciences
James Cook University

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Statement on the Contribution of Others Including Financial and Editorial Help

Funding was obtained from The National Health and Medical Research Council (NHMRC) via a Public Health Postgraduate Scholarship grant ID 485831.

A professional administration service, Al Rinn Admin Specialists, was engaged to prepare the thesis for submission. Al Rinn's brief was to format and proof-read the document.

Declaration on Ethics

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the National Health and Medical Research Council (NHMRC) National Statement on Ethical Conduct in Human Research (2007), and Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2003). The proposed research methodology received clearance from the James Cook University Human Research Ethics Committee (Approval number H 2896).

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Signature Date

Acknowledgements

I would like to thank the women of north-west Queensland who participated in this study for sharing their stories. Many of the interviews were conducted in women's homes or workplaces and I am grateful for their generosity and hospitality.

I would like to sincerely thank my supervisors for their support and advice. I thank Associate Professor Wendy Earles for her encouragement to undertake the study, her complete dedication to the task of supervision and her patience in reviewing many drafts of this thesis. I thank Professor Komla Tsey for his calm, insightful feedback throughout and Robyn Lynn for her timely support and supervision particularly during field work.

I am indebted to the management and staff at the Cairns Base of the Royal Flying Doctor Service (RFDS), (Queensland Section): to Kristy Hill for her interest in this study; to the managers who gave approval for me to travel on RFDS flights; to the medical officers, nurses, health promotion officers, social workers and pilots who welcomed me and accommodated my work on field trips; to Lorraine Aragu for her wisdom and understanding; and to the staff of the Rural Women's GP service for their encouragement. This study would not have been possible without the support of the Royal Flying Doctor Service.

I would like to thank colleagues at James Cook University who have supported me in conducting this study. In 2005 I received a James Cook University Women in Research grant which first enabled me to assemble the literature in relation to rural and remote women's health. Thanks also to Dr Nonie Harris who agreed to read this entire thesis prior to submission.

I am grateful also to the participants at the Research Talk Qualitative Research Summer Intensive at Long Island New York in 2008 for insights and discussions in relation to qualitative research methodologies.

I am deeply grateful to my husband Vince and my two sons Joel and Patrick for their love and support. Thank you.

Abstract

This study explored how women living in remote areas of north-west Queensland, Australia, achieve health and wellbeing. The challenges that people living in rural and remote areas face in accessing services and achieving health contribute to poorer health outcomes compared to people living elsewhere in Australia. These challenges can be exacerbated by exposure to climatic extremes, the adverse effects of economic restructuring and distance from population and service centres. The negative impact on health is most pronounced in remote areas. There is evidence from national surveys of women that, despite the challenges, women living in remote areas consider themselves to be healthy and have equivalent or even better mental health than urban women. Speculation as to why this is so has focused on the characteristics of the women themselves and the nature of rural and remote communities. There is very little empirical research aimed at developing a deeper understanding of how rural and remote women achieve health. The study addresses this gap by exploring the meaning of health and wellbeing and the conditions which create it from the perspective of women living in remote north-west Queensland. The Australian National Women's Health Policy 2010 is based on the premise that women's health can only be understood within the broader context in which women live and work. The research demonstrates an approach to operationalising this approach to women's health by studying remote women in their social and geographical context.

This was a woman-centred, grounded theory study based on a constructivist epistemology and a critical ecological theoretical lens. The thesis begins with my positioning as a health practitioner with a disciplinary background in social work and a practice in health promotion in remote north-west Queensland. The research process proceeded through three

phases. In phase one, a synthesis of a sample of six qualitative studies related to remote women's health using meta-ethnographic methods was conducted instead of a conventional literature review. The studies selected for synthesis were analysed using reciprocal translation methods consistent with a grounded theory approach. This phase identified sensitising concepts: belonging, isolation, coping with adversity and rural identity, which were utilised for analysing the data gathered in phase two of the study and for discussing the emergent theory in relation to the literature in phase three. In the thesis, a detailed account of the methodological decision-making that led to the selection of the methodology for the study is presented. Phase two of the study involved field work in locations geographically classified as remote. A combination of quota sampling, convenience sampling and theoretical sampling was used to recruit women to the study. In-depth interviews were conducted with twenty-three women over a twelve month period. Data was analysed using rigorous, systematic grounded theory methods. Phase three involved theorising and authenticating the emergent theory with reference to women's narratives and the health and social science literature.

The study findings are presented as a grounded theory of the capacity for flourishing. Flourishing describes an optimum achievable state of health and wellbeing as that is defined by each woman. The theory delineates a dynamic, multidimensional, integrated and contextualised process of adjustment and change arising from the interaction between women and their environment. The process integrates two axes: a being and doing axis and a person and environment axis, and four dimensions of flourishing: *control, connecting, belonging* and *identity.* Individual, contextual and structural factors which enable and constrain flourishing are described. The capacity for flourishing is embedded in these factors.

The grounded theory is positioned in relation to Australian and international literature relating to rural and remote women's health and wellbeing. The study contributes to the literature by proposing a theory of how women achieve health and wellbeing that is relational and created through the interaction between women and their environment. The study extends the literature by conceptualising holistic health as flourishing. The study affirms the relevance of a sense of belonging to remote women's health and wellbeing. The study extends the literature in relation to the importance of connectedness to health by delineating a process for making connections. The study findings challenge current discourses in relation to rural women's identity. They also highlight the lack of attention to the concept of control in the rural and remote women's health literature.

The findings suggest the need to move towards more holistic, contextual and health promoting approaches to understanding and supporting remote women's health and wellbeing. Future research utilising the concepts of flourishing and place in different remote geographical contexts is recommended.

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PART 1 THE STUDY

Chapter 1: Introduction

In Australia and internationally, there are concerns about the health of people living in rural and remote areas (Averill, 2006; Ryan-Nicholls, 2004; Smith, Humphreys & Wilson, 2008). Although diverse, many rural and remote populations face similar challenges in accessing health services and achieving health that contribute to poor health outcomes (Pong, DesMeules & Lagace, 2009; Ryan-Nicholls, 2004; Smith et al., 2008). In Australia, there is another, more positive, account of rural and remote health which relates to the health of women living in these areas. Despite overall rural health disadvantage, harsh environmental conditions and restricted access to health services, surveys of rural and remote women have concluded that they are in good health. Speculation as to why this is so has focused on the characteristics of the women themselves and the nature of rural and remote communities. Rural people generally are reported to have a narrow, functional view of health (Elliot-Schmidt & Strong, 1997). Women who are able to fulfil their roles may consider themselves to be healthy (Wainer, 1998). "Survivor bias" (Brown, Young & Byles, 1999, p. 152) might occur where only those women who have "expertise in coping with stress and adversity" (p. 153) remain in rural and remote areas. Other authors suggest that high levels of social support and a sense of community in rural and remote areas may contribute to a sense of wellbeing (Bramston, Rogers-Clark, Hegney & Bishop, 2000; Cummins, Davern, Okerstrom, Lo & Eckersley, 2005). Yet there is very little empirical research to assess these assumptions and to explore how rural and remote women achieve health. This study contributes to the literature in relation to remote women's health by exploring the meaning of health and wellbeing and conditions which create it

from the perspective of women living in remote north-west Queensland. In this introductory chapter, I locate the study within the context of knowledge of the health and wellbeing of rural and remote Australians and outline an apparent anomaly in rural and remote health in Australia which relates to the health of women. Following this, I position myself in relation to the research topic, outline the study purpose and aims, the research questions and its theoretical context. Finally, I describe the significance of the study and outline the thesis structure.

1.1 Rural and remote health

Rural and remote health is a significant issue in Australia. Approximately 32 percent of Australians live in areas classified as rural and remote (Australian Institute of Health and Welfare, 2008a). Approximately 3 percent of these live in remote areas and the remainder live outside of major cities (Australian Institute of Health and Welfare, 2008a). Across a number of indicators, people living in rural and remote areas have poorer health than urban people. They have higher death rates due to some chronic diseases and injury and their life expectancy is lower than urban people (Australian Institute of Health and Welfare, 2008a). Outside major cities, life expectancy is one to two years lower and it is up to seven years lower in remote areas. Overall, life expectancy in Australia decreases with increasing remoteness (Australian Institute of Health and Welfare, 2008a). Rural and remote Australians have higher levels of illness and are at greater risk of disease than urban people (Australian Institute of Health and Welfare, 2008a). For example, rates of some chronic diseases are higher outside major cities and people in rural and remote areas are at greater risk of disease due to tobacco smoking, excessive alcohol consumption and being overweight (Australian Institute of Health and Welfare, 2008a). The poor health status of Indigenous Australians has an

influence on remote health disadvantage (Australian Institute of Health and Welfare, 2008a; Smith, 2007). Indigenous Australians, who have a life expectancy 17 years lower than the overall population, make up almost one quarter of the population in remote areas (Australian Institute of Health and Welfare, 2008a).

Although geographically, culturally, economically and socially diverse (Cheers & Taylor, 2001; Phillips, 2009) rural and remote populations as a whole share certain characteristics that can be detrimental to health. Because socio-economic factors and access to services influence health, rural and remote people are at a disadvantage. They have lower education levels, fewer employment opportunities, lower incomes, less access to goods and services and more restricted access to primary health care services than Australians living elsewhere (Australian Institute of Health and Welfare, 2008a). Those living in the most remote areas experience the greatest socio-economic disadvantage (Australian Institute of Health and Welfare, 2008a). The environment in rural and remote areas is also riskier for health. There are more driving risks due to poor road conditions and longer travelling times and there are more jobs with higher risks such as mining and primary production (Australian Institute of Health and Welfare, 2008a).

Exposure to additional hardships related to rural and remote living can amplify the negative impact of social and economic disadvantage (Australian Institute of Health and Welfare, 2008a). These factors include climatic extremes, natural disasters such as drought, floods, bushfires and cyclones, economic restructuring, and distance from services. For most of the last decade, much of inland Australia has experienced a severe drought which has had a detrimental impact on the health and welfare of rural families

(Alston, 2007). In Queensland, the summer of 2011 was marked by an extraordinary combination of natural disasters described by Prime Minister Julia Gillard as "floods of unprecedented proportions, an inland tsunami so powerful it swept away lives and shattered communities, and the most powerful cyclone the nation has ever seen" (Parliament of Australia, House of Representatives, February, 8, 2011, p. 5). Economic restructuring due to global and national economic changes has resulted in reduced returns from agricultural production, withdrawal and closure of services, and declining employment opportunities in rural areas (Fraser et al., 2005). Rural decline has been found to increase vulnerability to mental health issues and reduce wellbeing (Fraser et al., 2005). Some areas have experienced out migration of people in search of employment and education opportunities (Alston, 2004). In other areas, the promise of high remuneration and job opportunities from mining has led to migration of families to remote mining towns, where demanding work schedules and social isolation can have a negative impact on families and health (Sharma & Rees, 2007).

People living in rural and remote areas do not have the choice of health services that people living in urban areas do (Brown, 2002). Most health disciplines are less prevalent and people have to travel further to access specialist care available only in capital cities, causing disruption to families and employment (Phillips, 2009). Services can be less accessible due to lower rates of bulk billing and relatively low incomes (Phillips, 2009). Bulk billing refers to the system where patients make no payment for services and medical practitioners bill the government agency, Medicare Australia, directly (Palmer & Short, 2010). Mental health services are limited and privacy concerns and stigma can restrict access to those services that are available (Judd et al., 2001). A range of other health and welfare services, including domestic violence

services, carer and respite services and maternity services, are lacking (Alston et al., 2006).

By other health measures, it appears that women living in rural and remote areas are in good health overall and, in some areas, have superior health to women living elsewhere in Australia. The Australian Longitudinal Study on Women's Health, which commenced in 1996, is a 20 year study of the health of 40 000 Australian women (Warner-Smith, Bryson, & Byles, 2004). The research design involves a longitudinal study of younger, (aged18-23); mid-age, (aged 45-50), and older women, (aged 70-75) (Lee et al., 2005). The study uses mainly mailed surveys (Lee et al., 2005). Women's assessment of their own physical and mental health is measured by the SF-36 scale (Warner-Smith et al., 2004). Overall, the survey has found very little inter-regional difference in the physical and emotional health of women across Australia (Lee, 2003). Rural and remote women were found to be less stressed by life events they experienced than urban women (Brown et al., 1999). The study concluded that women in rural and remote areas "are in good physical health, and have rather better emotional health than city women" (Lee, 2003 p. 6). Other studies have found that rates of depression, psychological distress (Australian Institute of Health and Welfare, 2008a), and personal wellbeing measured by life satisfaction (Cummins et al., 2005) for women are similar across different geographical regions of Australia. The prevalence of anxiety is reported to be significantly less for women aged 45-64 outside major cities (Australian Institute of Health and Welfare, 2008a). Recent research focusing on the psychological wellbeing of women in a large remote mining community concluded that "[d]espite isolation and decreased services, there was little evidence to suggest that life in a remote mining town was nearly as isolating, depressing or removed from 'modern

civilisation' as previously hypothesized"(Lovell & Critchley, 2010, p.128). This study lends support to conclusions from the national survey of women that "mid-age rural women cope remarkably well with the lack of health services in rural areas, and with the stress caused by their social, economic, family and community roles" (Brown et al., 1999).

More recent findings suggest that a gap may be emerging between how rural and remote women, and those elsewhere in Australia, perceive their health. Self-assessed health can provide a broad, subjective indication of women's health including wellbeing (Bryson & Warner-Smith, 1998). Over a decade ago, like women elsewhere in Australia, most women in rural and remote areas across all age groups assessed their health as excellent, very good or good (Bryson & Warner-Smith, 1998). Women in regional and remote areas are now significantly less likely than women in major cities to report excellent or very good health and are more likely to report fair or poor health (Australian Institute of Health and Welfare, 2008b). The reasons for this change have not been adequately explained in the literature and need to be explored further (Harvey, 2009).

Little is known about how rural and remote women achieve health or how to promote it (Brown et al., 1999; Harvey, 2007). Strategies to promote rural and remote women's health have focused on illness prevention. Approaches include improving access to female general practitioners, cancer screening, and health education (Edwards, Harvey & Williams, 2009; Fagan, 1998; Farrell & Knight, 1998; Harris, Byles, Mishra & Brown, 1998; Thomson, 1998; Warner-Smith et al., 2004; Warren et al., 2006). Social support increases participation in cancer screening (Harris et al., 1998). The

choice of a female doctor, collaboration with local service providers and continuity of care play an important role in encouraging women to participate in general practitioner clinics and health education (Edwards et al., 2009). Culturally appropriate health education is considered important in encouraging Indigenous women to participate in cancer screening services (Fagan, 1998). Beyond illness prevention, there are few documented strategies for promoting rural and remote women's health.

1.2 Positioning the researcher

The way in which we understand and interpret people and places is shaped by our experiences and perspectives (Allen, 2002). It is therefore important that I acknowledge the context and views that informed my approach to the research topic. I begin by describing my health promotion practice experience in remote areas. I describe the disciplinary perspectives which influenced my understanding of events I encountered and trace the cycles of practice, reflection and research that led to the formulation of the research topic.

1.2.1 Health promotion practice

My interest in the health and wellbeing of women living in the more remote parts of Australia arose out of my experience as a health promotion officer with the Royal Flying Doctor Service (RFDS). The RFDS was founded in the early years of the twentieth century by Reverend John Flynn of the Australian Inland Mission to provide medical services to people living in remote parts of Australia (Woldendrop, 1994). To many remote communities, the RFDS is a well known provider of emergency aero-medical, general practice, mental health and child health services (Harvey, Williams & Hill, 2006). For the last ten years the RFDS has also been funded by the

Commonwealth Department of Health and Aging to manage the Rural Women's General Practitioner Service. This program provides female general practitioner services to rural and remote communities that do not have ready access to a female doctor (Edwards et al., 2009). The RFDS is a charitable organisation and most of its services are provided free of charge (Woldendrop, 1994). The RFDS base, where I was located, is one of eight RFDS bases in Queensland, and services an area of approximately 600 000 square kilometres in northern and western Queensland using small fixed wing aircraft.

As a health promotion officer, I coordinated 'health field days' which were conducted by a multidisciplinary team involving medicine, nursing, allied health and aviation. They were held at grazing properties (known in Australia as stations), national parks, roadhouses and remote tourist facilities. Health field days were based on a comprehensive primary health care approach to health service delivery, which is explained later in this section. The day usually commenced with morning tea contributed by the participants. This often coincided with the station morning tea break and provided an opportunity for participants to meet new people and socialise with neighbours who had travelled up to two hours to attend. Many health field days included children and extended families. The morning session was devoted to health education, information sharing, practical demonstrations and skill development (Harvey et al., 2006; Hill & Harris, 2008). Topics of interest were identified in consultation with local communities. These included managing snake bite, falls from horses and motor bike accidents, nutrition and physical activity, child safety on farms, skin cancer prevention, cardiopulmonary resuscitation and family relationships. This was followed

after lunch by a medical and child health clinic. Figure 1.1 shows the RFDS aircraft on the airstrip at a station property for a health field day.

Figure 1.1 Arriving at a station for a health field day

My reflections on the experience of field days commenced during my health promotion practice. The informal conversations I had, about life, work, families and friends, with women during the day contrasted with the structured morning discussions, which were about 'health'. I felt a connection with women in discussing these broader topics even though they had a lifestyle different to mine. I lived in a regional centre and had lived in coastal towns all of my life. As a social worker, I was interested in how the impact of social structures and social policies was revealed through narratives of women's lives (Riessman, 2001). Alston (2005) maintains that the challenge for social workers in mainstream, as distinct from feminist services, is to "ensure the needs of

women are centralized and not lost within the broader context of family practice" (p. 27). As we waved good-bye and taxied down the dirt airstrip on our flight home, I often reflected on how women were able to maintain their health so far from services available in towns. The experience raised a number of questions for me. What did living in a remote area mean for women? Was the experience positive or negative or both? How did living in a remote area affect their health? How could we work with women in ways that were relevant and meaningful to their lives? Why was it mainly women who assumed the volunteer role of field day coordinator?

1.2.2 Disciplinary perspectives - Social work and health promotion

I was a health promotion practitioner with a social work background and the two disciplines have much in common. Social work and health promotion share a commitment to promoting human wellbeing and to social justice through social change (Whiteside, 2004). Social work involves a dual person and environment focus and a critical analysis of social inequalities (Whiteside, 2004). This means that the impact of systemic and unjust social arrangements on individuals, families, groups and communities is taken into account in examining personal and social problems, including health (Whiteside, 2004). Social work models of practice to promote health include individual counselling, group work, family work and community work as well as contributing to management, policy and research (Harvey, 2009). Health promotion has evolved from a focus on unhealthy behaviours into a well articulated position on the prerequisites for health in the Ottawa Charter for Health Promotion as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity (Laverack, 2004). Health promotion has developed a practice framework centred on the five strategies for action contained in the Ottawa Charter for Health Promotion;

building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and re-orienting health services (Laverack, 2004).

Perceived disciplinary boundaries between social work and health promotion are blurred (see Figure 1.2). Kickbush (1997) describes health promotion as a "theory-based process of social change" (p. 267) which involves the application of a range of disciplines in pursuit of the goal of human development. Rather than a theoretical approach to health, Laverack (2004) describes health promotion as a "situated practice" (p.6) in which people working outside the health sector are engaged in activities aimed at promoting health. Social work practice has been described as the work of health promotion (Cleak, 1995; Coates, 2003; Laverack, 2004). The skills of advocacy, enabling and mediating called for in health promotion and associated with community development have been described as "basic to social work" (Coates, 2003, p. 125).

The opportunity to integrate social work and health promotion practice exists in a comprehensive primary health care approach to health service delivery. In rural and remote areas, there has been a shift away from medical models towards more collaborative and integrated primary health care (Hill & Harris, 2008). Comprehensive primary health care is an approach to health that involves addressing the underlying social determinants of health as well as the provision of essential health services that are affordable and accessible to everyone (Keleher, 2001). Health promotion is a key component of comprehensive primary health care (Keleher, 2001). Comprehensive primary health care is value-based and interdisciplinary (Keleher, 2001). Respect for people and social justice are enshrined in the *Declaration of Alma Ata*, an international

World Health Organisation sponsored declaration, which first articulated the primary health care approach (Keleher, 2001). The terms of the *Declaration of Alma Ata* provide that health is:

> a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector. (Wass, 2000, p. 263)

A collaborative approach, known as capacity building in which health practitioners and communities work together to identify, prioritise and act on health concerns, underpins comprehensive primary health care (Hill & Harris, 2008). Capacity building is not new and shares much in common with community development and community empowerment (Gibbon, Labonte & Laverack, 2002), which are familiar modes of practice for social work (Whiteside, 2004). Health field days conducted by the RFDS were based on the philosophy of comprehensive primary health care (Hill & Harris, 2008). The intersection between social work, health promotion and comprehensive primary health care is shown in Figure 1.2.

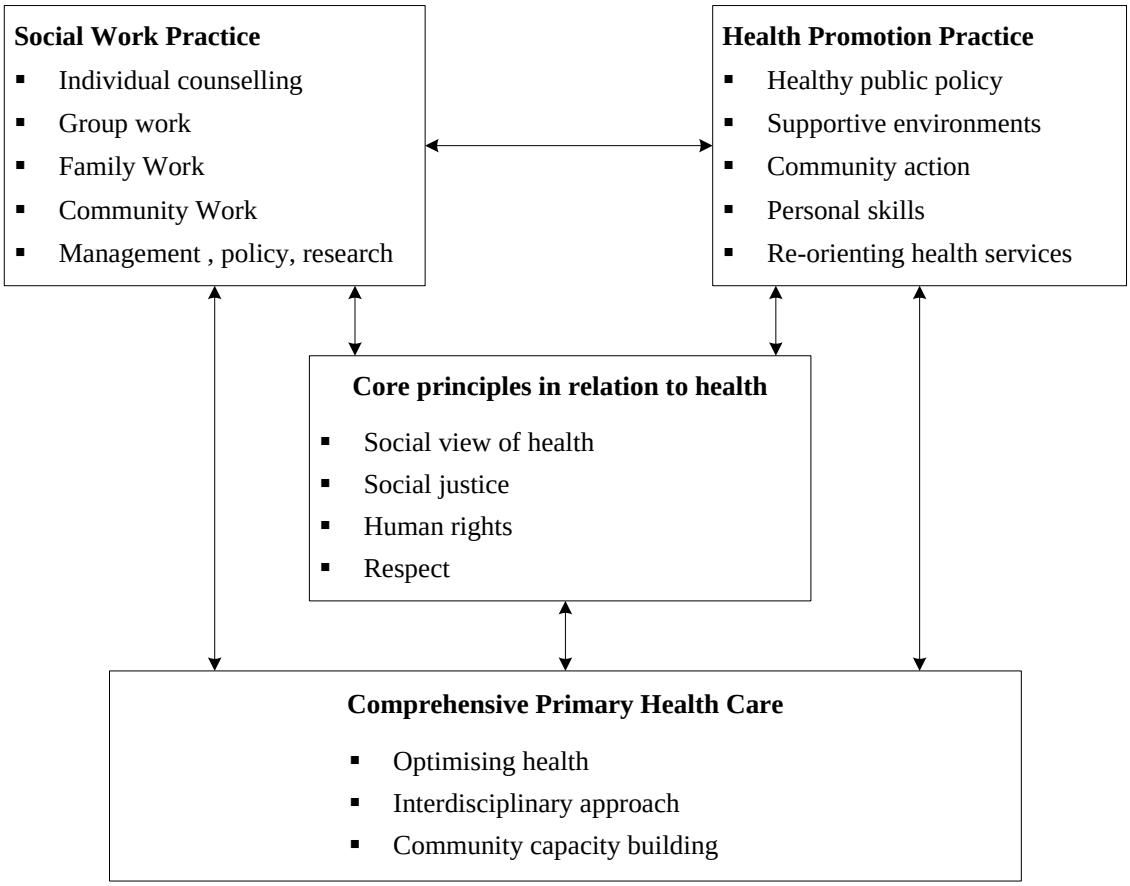

Figure 1.2 Disciplinary perspectives - social work, health promotion and comprehensive primary health care

1.2.3 Shift of focus towards research

When I moved from the RFDS to a part-time position as a university lecturer, I reflected again on my experiences of health field days. I collaborated with colleagues and we published an evaluation of health field days as a strategy for promoting health in remote areas using a capacity building approach (Harvey et al., 2006). My cycle of inquiry in selecting a research topic returned to remote women who had been the focus of my early reflections. I obtained a small university grant to review the literature. A scan of the literature revealed the apparent anomaly in relation to rural and remote women's health described at the commencement of this chapter. Marshall and Rossman (2006) describe this process of selecting a research topic as "inquiry cycles between

theory, practice, research questions and personal experience" (p. 27). Through personal experience, reflecting on, and evaluating, my practice and locating a gap in the literature, my research focus became how women in remote areas achieved health and wellbeing. For much of the duration of this study, I worked for the RFDS on a part-time basis as a health promotion research officer and later as a women's health services coordinator. On a weekly basis, I encountered the challenges and opportunities of providing health services for women in remote areas. It was an experience which both grounded and inspired my analysis. I believe that by increasing my sensitivity to the data, it enriched the quality of the analysis and the emerging theory.

1.3 Purpose of the study and research questions

The purpose of the study was to explore how women in remote areas of north-west Queensland achieve health and wellbeing. The purpose relates to the research problem and the gap in the literature identified at the commencement of this chapter. The aims of the study are to:

- develop a more in-depth understanding of remote women's experiences of health and wellbeing
- generate a grounded theory of how women in remote areas achieved health and wellbeing.

In a qualitative study, research questions are usually broad and open-ended to enable exploration of the topic in-depth (Corbin & Strauss, 2008). However, in order to manage the "universe of possibilities" (Corbin & Strauss, 2008, p.26) that such questions open up it is preferable to develop research questions that are "general enough to permit exploration but focused enough to delimit the study" (Marshall &

Rossman, 2006, p. 39). To achieve this, I adopted Creswell's (2007) scheme of developing a central question followed by sub questions which relate either to content issues or the procedures for conducting the research.

The central research question was:

- How do women in remote areas achieve health and wellbeing?

The following sub-questions, developed to focus the study, address both procedural and substantive issues:

- What sensitising concepts emerge from a synthesis of accumulated qualitative studies of rural and remote women's health and wellbeing?
- What is the meaning of health and wellbeing to women in remote areas?
- What strategies do women adopt to achieve health and wellbeing?
- What is the emerging theory of how women in remote areas achieve health and wellbeing?

This is a woman-centred, grounded theory study. The study design involves three phases. Phase one is a literature synthesis of empirical qualitative studies related to rural and remote women's health and wellbeing. The findings of phase one informed the design of phase two, which involved field work and data analysis. In-depth interviews were conducted with 23 women from station properties, small rural support towns, small mining operations and tourist facilities in remote north-west Queensland between October 2008 and October 2009. Data was analysed using constructivist grounded theory methods (Charmaz, 2006). Phase three involves theorising about how

remote women achieve health and wellbeing. The study findings are presented as a grounded theory of the capacity for flourishing.

1.4 Theoretical context for the study

This study design was based on a social constructivist ontology and epistemology. Critical theory provided the theoretical lens for methodological decision making, data interpretation, analysis and theorising. Critical theory involves many different standpoints and theoretical formulations (Ife, 1997). The core thesis of critical theory is social change through equipping people with the "tools to analyse their own experiences by relating them to social and political structures" (Ife, 1997, p. 129). Critical theory involves an interpretive understanding of multiple realities rather than the single objective reality associated with the positivist paradigm (Ife, 1997). Without an analysis of the broader social and political context of people's lives, interpretive social science "simply works to enable people to live more happily within the existing social order"(Ife, 1997, p. 132). Critical theory involves integrating a structural analysis based on class, race, gender, ethnicity, age, disability and sexuality with an interpretive understanding of the "meanings people attach to actions, and the social rules that guide people's behaviour and interaction" (Ife, 1997, p. 130). I chose critical theory as the theoretical lens for this study because it opened up the social and political dimensions of women's lives for analysis.

A social constructivist view of the world is relativist and subjective (Crotty, 1998). It assumes that people develop subjective meanings out of their experiences and that there are multiple meanings which can be attached to these experiences (Creswell, 2007; Crotty, 1998). It assumes that "each one's way of making sense of the world is as

valid and worthy of respect as any other" (Crotty, 1998, p. 58). According to Crotty (1998), this relativist position, which values all perspectives as valid and worthy, is resistant to a critical interpretation of the social world. This is not the perspective of social constructivism I have adopted in this study. My interpretation of social constructivism resonates with Charmaz (2008) who acknowledges different standpoints but within a social and historical context. Charmaz (2008) explains:

> My use of constructivism assumes the existence of an obdurate, real world that may be interpreted in multiple ways. I do not subscribe to the radical subjectivism assumed by some advocates of constuctivism. Consistent with Marx, I assume that people make their worlds but do not make them as they please. Rather worlds are constructed under particular historical and social conditions that shape our views, actions, and collective practices. (p. 409)

This definition of social constructivism and its premises is not resistant to a critical standpoint (Charmaz, 2005). It is methodologically congruent with the critical theoretical lens for this study and its overarching methodological framework of constructivist grounded theory. As the study unfolded and the holistic, contextualised nature of the interpretative theory was revealed, ecological theory became increasingly relevant. More recent interpretations of ecological theory which integrate critical, ecological and feminist perspectives (Besthorn & McMillen, 2002) ultimately provided the most useful theoretical context for the study.

1.5 Significance of the study

This study is significant in two ways. Firstly the constructivist grounded theory methodology, disciplinary perspectives and theoretical lens for this study demonstrate an approach to studying remote women in their social and geographical context. In 2010, the second *National Women's Health Policy* was released, almost twenty years after the first policy to address women's health in Australia. According to the policy, "[w]omen's health can only be understood within the broader contexts in which women live and work" (Department of Health and Aging, 2010, p.86). The study operationalises this approach to the study of remote women's health. Secondly, the study findings contribute to the knowledge of remote women that can inform programs and practices aimed at promoting their health and wellbeing. Rural and remote women are identified in the *National Women's Health Policy* as experiencing multiple disadvantages for health that relate to their socioeconomic circumstances and access to services (Department of Health and Aging, 2010). It has been estimated that there are approximately 1.8 million women and girls living in inland areas of Australia that are mostly rural and remote (Alston, 2009b), so promoting their health represents a significant challenge. The findings of the study may lead to a better understanding of the way in which women's health is shaped by the context in which they live.

1.6 Clarification of terms

The two keys terms used in the thesis are 'remote' and 'health and wellbeing'. In this section I clarify how each of these terms is defined and used in the thesis. I also clarify how the terms 'rural', and 'rural and remote' and 'remote' are used in the thesis.

1.6.1 Remote, rural, rural and remote

Throughout this thesis I use the terms rural, rural and remote, and remote. Where I use the term remote, it refers to locations classified as remote in terms of the Australian Standard Geographical Classification Remoteness Areas classification (Australian Institute of Health and Welfare, 2004) described in Chapter 2. This system classifies locations as either major cities, inner regional, outer regional, remote, very remote or migratory (Australian Institute of Health and Welfare, 2004). It does not include a geographical classification of rural. The term rural has been defined according to spatial characteristics, economic activity, and socio-cultural features (Alston, 2009b). The Rural, Remote and Metropolitan Areas classification, developed in 1994, is a spatial classification which preceded the Australian Standard Geographical Classification Remoteness Areas classification system. It identifies and classifies areas as rural based on population density (Smith, 2007). Economic definitions distinguish rural areas based on the predominant industries of agriculture, mining and some tourism (Alston, 2009b). According to a socio-cultural definition, rural is a social construct with its own form of social relations, institutions, meanings and practices (Alston, 2009b). Much of the literature cited in the thesis does not distinguish between rural areas and remote areas and refers to non-urban Australia by the combined term rural and remote. I use the terms referred to by the authors of the studies and reports cited when referring to non-urban areas.

1.6.2 Health and wellbeing

At the commencement of the study, I provisionally define health and wellbeing as a state of health inclusive of physical, mental and social wellbeing. This definition is consistent with the social view of health which underpins social work and health

promotion perspectives (Whiteside, 2004). A social view of health is based on the premise that health is determined by social as well as biological and genetic factors (Wass, 2000). This initial definition is provisional (Charmaz, 2006), as the purpose of this study is to explore what health and wellbeing means to women living in remote areas.

1.7 Style

Grounded theorists reveal the presence of the researcher through reflexivity and theoretical sensitivity to the research topic and the data (Birks & Mills, 2011). I have used the first person to indicate my presence in the study. The first person voice, "I", has been used in this study in Chapter 1, *Introducing the thesis*, Chapter 2, *The research process*, Chapter 5, *Mapping three stories* and Chapter 8, *Summary and conclusion*. In Chapter 5, I assume the role of narrator. Elsewhere, the third person voice is used. The words of the women who participated in the study appear in the thesis as evidence of the study findings. The words of participants are distinguishable in the text in Chapters 2, 3 and 4 by appearing indented and in italics. Quotations from the literature and from my field journal appear in regular font, in quotation marks or indented for longer citations.

For reasons of confidentiality, people who participated in the study are referred to generically throughout the text as 'women' or 'participants'. Pseudonyms were allocated to each participant and are used to present quotations. In Chapter 4, an age bracket and pseudonym is used to present women's stories. The names of other people referred to in the quotations, place names and other details which may identify participants have been omitted.

1.8 Outline of thesis structure and arguments

The thesis structure reflects the iterative nature of qualitative research, presenting the study as it unfolded through topic selection, design, field work and analysis and recontextualising within the literature. The thesis is divided into three parts and contains eight chapters. Part One, *Introducing the Study*, contains two chapters. In this introductory chapter, I present the research problem, identify the research purpose, aims and research questions, and position the study within a biographical and theoretical context. In the next chapter, the *Research Process* I present a detailed account of the critical methodological choices made in the study design. Instead of a conventional literature review, I conducted a synthesis of relevant Australian qualitative studies and included this in the chapter describing the research process. I present the process and findings of the synthesis and provide details of the design and implementation of subsequent phases of the study.

I have divided part two of the thesis, *Study Findings* into four chapters. The underlying structure of these chapters is induction (generating theory from data), deduction (testing the theory) and abduction (generating a plausible theory). Flourishing is the core construct which emerged in data analysis and so the emergent theory is called a grounded theory of the capacity for flourishing. In Chapter 3, I present the first part of the grounded theory of the capacity for flourishing with evidence from the data. This part of the theory identifies the dimensions and attributes of the capacity for flourishing. In Chapter 4, I present the second part of the theory supported by further evidence from the data. I focus on its dynamic quality by referring to the factors which enable and constrain flourishing. This is followed by two chapters which explore the fit, relevance and plausibility of the grounded theory. In Chapter 5, I present an analysis of

three narratives using the grounded theory as the framework for assessing the fit and relevance of the theory. In Chapter 6, I assess the plausibility of the grounded theory of the capacity for flourishing in two ways. I explore its philosophical roots and application to social work and health promotion. I then juxtapose and compare it with three other theories of flourishing from the literature.

I have divided part three, the *Discussion and Conclusion* into two chapters. In the first of these, I discuss the study theory in relation to the Australian and Canadian literature, including the studies analysed as part of the synthesis presented in part one of the thesis. In the final chapter, I summarise the thesis, draw conclusions from the data and the analysis and discuss implications for practice. Finally, I identify factors which delimit the study and make recommendations for future research.

Chapter 2: Research process

This chapter describes the research methodology and research methods for the study, and details the philosophical perspectives and methodological decision-making that informed the study design. The chapter is divided into three sections. Firstly, I describe the methodological exploration that led to the selection of constructivist grounded theory as the overarching methodology for the study. Secondly, I describe doing a constructivist grounded theory study including the location, study population, sampling and recruitment strategies, semi-structured interviews, data analysis and theory building. Thirdly, I discuss the ethical principles and quality criteria of the study.

This was an exploratory, qualitative study. Exploratory research is ideally suited to situations where there is limited understanding of a phenomena and the aim of the study is to generate new ideas, refine a topic and inform future research designs (Neuman, 2006). Because the study was exploratory, I expressed the preliminary research question in broad terms — how do women in remote areas achieve health and wellbeing? In answering this question, I wanted to elicit women's own perspectives and priorities on achieving health and wellbeing. I did not want to pre-empt what they might say about how they achieved health and wellbeing or to restrict the scope of what they wanted to include in telling their stories. Qualitative data gathering methods such as interviews, observations and document analysis have the flexibility to explore such issues in depth and are suited to answering the open-ended research questions that characterise exploratory research (Corbin & Strauss, 2008). By contrast, quantitative research involves empirically testing existing theory by identifying and measuring the causal relationship between variables (Neuman, 2006). A qualitative methodology was,

therefore, the most appropriate method for the study. However, there are a number of distinctive approaches to qualitative research.

2.1 A methodological exploration

Selecting an approach to qualitative research involves complex decision making rather than the mechanistic application of a set of methods for data collection and analysis (Barbour, 2001). Carter and Little (2007) describe this as a process of "iterative decision-making" (p.1323). A study's purpose, research questions and epistemology inform the choice of methodology and methods. These choices, in turn, help to further refine the research purpose, questions and methods until a unique design is created. The overall aim is that the design will demonstrate methodological congruence (Morse, 2003). This is achieved by selecting a methodology and methods that are consistent with the chosen epistemology (Carter & Little, 2007).

Yet, description of this early phase of research design, which contains the foundation for methodological choices, is often omitted from accounts of qualitative research. The rise of evidence-based approaches in health means that qualitative researchers need to be able to justify their methodological choices to enhance the rigor of their studies (Carter & Little, 2007). In the following section, I have therefore chosen to include a detailed account of my methodological exploration and decision-making.

2.1.1 Beginning the methodological exploration

In the beginning, I thought that narrative inquiry would be a suitable methodology to achieve the study aim of developing a more in-depth understanding of remote women's experiences of health and wellbeing. Several features of this

methodology appealed to me. Narrative inquiry is a holistic, context-specific process which involves people telling stories about their life experiences in ways that are meaningful to them (Ollerenshaw & Creswell, 2002). Privileging women's stories and situating them within a particular social and historical context held the promise of a holistic understanding of women's health. It also demonstrated respect for women's ways of knowing that is consistent with my disciplinary background in social work and health promotion.

Narrative inquiry would enable me to obtain an in-depth understanding of how women made meaning out of their experiences of health and wellbeing. However, I was concerned that the findings might have limited utility for practice. What inferences could be drawn from the findings that would be helpful to health practitioners working with women in a range of rural settings? I researched narrative studies related to health in order to find out what other researchers had done. Liamputtong and Ezzy (2005) describe a method of analysing narrative data in qualitative health research based on plot structure. This method, derived from the study of traditional literary plot structures including tragedy, comedy and romance, is based on the idea that there are basic narrative prototypes on which more complex narrative structures are constructed (Gergen, 1988). Three basic narrative prototypes are identified — stability, regressive and progressive. The stability narrative is one in which there is an unchanging storyline, while in progressive and regressive narratives, events become increasingly positive or negative over time. The peaks and troughs of these storylines can be represented on a graph to demonstrate an evaluative dimension of the impact of life events on a person (Gergen, 1988). Applied to qualitative health research, this method of analysis can help to shed light on particular turning points or critical events that influence the

construction of the narrative as a whole (Gergen, 1988). Further, individual graphs can be combined to create a composite representation of the narrative structure of a study cohort (Lieblich, Tuval-Mashiach & Zilber, 1998). In an exploration of unemployment and mental health, Ezzy (2001) graphically represents tragic, romantic and complex job loss narratives for a cohort of 33 study participants. I was particularly attracted to the evaluative dimension of this type of narrative approach. I thought that the identification of critical turning points in a health narrative might assist practitioners to select particular points of intervention.

However, men and women construct stories in different ways. Lieblich, Tuval-Mashiach and Zilber (1998) contend that the typology of the good narrative: romance, tragedy and comedy is more attuned to men's narratives and "more flexible criteria for good narrative needs to be employed in the analysis of women's narratives" (p.105). A further reservation identified by these authors is that "the artificial collapse of diverse material incurred by graphic representations of this type may be a deterrent to extensive use of the tool" (p. 103). I was concerned that women's voices would be lost in a study which presented findings as representational narratives. In the end, the desire to enable women to tell their stories in a way that was respectful and sensitive to women's life experiences led me to explore other methods.

2.1.2 Synthesising the literature

My understanding of the topic deepened through the conduct of a synthesis of qualitative studies relating to remote women's health. I used meta-ethnography as a strategy for synthesising the findings of empirical qualitative studies on the research topic. Meta-ethnography is a method for analysing and presenting the accumulated

understandings from qualitative research beyond the discrete findings of individual studies (Sandelowski, Docherty & Emden, 1997). A conventional literature review involves a critical appraisal of the knowledge base by describing and summarising empirical studies (Britten, Campbell, Pope, Donovan, & Morgan, 2002). The purpose of a meta-ethnography is to achieve a depth of understanding of a knowledge base and a level of conceptual development beyond that which is achievable by a conventional narrative literature review (Britten et al., 2002). The methods and findings of the literature synthesis are described in detail in the next section, *Doing constructivist grounded theory research*. The purpose of the literature synthesis at this time was to familiarise myself with the knowledge base in relation to remote women's health derived from studies using qualitative methodologies. The conduct of the literature synthesis was a defining moment in terms of my understanding of the research problem and developing a methodology. My initial reading in the health science literature had led me to believe that the way to study how women achieved health and wellbeing was to ask them. This reflected a positivist approach in which there is a single, discoverable reality (Denzin & Lincoln, 2000). However, the findings of the literature synthesis revealed tension in women's stories between a sense of belonging to a close-knit rural community and social and geographical isolation (Harvey, 2007). In a study included in the synthesis, Rogers-Clark (2002) related the experience of women recently arrived in a rural town:

> We've got plenty of acquaintances, but there's nobody I can go and have a cup of tea, and just tell them how I'm feeling and that, and know that it will stay just there. (p.37)

The synthesis concluded that women adhered to a strong gendered rural identity which fostered a culture of stoicism and self-reliance. Yet, women expressed feelings of resistance to societal expectations of coping with adversity (Harvey, 2007). Alston's (2006) study of families affected by drought related the dilemma of one woman:

> I'd like to bloody well just walk out of here, get in my car and just go north and leave the whole lot of it behind. It's all so hard but I can't do that. I'm very responsible. (p. 163)

I was concerned that asking women how they achieved health and wellbeing, and treating this as truth, might replicate the dominant discourse of stoicism and self-reliance that reinforced stereotypical views of rural women and entrenched existing rural gender inequalities (Alston, 2006). My professional background as a social worker led me to conceptualise the research problem as a social justice issue. This meant taking into account the impact of unjust social arrangements and recognising privileged discourses which marginalised women. I considered it imperative to explore the tensions in women's stories.

2.1.3 Continuing the exploration: grounded theory

My reading in narrative research helped me to identify the epistemological position I was most comfortable with. Narrative research is associated with constructivist epistemologies (Gergen, 1988; Riessman, 1993). From a social constructivist perspective, people create meaning out of their experiences through interactions with others within a changing social and historical context (Creswell, 2007; Schwandt, 2003). Rather than viewing knowledge as external to the self and

discoverable through objective study as positivist inquirers do, social constructivists contend that the researcher plays an integral role in the creation of knowledge through interaction with the interviewee (Charmaz, 2006). Being visible in the research was important to me because it enabled me to make explicit social work values (McDermott, 1996). This focus on values helped me to identify critical theory as the theoretical lens for the study. Critical social research looks beyond surface appearances to uncover underlying structures which shape social relations with a view to social change (Neuman, 2006).

To chart my methodological journey, I was encouraged by my supervisors to create lists, diagrams, flow charts and tables. These artefacts helped me to link concepts, show connections between ideas, expose gaps in my understanding and suggest further methodological directions. I became frustrated with my attempts to create a visual image of a research design and returned to methodological texts to try to help me resolve my dilemma. I began by reading John Creswell's (2007) *Qualitative Inquiry and Research Design Choosing Among Five Approaches* again. On this reading, I familiarised myself with the grounded theory approach. Grounded theory involves building theory from data (Corbin & Strauss, 2008). The term grounded theory "refers to both the research product and the analytic method for producing it" (Charmaz, 2008, p. 397). I was particularly interested in Creswell's (2007) contention that grounded theory enables the researcher to move beyond description and generate theory which can help to explain a social process. I thought that understanding the process of achieving health and wellbeing would be more helpful to health practitioners than the thematic essences or stories generated by alternative approaches, such as phenomenological and narrative research. However, the objectivist approach to

grounded theory based on positivist traditions did not fit with my epistemological and professional value base. In objectivist grounded theory, meaning is attached to the data. The researcher brackets personal values, beliefs and assumptions in order to discover meaning through the rigorous application of research methods (Charmaz, 2006).

Further reading led me to a variant of grounded theory methods known as constructivist grounded theory based on the writing of Kathy Charmaz (Charmaz, 2005, 2006, 2008). This is an approach to grounded theory which is sensitive to context, recognises the role of the researcher's values and beliefs in knowledge creation and explores categories related to feelings, assumptions, power and values (Charmaz, 2005). Charmaz (2005) contends that applying constructivist grounded theory methods to critical inquiry advances social justice objectives by generating theoretical statements that can strengthen the argument for change. This seemed to highlight the fit between this methodology, grounded theory methods, the research problem and the study objectives. This was another defining moment in which I decided that constructivist grounded theory would provide the overarching methodological framework for the study.

Constructivist grounded theory methods would enable me to explore the conceptual aspects of the data. However, to explore the tensions revealed by the meta-ethnography, I considered analysing why women told their stories in a particular way. A colleague referred me to Catherine Kohler Riessman's work on identity construction through narratives. Until that point, my examination of narrative analysis methods had focused on interpreting how stories are constructed. How a story is told is thought to originate at a deeper cognitive level than the decision about what is included in the

story content and, for this reason, to be more revealing of identity construction (Lieblich et al., 1998). However, my understanding of a narrative had shifted from an account composed of content and form to the process of meaning-making described by Polkinghorne (1988) as a "tacking procedure" (p. 19) in which events and proposed plot structures are compared and revised until a "best fit" (p. 19) is achieved. This new understanding opened up other avenues of narrative analysis. Dialogic/performance narrative analysis involves both structure and content by interrogating "how talk among speakers is interactively (dialogically) produced and performed as narrative" (Riessman, 2008, p.105). An analysis of a narrative performance is premised on the idea that when women tell stories about their lives they are performing their identity for a particular purpose and for a particular person, the interviewer. This positioning extends to both the interviewer and the reader who bring their own "positioned identities and cultural filters to interpretation" (Riessman, 2008, p. 111). Importantly, the analysis enables the researcher to uncover issues related to power, gender and ethnicity which permeate the way women story their lives (Riessman, 2008).

I was particularly interested in Riessman's (2008) contention that category-centred methods, such as grounded theory, often edit out context through the process of line-by-line coding and categorising data. Combining grounded theory methods with narrative analysis can provide "different ways of knowing a phenomenon and each leads to unique insights" (Riessman, 2008, p.12). This, along with Charmaz's (2001) acknowledgment that "there is no inherent reason grounded theorists cannot include fuller stories or, for that matter, move closer to a narrative style" (p. 691), allowed me to cross the final theoretical and epistemological hurdle in combining constructivist grounded theory and dialogic/performance narrative analysis in the study design. I

considered combining constructivist grounded theory methods with a narrative analysis of a sample of two interviews. This would preserve the richness of the data by restoring women's voices to the study. It would also locate the data within the broader social, historical and economic context while also generating a theory.

The "fluid, evolving and dynamic" (p.13) nature of qualitative research design described by Corbin & Strauss (2008) had certainly been realised in my experience to date. I had been able to tolerate the ambiguity and complexity inherent in qualitative social research and gained confidence in the emergent nature of these methods to lead me towards a fuller understanding of the topic and how to study it. The emergent, iterative process of developing a qualitative research methodology can be difficult to convey in the detailed, pre-planned format of a research proposal. However, a confirmation seminar was looming and, in order to meet institutional requirements, it was necessary to present a study design. I reflected on how each of the methodological components of the study fitted the theoretical framework I had developed and thought about how to integrate them into a coherent design. From this process of reflection, the structure of a three-phase study within the overarching framework of constructivist grounded theory emerged. Phase one was a synthesis of selected empirical, qualitative studies relating to the health and wellbeing of women in remote areas using meta-ethnographic methods. The findings of phase one informed the design of phase two, which involved field work and data analysis utilising Charmaz's (2006) constructivist grounded theory methods and Riessman's (2008) dialogic/performance narrative analysis methods. Phase three involved the integration of the findings of the preceding two phases to generate a theory of how women in remote areas achieve health and wellbeing. The preliminary design is in Figure 2.1.

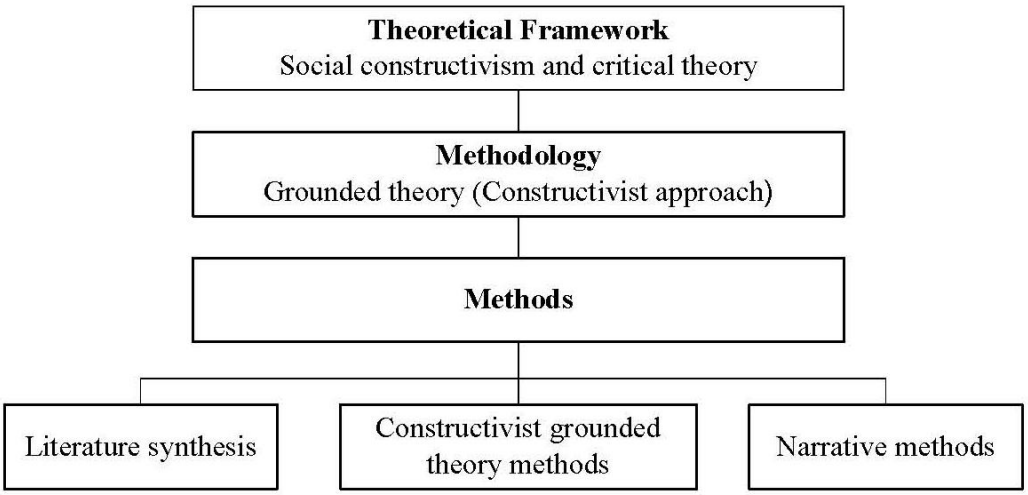

Figure 2.1 Preliminary study design

The study design continued to evolve in response to the ongoing review of the methodological literature, reflexivity, research methods training and the experience of conducting field work. I undertook training in constructivist grounded theory methods. Participation in the training helped me to distinguish more clearly between objectivist and social constructivist approaches to grounded theory. Objectivist grounded theory aims to develop a generalisable theory based on the assumption that there is a single reality discoverable by a value-free, objective observer. In summarising the social constructivist approach, Charmaz (2000) asserts that:

> To seek respondents' meanings, we must go further than surface meanings or presumed meanings. We must look for views and values as well as acts and facts. We need to look for beliefs and ideologies as well as situations and structures. By understanding tacit meanings, we clarify, rather than challenge, respondents' views about reality. A constructivist approach necessitates a relationship with respondents in which they can cast their stories in their terms.

> It means listening to their stories with openness to feeling and experience. (p. 525)

I weighed up the strengths and weaknesses of each method. Grounded theory methods did not enable adequate portrayal of the sequential and contextual aspects of stories (Riessman, 2008). The "narrative turn" (Charmaz, 2008, p. 401) valorised respondents' full stories, while grounded theorists used excerpts of their stories to build theoretical statements (Charmaz, 2008).

As I describe later in this chapter, in 2008 I attended a Qualitative Research Summer Intensive in New York where both John Creswell and Kathy Charmaz were presenters. I had the opportunity to discuss my preliminary design with John Creswell who recommended that, given the need to undertake further training in narrative methods within the time frame of a doctoral program, I conduct a grounded theory study. I balanced the richness of a small number of extended narrative accounts against assertions that fracturing, coding and categorising data helped to prevent the researcher becoming immersed in anecdotes and stories and uncritically adopting respondent's perspectives (Charmaz, 2000). I considered the advice I had been given and decided to focus on a social constructivist grounded theory methodology. The final version of the study design is summarised in Figure 2.2.

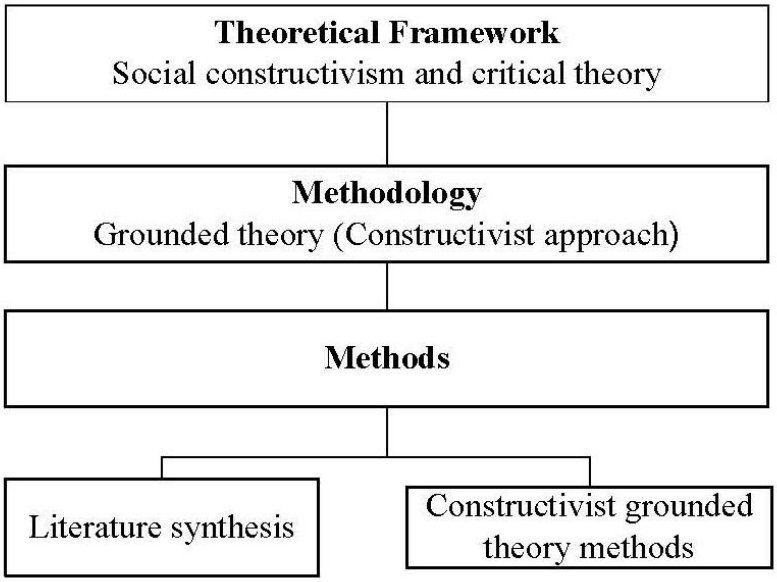

Figure 2.2 Final study design

2.2 Doing constructivist grounded theory research

In this section I describe the conduct of the study as it proceeded through three phases. Phase one consisted of a synthesis of the literature, phase two involved field work and data analysis and phase three, constructing, assessing and writing the interpretive theory. The research phases, questions and methods are summarised in Figure 2.3.

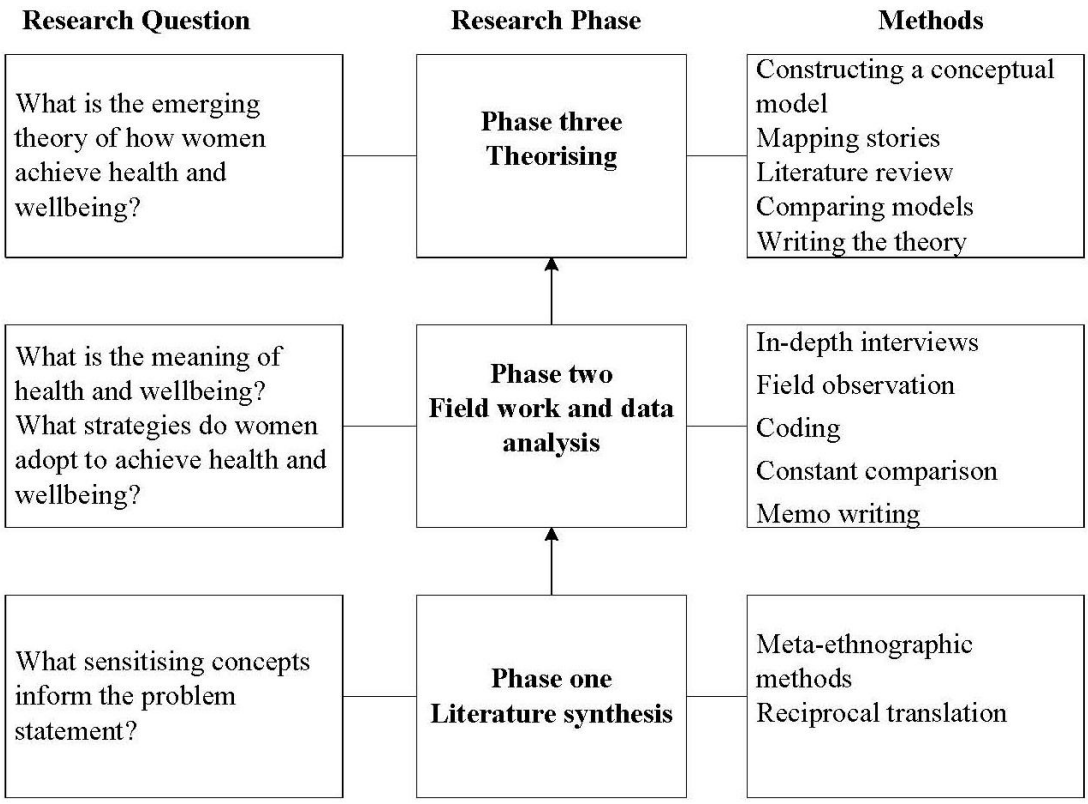

Figure 2.3 Research questions, phases and methods

2.2.1 Phase one - literature synthesis

The role of the literature review is highly contentious amongst grounded theorists (Charmaz, 2006, 2008; Ezzy, 2002; Glaser, 1998; Mills, Bonner & Francis, 2006b). Objectivists implore researchers to delay reviewing the literature so as not to contaminate the analysis with pre-existing theories and knowledge (Glaser, 1998). Constructivists acknowledge that research is not value-free and that, as co-producers of the data, researchers bring their own lens to the study which provides a way of navigating the data (Charmaz, 2008). Ezzy (2002) contends that formally acknowledging pre-existing influences contributes to the sophistication of the research process and the integrity of the researcher. In this study, the purpose of the literature

synthesis was to familiarise myself with the empirical literature and to develop some sensitising concepts to navigate the data.

I used meta-ethnography to demonstrate a process by which particular concepts are elevated above others in the literature to become sensitising concepts in conducting the research (Charmaz, 2006). The purpose of sensitising concepts is to develop "a general sense of reference and guidance in approaching empirical stances" (Blumer, 1969, p.147). The sensitising concepts identified in the meta-ethnography were used as "vantage points" (Charmaz, 2006, p.17) to "tune in" (Corbin & Strauss, 2008, p.32) to the data in the subsequent analysis. They acted as points of departure rather than constraints on subsequent phases of the study (Charmaz, 2006).

To conduct the literature synthesis, searches were conducted of CINAHL, Medline, Proquest, Blackwell Synergy, Informit, Infotrac and Informit databases using the key words rural, women, health, wellbeing, qualitative methods and Australia in multiple combinations. To increase the pool of literature to select from, searches were also conducted of peer reviewed conference proceedings from the National Rural Health Alliance online database which stores conference proceedings from the national rural health conferences conducted in Australia. Inclusion was limited to studies published between 2001 and 2006. An initial criterion for inclusion in the study was topic similarity (Sandelowski et al., 1997). My approach to the topic of health reflected my disciplinary background in social work and health promotion. I used the inclusive term 'health and wellbeing' to denote the social view of health that underpins social work and health promotion perspectives. I searched the terms 'health' and 'wellbeing' to reflect this. Articles considered within the criterion were then reviewed for relevance.

All articles not reporting empirical research were excluded. The main criteria for exclusion was that the article was not empirical research, did not address health and wellbeing, did not describe a qualitative methodology or was not peer reviewed. Studies were then selected for analysis based on auditability of the methodology and the rich description of the data which are recognised criteria for assessing qualitative research (Creswell, 2007). There were no published studies of Indigenous women that met the selection criteria.

Six studies published in rural health, nursing and sociology journals between 2001 and 2006 were selected. Participants were between aged between 18 and 87 years and included farm women, women from a non-English speaking background, same-sex attracted women and women from an isolated mining town. Details of each of the published articles are included in this section. Only one study explicitly sought to examine women's perceptions of health and wellbeing (de la Rue & Coulson, 2003). Each of the six studies is summarised in the following paragraphs.

In a qualitative study conducted in New South Wales in 2001, de la Rue and Coulson (2003) explored the meaning of health and wellbeing and the influence of geographic location from the perspective of older rural women. The study participants were five women aged between 73 and 87 years who were either living on a rural property or had done so for most of their lives. Social constructionism and socio-environmentalism were described as providing the philosophical framework for the study. Data was collected through in-depth interviews and review of personal documentation shared with the researcher by the participants. A life history approach informed data collection and analysis.

Greenwood and Cheers (2002) conducted a qualitative study in rural South Australia which explored the health care and life experiences of women on isolated pastoral properties who looked after babies and children. Phenomenological inquiry was described as providing the philosophical basis for the study. Data was collected through in-depth interviews with 15 women living on pastoral properties and a focus group of seven women from an isolated mining town. Narrative approaches were described as informing data analysis and data was validated through member checks.

Rogers-Clark (2002) conducted a study involving nine rural women in south-west Queensland who were selected on the basis that they were long term survivors of breast cancer and had undergone a mastectomy. Participants were aged between 44 and 75 years. The research question was "[w]hat responses indicating resilience assist rural women who are long term survivors of breast cancer move on with their lives in the face of this adversity?" (p.35). A feminist post-modern narrative methodology, involving unstructured in-depth interviews with participants, was utilised.

A qualitative study undertaken by Alston (2006) in 2003 explored the social impact of drought on farm families, small businesses and small communities in New South Wales. Semi-structured interviews were conducted with 120 people including 62 farm families of which 37 were women and 25 were men. This article adopted a case study approach which explored three women's experiences of drought within the larger study. Cases were selected on the basis that they illustrated issues raised by a majority of women in the study. One of the women was aged 18 and the other two were over fifty years. This article discussed a post-modern feminist approach to understanding women's experiences of drought. One of the case studies specifically explored issues

related to health and wellbeing and drought, while the other two explored issues that fall within the broader understanding of health and wellbeing adopted for this study.

Edwards (2005) conducted a qualitative study in South Australia to explore the experiences of same-sex attracted women living in rural areas and how this influenced their psycho-social wellbeing. Details of the theoretical framework underpinning the research design were not included. Interviews were conducted with a sample of seven same-sex attracted women and one service provider. Summaries of interviews were sent to participants for member checks.

Kelaher, Potts and Manderson (2001) conducted a study of health issues among 90 women born in The Philippines and living in rural and remote Queensland. The authors selected this cohort because issues related to race, gender, socio-economic disadvantage and stigma were expected to exacerbate rural health disadvantage. The study consisted of both qualitative and quantitative components. Qualitative data was collected through semi-structured interviews and focus groups. Issues explored in the interviews included immigration experience, recognition of qualifications, access to employment and professional development, social support in Australia and The Philippines, relationship issues, perceptions and use of health services, cultural perspectives on health and staying healthy. Details of the theoretical or philosophical basis for the study design were not included in the published article.

The technique of reciprocal translation (Britten et al., 2002) was used to synthesise the findings of each of the six studies. Reciprocal translation involves making direct comparisons between the findings from each study in the same way that

constant comparison is used to synthesise large segments of coded data in grounded theory (Noblit & Hare, 1988). The process of translating the studies into each other involved three phases. Firstly, each article was read several times. The key findings from each study, expressed as themes or concepts, were mapped on a grid. This grid is included as Appendix A. These concepts constituted the data for analysis. Secondly, each identified concept from each study was considered against the findings of each of the other studies, identifying common and recurring themes until all studies were considered. The common and recurring themes identified in the studies were *isolation*, *belonging*, *coping with adversity* and *rural identity*. These themes, with the supporting data (concepts) from each study, were mapped on a grid which is included as Appendix B. Concepts related to the common and recurring themes are summarised in Table 2.1. The third and final stage of analysis involved considering the relationship between these themes and constructing new interpretations based on the synthesis. The synthesis revealed tension between a sense of belonging and a feeling of isolation, and between adherence to a gendered rural identity and resistance to societal expectations of coping with adversity. A detailed description of the conduct of the meta-ethnography and the findings were published in a peer reviewed journal (Harvey, 2007).

Table 2.1 Summary findings of the meta-ethnography

Concepts
Isolation Geographical, social and emotional distance; constraints on help seeking; feeling different/alone
Belonging Negotiating acceptance; spiritual dimension associated with the land; intimacy with others
Coping with adversity Compliance and resistance; coping imperative, lack of choice and support; supportive environment
Rural identity Pride in taking responsibility, self reliance and coping; role expectations; constraints on difference

2.2.2 Phase two - field work and data analysis

In this section, I describe the location of the study and the sampling and recruitment strategies. This is followed by a description of the process of data collection and analysis which includes reflections on the experience of conducting field work involving women in a remote context.

2.2.2.1 Location

This study was conducted at inland regions of north-west Queensland as shown in Figure 2.4. This area was chosen as the location for the study because many locations within the region were classified as remote and were accessible to me by RFDS aircraft

Figure 2.4 Geographical location of study

The area is socially, geographically and economically diverse. The landscape ranges from tropical rainforests in the north to grasslands, flood plains, and semi-arid

regions in the west. It is subject to the climatic extremes of drought and flooding rains that often cut roads and isolate communities during the wet season. Flying over the region, one is impressed by the vast open spaces. The landscape seems uninhabited as far as the eye can see until a small collection of buildings indicates a station homestead or small community.

Away from the coast, parts of the region are sparsely populated. The cattle stations, mines, small rural support towns, tourist facilities, national parks and the Indigenous communities of Cape York Peninsula are spread over vast distances. Small towns of less than 300 people are sparsely dotted over the region. The nearest regional population and service centres are Townsville and Cairns. Each city has a population in excess of 100 000 with a large regional hospital and a university campus. Townsville and Cairns are 1 300 kilometres and 1 700 kilometres respectively from the state capital of Brisbane. The tip of Cape York is a further 1 050 kilometres north of Cairns. Major road and rail links along the Queensland coast terminate in Cairns.

2.2.2.2 Defining remote

Defining remoteness for the purpose of social science has proved problematic (Cheers, 1998; Pugh & Cheers, 2010). Definitions based on single criteria, such as population size or distance, do not capture the diverse social, political and economic characteristics of communities in remote locations (Pugh & Cheers, 2010). However, using remoteness as the basis for classification of a location is useful because "[i]mplicit in many definitions is the idea that something changes about the way communities work and how people live within them as one moves across the definitional boundary marker" (Pugh & Cheers, 2010, p.x). In this study, remoteness is

defined geographically for two reasons. Firstly, distance from services and social networks are relevant to the health and wellbeing of people in remote areas (Australian Institute of Health and Welfare, 2006). Secondly, the study utilises the geographical classification of remote as a criteria for inclusion in the study, not for aggregating the characteristics of communities.

In Australia, there are three major geographical classification systems which are used to describe areas in terms of relative remoteness. These are the Rural, Remote and Metropolitan Areas (RRMA) classification, the Accessibility Remoteness Index of Australia (ARIA) and the Australian Standard Geographical Classification Remote Areas (ASGC) (Australian Institute of Health and Welfare, 2004). The ASGC has been selected because it is the latest, most widely accepted (Smith, 2007) and most appropriate classification system for capturing the highly dispersed population and very small population centres in the study area. The ASGC classifies localities as highly accessible, accessible, moderately accessible, remote, very remote and migratory according to their relative remoteness from goods and services (Australian Institute of Health and Welfare, 2004). Each classification has an index value range between zero and 15. The value is calculated using the ARIA+ methodology which is based on road distance from populated localities to the nearest service centres of varying population size (Australian Institute of Health and Welfare, 2004). The remote classification is defined as "very restricted accessibility of goods, services and opportunities for social interaction" (Australian Institute of Health and Welfare, 2004, p. 9). Very remote is defined as "very little accessibility of goods, services and opportunities for social interaction" (Australian Institute of Health and Welfare, 2004, p.9).

To verify that the place of residence of each study participant was classified as remote or very remote, I used the Department of Health and Aging Accessibility/Remoteness Index of Australia online search facility at http://www9.health.gov.au/aria/ariainpt.cfm. I submitted a query using the post code for the residential address of each participant. The search returned the average measure of remoteness and the geographical classification for that post code. All of the queries submitted returned a classification of either remote or very remote.

Although all were classified as remote, the characteristics of each place of residence varied considerably in terms of infrastructure, services and population distribution. Some participants did not have access to mains power, an adequate supply or mobile phone reception. Others had a reliable and accessible water and power supply, internet access and limited mobile telephone coverage. Most participants travelled by car. Roads were often impassable in the wet season, sometimes for weeks at a time. Some participants also had access to a privately owned light aircraft and one participant was a pilot. No participants reported access to public transport.

Most participants, including those living in small rural towns, travelled regularly to large towns to purchase food and other supplies that were not available locally. Some also received groceries, fuel and other supplies by aircraft or by boat. Many participants home schooled their primary school age children and sent them to boarding school for secondary school because none was available locally. Most participants travelled to larger towns to access at least some of the health and other welfare services they required. All had access to the Royal Flying Doctor Service. Distance from the nearest coastal town by road varied from three to 15 hours. Some had neighbours who lived

within walking distance from them. For others, their nearest neighbour was ten kilometres away.

2.2.2.3 Population and sampling

The population for the study was women living in geographically isolated areas of north-west Queensland. The criteria for participation in the study was that women were over the age of 18 years, resided in an area classified by the ASGC as remote or very remote and had lived in a remote area for a minimum of two years. The criterion of two years residence was chosen on the assumption that it takes time for people to become familiar with the cultural nuances and lifestyle of small communities (Cheers, 1998). In a similar study by Leipert and Reutter (2005) of how women in geographically isolated parts of northern British Columbia maintain health and wellbeing, a criterion of two years residence was also chosen.

Grounded theory involves selecting data sources that can yield the richest and most relevant data (Draucker, Martsolf, Ross & Rusk, 2008). I selected field work sites where, based on my own experience or the advice of the RFDS staff, there would be women who fitted the eligibility criteria for the study. As the study progressed, theoretical sampling guided the choice of some sites (Draucker et al., 2008). For example, a sense of belonging was often associated with a long family history in the area. To explore this from a different perspective, I chose a site where residents were more recent arrivals to the area. Some sites were excluded because the health field day was primarily attended by men or because it was not considered appropriate to visit. At one site, grief and loss issues were to be addressed by the group following the recent death of a local. Out of respect for their privacy, I decided not to attend. As Charmaz

(2006) counsels, “I assume that participants’ comfort level has higher priority than obtaining juicy data” (p. 30).

A distinguishing feature of grounded theory methods is that it samples concepts not people (Corbin & Strauss, 2008). Demographic details of participants are provided in order to give a sense of the women who participated in the study rather than indicate variables for analysis. Twenty-three women participated in the study, including three Indigenous women and two women from a non-English speaking background. The women lived in a variety of locations including cattle stations, small towns with a population under 300 people, small mining operations and lifestyle blocks which were not used primarily for commercial purposes. The age of women in the study ranged from late 20s to mid 80s. Almost two-thirds of women who participated were aged between 45 and 65 years.

A combination of quota sampling, convenience sampling and theoretical sampling was used in the study. The emergent, iterative nature of grounded theory methods means that sampling, data collection and analysis are interwoven into an ongoing, cyclical interpretive process (Corbin & Strauss, 2008). Because concepts are grounded in data collected during the study, rather than being determined before the research begins, the researcher does not know with any certainty what concepts to sample for prior to the commencement of the study. Corbin and Strauss (2008) explain:

> It is kind of like fishing, for the researcher is hoping for something but does not know what will come out of that sea of data. Once the initial analysis takes

> place, the analyst has a greater sense of where he or she is going with the research because now the researcher has some concepts to sample for. (p. 146)

Taking a pragmatic approach, Charmaz (2006) acknowledges that it is necessary to begin somehow and suggests that a researcher select an initial sampling criteria before entering the field and then subsequently sample for concepts as the analytic process unfolds.

Prior to entering the field, I decided upon the criteria for an initial quota sample of six women. Quota sampling involves determining relevant categories of people and the number of people to be recruited to each category (Neuman, 2006). The quota sample consisted of six women based on the criteria of farm and non-farm residence and young, mid-aged and older women. Studies have suggested that these criteria are relevant to self-assessed health and wellbeing (de la Rue & Coulson, 2003; Warner-Smith et al., 2004). The quota was made up of three farm women and three non-farm women with one woman from each of the three age groups within these two categories. The focus of this study was women living in remote locations. It was inclusive of Indigenous women, as Indigenous people make up a significant proportion of people living in remote areas of Australia (Smith, 2007). I therefore decided to set an additional quota of two Indigenous women for the study.

When the quota sample had been filled, a convenience sampling strategy was used. Factors such as distance and weather conditions can make it challenging to access and recruit women to studies in geographically isolated areas (Greenwood & Cheers, 2002; Leipert & Reutter, 2005). In this study, rain, cyclones, the availability of a seat on

the aircraft and local conditions at the destination limited access to women in the study location. Corbin and Strauss (2008) regard convenience sampling as a practical approach to data gathering in a grounded theory study. It involves accepting the data that is available but does not restrict theoretical sampling for concepts as the data is being collected and analysed. As theoretical sampling is guided by the emergent theory (Draucker, Martsolf, Ross & Rusk, 2008), it is discussed later in this chapter where it became relevant in relation to data analysis.

2.2.2.4 Entering the field

Because field work involved travel to remote areas, usually by RFDS aircraft, careful planning was required. Each field trip involved negotiating access with the RFDS and the host site, completion of the necessary paperwork and preparation for the flight. I developed tools to assist in preparing and managing each field trip. One tool was a spreadsheet which prompted me to ensure that necessary approvals, notifications and paperwork for the RFDS, James Cook University and the study were completed. The completed spread sheet (with names of locations deleted) is contained in Appendix C. In addition, I developed a checklist for packing the bag I took to each field day. The check list is contained in Appendix D. A further checklist was developed for an overnight stay. This is contained in Appendix E. Flexibility was required as each field trip was dependent upon a range of factors including the weather, conditions at the destination and the availability of a seat for me on the aircraft. I maintained a field journal throughout the period of the field work for the study. The following excerpts from my field journal record the lead up to a proposed field trip.

> There has been lots of rain in this area so it is uncertain whether we will go. I have been watching the weather report and looking at radar charts daily. … This evening the weather report talked about a low off the coast. X phoned me this afternoon and said that it wasn't expected to rain at Y until the weekend and so we were right to go. I kept looking at the weather radar on the internet. There were some showers near Z but I continued to prepare – checking my equipment, packing my bag and hoping. This morning I picked up fresh bread on the way to the airport. It was raining but preparation went ahead and the aircraft was packed. At around 7.30am the senior pilot said the [cyclone] watch had changed to a warning and we would wait til 8am. By that time the pilot and base manager said that a decision had been made not to fly out. The aircraft was pushed back into the hangar and we unpacked. [Field Journal]

Arrangements were made by the RFDS for a return visit to the station.

Field work for this study involved personal engagement with the people and settings. Neuman (2006) describes the implications of the researcher as the instrument for data collection in qualitative inquiry:

> it puts pressure on the researcher to be alert and sensitive to what happens in the field and to be disciplined about recording data. Second, it has personal consequences. Field work involves social relationships and personal feelings. Field researchers are flexible about what to include as data and admit their own subjective insights and feelings, or "experiential data". Personal, subjective experiences are part of field data. (p. 390)

Throughout the field work, I was aware of the way I presented myself. I was returning to many places I had worked previously but this time as a researcher not as the health field day coordinator. I travelled as a flight guest on the RFDS aircraft and, by introducing myself as a researcher, hoped to minimise potential power imbalances between health service providers and service users. Prior to entering the field, I reflected on how I could develop the sense of reciprocity that distinguishes a constructivist from other philosophical stances in conducting field work (Mills, Bonner, & Francis, 2006a). I wanted to avoid a "smash and grab" (Mills et al., 2006a, p. 9) approach to interviewing by spending time with women during the health field day and by staying overnight in a small town. I recorded the following strategies for demonstrating reciprocity in my field journal:

> … taking morning tea to the stations … offering to send information on any particular topic that they are interested in … negotiating where the interview will take place … being aware and tolerant of the remote context. There may be interruptions from children or others as field days are a social occasion … field days are busy and I am aware that it is mostly in someone's home. I therefore can participate in cleaning up and washing up, watching children etc. [Field Journal]

I anticipated that speaking about health and wellbeing might be a sensitive topic for some women. Of particular concern was the distance from support services should women become distressed as a result of the interview. As Renzetti and Lee (1993) argue:

> The sensitive nature of a particular topic is emergent. In other words, the sensitive character of a piece of research seemingly adheres less in the topic itself and more in the relationship between that topic and the social context within which the research is conducted. (p. 5)

Along with other ethics requirements, I had developed a protocol for how to respond should a woman show signs of distress during or following an interview. If that occurred, I would respond by utilising the social work skills and experience in conducting qualitative interviews relating to health and wellbeing over the past 10 years and apply social work values. I would take steps to ensure the woman was safe before I left by providing information and contact details for support services and, with the consent of the participant, making a telephone call to a service or contacting a friend or family member. If a disclosure was made which raised concern for the woman's safety, I intended to seek her consent to make calls to appropriate services for support. Finally, I would check back with the woman by telephone before the end of the day on which the interview was conducted if she wished. Although I planned to create a sense of reciprocity, I was aware that as a white middle aged woman from a regional town, some women may not feel comfortable speaking with me about particular issues during or following an interview. I arranged with the RFDS that the telephone number of the mental health team be included on the information sheet should a woman want to speak with someone other than myself following an interview. I also had the support of the medical officer, nurse, health promotion officer and, often, a mental health professional from the RFDS travelling with me on most field trips.

2.2.2.5 Recruitment methods

A number of strategies were utilised to recruit women to the study. All study participants were recruited through involvement of some sort in RFDS activities. The organisation provided transport for field trips on scheduled RFDS flights and by car. I was given permission to participate in RFDS activities and to talk about the study at each site. The RFDS liaised with local women about my visit, introduced me to local women during field trips and promoted the research by including a study flyer in mail and email communications with community members prior to each trip.

The distances involved and poor road conditions made travel by RFDS aircraft the most practical and affordable means of conducting field work. This represented a significant in-kind contribution to the study budget. The RFDS is well known in rural and remote Australia with a long history of service provision (Hill & Harris, 2008). Although I had previously visited many of the field work sites, and some more than once, it had been five years or more since my last visit. Travel with the RFDS helped to overcome the scepticism of newcomers, often attributed to people living in rural and remote areas (Cheers, 1998).

The association with the RFDS was critical to the conduct of the study. However, the association may have had both a positive and negative impact on recruitment. The information package given to participants about the study advised them that no information about the interview would be given to the RFDS and I would not have access to their medical records. Many women I had met previously agreed to participate in the study. However, some women I knew did not participate. This may be simply a matter of personal preference. Alternatively, women I knew may have been

reluctant to participate because of privacy concerns. There were often more than one generation of a family present at health field days. However, I never interviewed more than one member of each family for the study.

Fifteen women were recruited at health field days or at a field day workshop. The field day workshop was a two-day activity held in a regional town. I spoke about the study, participated in some workshop sessions and attended a dinner with participants during the evening. Health field days were chosen because, in my experience, most participants were women. The field day format also provided me with the opportunity to build rapport by sharing a meal, speaking with women informally and participating in a shared activity. Initially, I sent out a flyer inviting women to contact me by telephone prior to the field day if they wanted to participate. The flyer is at Appendix F. When I did not receive any calls prior to the first health field day, I wondered whether the visit was going to be worthwhile. The RFDS field day coordinator suggested I come along anyway as most women did not usually respond to their flyers either. I continued to send out flyers prior to each health field day to publicise the study but only ever received two telephone calls about the study. One caller decided she did not want to participate and the other did attend the field day and became a study participant. One woman commented that she had read the flyer but put it in the bin because she didn't think her life would be interesting enough for the study. She said that she changed her mind after hearing me talk about the study at the start of the field day. My sense was that if they did not know me from previous visits, women valued the opportunity to see me in person, hear me talk about the study at the start of the day and get to know me a little better me by talking to me informally over morning tea or lunch before deciding to participate.

Five participants were recruited during a two-day clinic visit to a small town. The town was selected because it was accessible by RFDS aircraft and involved an extended stay in the community. Prior to my visit, I sent the flyer to the local store owner and primary health care clinic to display on their notice boards. I adapted the flyer by specifying the name of the town, but, based on the experience of field days, omitted the section asking women to contact me before the scheduled visit. During the visit, I walked around town and also spent time at the clinic and the local café. The visit included an overnight stay, when I participated with RFDS staff in a community activity at the local hall. The local nurse was enthusiastic about the study and talked to women about participating prior to, and during, my stay in the town.

Three Indigenous women were recruited to the study. The recruitment and engagement with Indigenous women was guided by the values of reciprocity, respect, equality, responsibility, survival and protection, spirit and integrity outlined in national ethics guidelines (National Health and Medical Research Council, 2003). I sought to fulfil the spirit and intent of these guidelines by putting in place arrangements that were respectful of Indigenous knowledges and created as far as was possible, given the painful consequences of dispossession and injustice, an atmosphere where women felt comfortable to share their stories. I developed a protocol for engaging with Indigenous participants in the study. The protocol required that I seek the advice and support of Indigenous team members of the RFDS on ways to engage with Indigenous women and inform them about the study. I planned to facilitate access by women to Indigenous liaison workers and gatekeepers in communities to provide information and answer queries about the research process. I would respect Indigenous values and priorities in negotiating the time and location for conducting the interview. I intended to negotiate

how to provide feedback on the results of the study in a way that was meaningful and valuable to the Indigenous women who participated. I would facilitate the option of referral to an Indigenous or non-Indigenous counsellor should participation in the study result in distress.

During field work, I sought advice on possible sites from an Indigenous worker at the RFDS. The site selected was one where the worker had strong connections with local women. The Indigenous worker and I discussed the study and developed a recruitment strategy that initially involved three visits. On the first visit the worker would visit the community independently and talk to women about the study. During this visit, issues such as confidentiality, individual or group interviews, transcription and feedback, and preferences should the interview cause distress were discussed. If women were interested in the study, the worker and I would visit together so I could be introduced to the women, answer any questions and conduct the interviews. A third visit would enable me to verbally present a summary of the interview to each participant. The response to the first visit by the worker was positive and plans were made for the next visit. On the morning of the scheduled trip to meet the women, the Indigenous worker was unable to attend as planned. I had a dilemma. To arrive without an Indigenous worker whom the women knew and trusted to interview women I had not met before seemed contrary not only to the spirit of the ethical guidelines (National Health and Medical Research Council, 2003) but also my professional ethics as a social worker (Australian Association of Social Workers, 2010) and my own values and beliefs about working with Indigenous people. I considered postponing the trip to another time. I spoke to the Indigenous worker at the RFDS by telephone and explained my dilemma. She reassured me that the women were expecting me and had been given

the opportunity to discuss the study with her and ask any questions. We discussed having a local non-Indigenous worker with whom the women were familiar introduce me to them. I decided to go ahead with the visit on the basis that if the women seemed uncomfortable, I would spend some time getting to know them and come back again to conduct the interviews on another occasion. On arrival, I was introduced to the group by the non-Indigenous worker who then left. My anxiety was dispelled as we sat down to talk and share the food I had brought for morning tea. The women were friendly and welcoming and showed me around the facility. One woman said they had been expecting me. They spoke of other workers who had said they would come and then had not visited as planned. I was relieved that I had not let them down. Before I had an opportunity to set up the recording equipment there was a woman at the door waiting to be interviewed.

2.2.2.6 Semi-structured interviews

Semi-structured interviews were conducted to gather women's stories. This method was chosen because it enabled health and wellbeing to be explored from the perspective of the women themselves. As Murray and Chamberlain (2000) argue, a deeper understanding of the process of achieving health can be achieved through eliciting the voices of women themselves and situating their accounts within the broader context of everyday living.

As an exploratory qualitative study, I wanted interviews to elicit the meanings women attached to their experiences rather than restrict their responses by asking a pre-determined set of questions. I was concerned about how to frame the initial interview question in order to "make words fly" (Glesne, 1999, p. 67) and so that the "stories

tumble out" (Charmaz, 2001, p. 679). As a precursor to this study, I had conducted a field trip to a small rural town. The purpose of the trip was to gauge women's interest in the research topic and whether they thought the study might be useful. I spoke informally with some women waiting outside a clinic, by asking "How do women stay well?" Responses tended to be brief and based on a behavioural approach to health — "*I guess it's about exercise"* said one woman; "*Hard work. We're too busy. We don't have time to think about it"* said another. "*A cup of tea"* said another. I was concerned that, far from eliciting stories, the interview would become an interrogation. Charmaz (2006) suggests that "having an interview guide with well-planned open-ended questions and ready probes can increase your confidence and permit you to concentrate on what the person is saying" (p.29). I constructed an interview guide around four main points – exploring context, staying well, managing challenges and reflecting on important factors in staying well. My initial question was "Tell me about your life out here".

I considered piloting the interview schedule but was unsure whether it would be useful. Constructivist grounded theory interviews are recursive, more like a conversation than the rigorous application of a uniform set of questions (Charmaz, 2001). Interview questions are initially broad and open-ended and then become more focused and funnel in on a particular theme or topic (Charmaz, 2001). Theoretical sampling guides the exploration of new topics and interview questions (Charmaz, 2006). This means that the same questions are not being asked throughout the study. The constructivist approach also recognises that data is jointly created by the interviewer and interviewee (Mills et al., 2006a). There is no intention to eliminate interviewer bias or ensure that questions elicit the correct answers as there is in

quantitative data collection methods such as surveys (Neuman, 2006). Balancing the need for an open-ended and emergent, yet focused and purposeful, interview, I decided to pilot the interview schedule. The purpose of the pilot interview was to check for resonance of questions with the interviewee and alert me to any ethical or procedural issues associated with the interview (Janesick, 1994). Ideally, a pilot interviewee is drawn from the group being studied (Glesne, 1999). A colleague identified a potential interviewee, provided the person with an information sheet about the pilot interview and invited the person to contact me should she wish to participate. The information sheet for the pilot interview is at Appendix G. The person contacted me and consented to an interview. The interview was conducted in a meeting room in a regional town where the person currently resided. Informed consent to the interview was obtained. As it was not intended to collect data, the interview was not recorded. Following the interview, the interviewee was invited to critically reflect on the questions asked and the interview process generally.

Feedback from the pilot interview highlighted the importance of building rapport and creating an air of informality in order to build the trust needed to share personal stories. I subsequently wrote an introduction to the interview guide in which I disclosed my own experience working in remote areas and used an informal, conversational tone to introduce the study. The venue for the interview was also an important consideration in creating an informal atmosphere. The meeting room was private and quiet but added to an air of formality. My experience of the pilot interview was that starting with the question "Can you tell me about your life out here" was like starting in the middle of a story. The participant commented that she felt she may have been *off the track* in responding and I found that I focused on subsequent interview

topics rather than following up on leads from the participant. I decided to change the initial question to "How did you come to be living here?" in order to start at the beginning of the story of living in a remote area.

The revised interview schedule containing open-ended questions provided a loose framework for the interview (Minichiello, Aroni, & Hays, 2008). The revised interview schedule is Appendix H. This provided women with the opportunity to talk openly about what was important to them and to express their thoughts, feelings and emotions and beliefs. Beyond this, probing questions were used to obtain information about social circumstances and to encourage reflection on events and processes. The probe "Can you tell me a story about that" elicited more narrative detail with some Indigenous women than "Can you tell me more about that" or similar probes used with non-Indigenous women.

Despite the logistical issues associated with travel to remote areas and challenges of recruitment, I decided that, where possible and convenient to women, interviews would be conducted face-to-face rather than by telephone. Face-to-face interviews have the advantage of providing a more contextualised approach to data collection by enabling the researcher to directly observe the participant in her everyday life (Minichiello et al., 2008). Mills, Bonner and Francis (2006a) contend that a constructivist research stance requires a shared, non-hierarchical approach to interviewing, achieved through a personal rather than an expert stance. Face-to-face interviews afforded greater opportunity to achieve this than telephone interviews.

Ethics approval was obtained from the James Cook University Human Research Ethics Committee (ethics approval number H2896). All participants were given an information package explaining the purpose, methods, demands and risks associated with participation in the study. The package consisted of an information sheet about the study (Appendix I). Written consent was obtained prior to the interview (Appendix J). If a participant requested, I read out the information sheet and consent form and answered questions about the contents and this was recorded on the consent form. Women were advised they could withdraw from the study at any time. No one withdrew from the study. In-depth, semi-structured interviews created an unknown element in terms of ethical issues. A constructivist grounded theory approach to interviewing positions the interview as a mutual exchange towards a shared understanding (Mills et al., 2006a). The researcher adopts an open, non-judgmental stance, which includes answering personal questions posed by the participant. Time is taken to build rapport and trust so that participants feel comfortable talking about thoughts and feelings (Mills et al., 2006a). At the conclusion of the interview, one participant described the experience as "*cathartic"* while another said that *"it was good to talk to someone about it you know".* On several occasions I was asked personal questions which I answered succinctly and honestly. For example, I was asked "*Do you have a big house?", "Do you have a family?",* "*Have you had a good life?"*

As co-producer of the data, it is important that I locate myself in this work and reflect on the influence I had in shaping its outcomes (Mills et al., 2006a; Wendt, 2009). I had visited some of the field work locations in my former role with the RFDS and met some participants a number of times. The remote location generated a familiarity with women as service-users that may be unique to that context. Health education sessions

were held in the lounge room or on the verandah and clinics were conducted in the bedrooms because that was the space available. We had morning tea and lunch with women in their homes and did the washing up before we left. We met their neighbours and their children in the context of their everyday life. However, insider status can be problematic where the researcher accepts taken for granted meanings (Minichiello et al., 2008). I admired the women I met. I was from a regional town and their lives seemed challenging yet idyllic in many ways. However, an event occurred which prompted me to examine my assumptions. During an early interview, I was listening to a woman relate station life in a way I had come to expect. Suddenly, she stopped and said, "*It's not my dream"*. She explained that the property was someone else's dream. She hadn't had the opportunity to develop goals and aspirations separate from her roles within the family and the family business. Her comment surprised me and I paused to reflect. Perhaps I had been romanticising her way of life and had become engrossed in the mythology of the bush. In the literature, rural women are often portrayed as heroic in their efforts to endure hardship and support their families (Grace & Lennie, 1998). The experience alerted me to my own assumptions and to the need to listen, probe and look beneath the surface of what was being said.

Twenty-two interviews were conducted face-to face. One interview was conducted by telephone at the request of the interviewee because it had not been possible to arrange travel during the time allocated for field work. The duration of interviews was between 30 and 90 minutes. The time and location for each interview was negotiated with the women. Most chose to be interviewed during the health field day activity or clinic visit. These interviews were conducted at a station homestead, health facility, office or outdoors. However, due to station work, one participant

requested that the interview be scheduled to coincide with her visit to a city. The interview was conducted at the airport. One interview was conducted at my home for convenience and privacy when no other suitable space was available.

On occasions, I found field work and interviews mentally and physically demanding. This was most often when I conducted more than two interviews in a day, when women expressed deep sadness or anger and when the heat and humidity made concentration a challenge and the day seem long. After a few field trips, I found that the following strategies helped me to manage the field work experience. It helped being organised and methodical in preparation for the field day. I wrote in my field journal throughout the field work stage, including my feelings and reflections as the study progressed. I usually wrote in the journal on the flight home and found that recording my thoughts and feelings soon after the experience helped to process what had happened during the day. I felt supported by regular supervision during the field work phase so that any issues or concerns I had were discussed, usually before the next trip. I felt supported by the RFDS staff who were experienced in working in remote areas and were interested in the study. Feedback from the women themselves that they considered the research worthwhile and their keenness to help each other through participation in the study sustained me. On a couple of occasions, I received telephone calls from women who had been interviewed to follow up on transcripts or inquire how the study was progressing. We discussed the weather, recent events and families. Their ongoing interest in the study helped to prepare me for the next field trip. I recorded in my field journal:

> In the isolation of my study, doing the lonely work of coding, I felt connected again to the study participants and the words of the transcript came alive as I heard a familiar voice. [Field Journal]

Eleven field trips were conducted between October 2008 and October 2009. Travel for eight field trips was by RFDS aircraft, two were made by car and one by commercial aircraft. Four other field trips were planned during this period. One was cancelled due to rain on the airstrip that would have prevented the aircraft from landing, one was cancelled immediately prior to departure due to a cyclone warning and two were cancelled because people at the stations were involved in mustering or cleaning up after the wet season. A summary of field trips conducted for the study is contained in Table 2.2.

Table 2.2 Field work summary

Location of Field Work	Date	Number of Interviews Conducted
Station	17/10/08	1
Regional town	16/11/08	1
Regional town	17/11/08	1
Station	28/11/08	0†
Station	06/03/09	0††
Station	23/03/08	1
Station	03/04/09	3
Station	17/04/09	0†††
Regional town	25/04/09	1
Station	01/05/09	2
Station	29/05/09	1
Roadhouse	12/06/09	0††††
Town	15/06/09	3
Town	23-24/07/09	5
Station	07/08/09	2
Phone interview	03/09/09	1
Lifestyle block	02/10/09	1
TOTAL PARTICIPANTS		**23**

† (cancelled due to rain on strip)
†† (cancelled due to cyclone warning)
††† (cancelled due to mustering/cleaning up after the wet)
†††† (cancelled due to mustering)

2.2.2.7 Leaving the field

The decision to cease gathering data in the field required careful consideration. Like other methodological decisions in qualitative research, it should be based on methodological congruence (Morse, 2003) and the logic of the study design rather than the mechanistic application of a set of methods (Barbour, 2001). There are debates in the literature about the relevant criteria for making this decision in grounded theory studies. Theoretical sampling for concepts in data collection implies that the decision is based on theoretical grounds rather than the numerical size of the sample. A commonly cited reason for cessation of data collection in grounded theory is theoretical saturation (Charmaz, 2006; Corbin & Strauss, 2008; Creswell, 2007; Morse, 1995). Grounded theory involves identifying categories and sub categories from the data (Charmaz, 2006). Theoretical saturation means that each category can be fully explained based on the available data and further data gathering does not lead to new theoretical insights (Charmaz, 2006). However, Morse (1995) argues that theoretical saturation is often invoked without the claim being substantiated or wrongly equated with hearing the same thing over and over again. Another approach is that it is the richness of the data in relation to the research question that is important in determining when to cease gathering data (Charmaz, 2006; Morse, 1995). Combining both numerical sample size and data quality as criteria, Sandelowski (1995) proposes the following principle as a guide for when to leave the field:

> An adequate sample size in qualitative research is one that permits – by virtue of not being too large – the deep, case-oriented analysis that is the hallmark of all qualitative inquiry, and that results in – by virtue of not being too small – a new and richly textured understanding of experience. (p. 183)

Creswell (2007) maintains that, based on his experience, this usually involves 20 to 30 participants for a grounded theory study.

My decision to cease gathering data in the field was based on my assessment that I had collected rich data and filled the quota sample. Through successive cycles of data gathering and analysis, I had identified some categories that were strongly supported by the data. However, I had not yet developed a theory and could not clearly articulate the connections between categories. I had conducted 11 field trips between October 2008 and October 2009 and interviewed 23 participants. Each field trip required extensive planning and follow- up and was contingent upon a range of environmental and logistical factors. In October 2009, another wet season was approaching and this would further limit field work. As Sandelowski (1995) concludes, "sample size in qualitative research is ultimately a matter of judgment" (p. 183). In October 2009, I weighed up all of these factors and made the decision to cease field work.

2.2.2.8 Analysing the data

Grounded theory is associated with a well-defined set of methods for analysing data (Browne, 2004; Charmaz, 2008; Corbin & Strauss, 2008; Creswell, 2007; Starks & Trinidad, 2007). The application of these methods in this study involved piecing together a mosaic of steps consistent with the constructivist epistemology; the methodology literature, the theoretical perspective for the study, the data, research questions and the remote setting. In this section I describe the procedures followed, texts produced and decisions made as the analysis proceeded.

The analytic process began by engaging with the literature. In phase one of the study, I had developed sensitising concepts to be used as vantage points for analysing the data. To address concerns by some grounded theorists that sensitising concepts might constrain the identification of new ideas, I treated these concepts as problematic (Charmaz, 2006). I did not use them as codes unless supported by the data, discarded most of them in favour of new codes during the analysis and ultimately returned to them after the theory was developed to discuss their relevance. Beyond this, I engaged with the literature throughout the study. I wrote a conceptual paper (Harvey, 2009) and a methodological paper (Harvey, 2010) for publication. These publications guided my methodological decision-making and helped to maintain my sensitivity to the data during analysis. Consistent with the inductive reasoning of grounded theory, the substantive literature review was conducted after the emergent theory of the capacity for flourishing was developed. It served to position the study within literature pertaining to flourishing and to show how the study findings compared with, and extended, the relevant literature (Charmaz, 2006).

2.2.2.9 Transcription issues

Although time consuming, I made the decision to transcribe every interview recording myself. Transcription is an interpretive rather than a technical exercise (Ezzy, 2002; Forbat & Henderson, 2005; Riessman, 2008). The way in which talk is translated to text reflects the theoretical and methodological orientation of the researcher (Riessman, 2008). Rather than mining data for concepts as objectivist grounded theorists do, (Charmaz, 2000) constructivists search for opportunities to interact with the data as part of the process of interpretation (Mills et al., 2006a). Charmaz's version of constructivist grounded theory encourages a richly contextualised account of the

circumstances surrounding data gathering and the interaction between the interviewer and interviewee that influences subsequent coding and memo writing (Mills et al., 2006b). My approach to transcription was to indicate sounds, pauses, laughter, tears, non-verbal gestures, speech cadence and interruptions that helped to restore some of the contextual and emotional depth of the interview. I found, as suggested by Ezzy (2002), that transcribing interviews as soon as possible after the interview and before conducting further interviews also gave me the opportunity to reflect on issues, observe missed cues and to adjust my interview technique. Time and attention to detail in transcription was the first step in becoming immersed in the data. Immersion is said to increase the researcher's theoretical sensitivity or insight into what is happening in the data (Corbin & Strauss, 2008; Mills et al., 2006b). I believe being intimately familiar with the data through transcription maximised the usefulness of the computer software NVivo for making connections between data and searching for quotations.

Sharing transcripts with participants raised an ethical dilemma. From a positivist epistemology, sharing transcripts is a way of checking the truth or accuracy of the interviewees account. However, a constructivist epistemology recognises multiple realities and consequently all accounts or versions are of interest (Forbat & Henderson, 2005). Transcripts were given a code in place of the participant's name. Places and people's names were changed or omitted to protect their privacy. The purpose in returning transcripts was not to ensure that the account was accurate but to invite further narrative detail. Participants were asked to return the transcript in a stamped self-addressed envelope. Eight interview transcripts were initially sent out before I decided to cease this practice. Four were returned, all without any additions. One of the participants asked if she could keep a copy of the transcript. This was agreed to with a

request that careful consideration be given to how the transcript was stored to protect her privacy and that of others mentioned in the transcript. After discussion with one participant, it was decided not to send the transcript to her as she did not have mail delivered, lived hours from the nearest post office and a person other than herself could access the mail. Because it did not encourage further reflection or comments, I decided to discontinue the practice of sharing transcripts.

2.2.2.10 Data management

Early transcription alerted me to the richness and quantity of the data I would have to work with. To manage this, I established a system to prompt and record the unfolding analysis. The system was loosely based on Minichiello et al.'s (2008) guidelines for writing field notes and consisted of four files. A transcript file contained the transcription of each interview, a cover sheet recording details of the time and place of the interview and a diagram of the interview setting. The personal file was a hand-written field journal. It contained a descriptive account of each interview which included methodological issues as well as my reflections and feelings about the interview itself. The methodological file was an electronic file containing memos about issues, dilemmas and decisions relating to the methodology. An example of a methodological memo is Appendix K. The analytic file contained case summaries, memos, emerging ideas about the data, diagrams and drawings depicting connections between concepts. A single page case summary of each interview was the first step in data reduction (Browne, 2004). It contained a summary of each interview along with some key themes and quotes. The summaries provided a means for sharing early analysis with supervisors (Ezzy, 2002). I returned to the case summaries many times to

test out ideas and concepts and to quickly re-orientate myself to an interview during the analysis. An example of a case summary is Appendix L.

2.2.2.11 Coding and memo-writing

I read each transcript in its entirety several times. I then coded each transcript line by line. I closely followed Charmaz's (2006) approach of looking for actions in each segment of data and coding them using gerunds which are verbs ending in 'ing' that are used as nouns. I found, as Charmaz (2006) suggests, that using gerunds helped me to focus on processes and meaning rather than simply paraphrasing what was being said. After completely coding the first interview, I shared coded sections of the data with my supervisors who also coded sections of data. Comparing their codes with mine gave me some insight into alternative ways of knowing and challenged me to think critically about the knowledge and lens which I brought to the analysis. When I felt unable to see processes in a piece of data, I used the following questions (Charmaz, 2006) as prompts. By breaking the process into its component parts, these questions also challenged me to critically assess the meaning and assumptions implicit in pieces of data:

- What process(es) is at issue here? How can I define it?
- How does this process develop?
- How does the research participant(s) act while involved in this process?
- What does the research participant(s) profess to think and feel while involved in this process? What might his or her observed behaviour indicate?
- When, why and how does the process change?

- What are the consequences of the process? (Charmaz, 2006, p.51).

An early example of focusing on processes are the codes relating to how a woman interacted with others in the community. The codes included ‘anticipating a need for help’, ‘putting disagreements aside’, 'feeling compelled to get along’, ‘distrusting strangers’, ‘lessening constraints’ and ‘receiving recognition’ . As I worked through initial coding of each interview, I compared how I coded sections of data in one transcript with codes in other transcripts. I sometimes went back and recoded sections of data based on insights that I developed through continuous coding. After initial coding of an interview, I stopped and created lists of codes for that interview. An extract of a section of open codes extracted from NVivo is Appendix M. I grouped initial codes into focused codes which crystallised the significance of the group of codes. The focused codes included ‘living in a cultural way’, ‘achieving synchronicity’, ‘lowering expectations’, ‘belonging to a community’ and ‘being comfortably alone’. I continued coding until all interviews had been absorbed into open and focused codes. All codes were recorded and managed using NVivo software. An example of open codes grouped as focused codes is Appendix N.

Whenever an idea or insight occurred to me while coding I stopped and wrote a memo about it. Charmaz (2006) describes the pivotal role of memo-writing in data analysis as “memo-writing forces you to stop other activities; engage a category, let your mind rove freely in, around, under, and from a category; and write whatever comes to you” (p. 81). Early memos were quite concrete, focused on one interview and explored properties of particular codes. For example, the memo titled ‘holding in’ (Appendix O) related to the abrupt change in lifestyle experienced by one woman. Later

memos made comparisons across interviews and codes, described properties of concepts, explored links between codes, identified variations within concepts and suggested leads to follow up in subsequent memos. I brought raw data into memos to link analysis to data and returned to the literature to explain problems and dilemmas in the data. The memo titled 'Control and its importance to wellbeing' (Appendix P) is an example of a later memo.

The categories of control, connecting, belonging and identity were lifted out of these memos. I arrived at these categories through inductive reasoning. When coding data sparked an idea, I wrote a memo using the same questions that had guided coding. I defined the concept. I considered its attributes, in what circumstances it occurred, and its consequences (Charmaz, 2006). I kept writing memos to clarify my ideas and fill out categories. Memos sometimes revealed gaps in my analysis and so I wrote another memo. For example, I wrote the memo 'control and its relationship with power' when I realised that a previous memo had not accounted for the exercise of power in achieving a sense of control. This memo is Appendix Q. Where categories seemed thin, I used theoretical sampling of existing interviews to elicit further nuances and variations. For example, to generate further data for the categories of 'connecting' and 'control', I sampled two interviews that had already been coded. I chose two women of a similar age who lived in the same place but had vastly different lives and experiences of health and wellbeing. I sampled each interview for the categories of 'control' and 'connecting' and found that they fitted the data but contained further attributes. I added 'agency' and 'equanimity' as attributes of control and 'organisational connections' as an attribute of connecting as a result. As categories became more developed, I wrote a series of integrating memos in which I listed the memos it subsumed and then wrote a narrative

statement about the category. The integrating memo relating to the category of 'connecting' is Appendix R.

2.2.3 Phase three - theorising

In this section, I describe the processes involved in constructing the grounded theory. This involves four phases. Each phase is described separately for the purposes of this chapter. However, the interpretive process involved moving between the emergent theory, the literature and thesis writing. In phase one, I describe the steps involved in constructing the first conceptual model of the capacity for flourishing. In phase two, I describe the process of mapping three women's stories using the grounded theory. The purpose of the mapping was to assess the fit and relevance of the emerging theory (Charmaz, 2006). In phase three, I assess the plausibility of the grounded theory. Grounded theorists offer plausible rather than validated accounts of the phenomena being studied (Charmaz, 2006). Plausibility was assessed in three ways. Firstly, I presented the preliminary grounded theory at an international conference for peer review. Secondly, I reviewed the literature to determine the relevance of the concept of flourishing to health and wellbeing and to the disciplines of health promotion and social work. Thirdly, I juxtaposed and compared the grounded theory to three other related models from the literature. Phase four involved writing and assembling the thesis.

2.2.3.1 Constructing a conceptual model

I had collected, transcribed and coded data, made comparisons between data and codes and written memos defining and analysing codes and categories. To complement the text, I drew and revised diagrams visually representing relationships between concepts, categories and ideas throughout the analysis. I then had to sort and organise

this material into a theory. At this juncture in theory construction, Charmaz (2006) counsels a practical approach away from the computer.

I laid out all of my memos on a flat surface. I sorted them into groups which seemed to exhibit connections. The memos clustered under the main categories of control, connecting, belonging and identity. For example, with the memo titled 'control and its importance to wellbeing', I placed others titled 'persisting', 'holding in', and 'control and its relationship to power'. With a memo titled 'connecting', I placed others titled 'functioning as a community', 'experiencing the community as hostile' and 'connecting with a place'. Some memos seemed to fit with more than one category. Where a grouping of memos looked promising, I drew a diagram. Two memos seemed to stand apart from the others and I placed them in the centre. These two memos were 'achieving synchronicity' and an *in vivo* code (Charmaz, 2006) 'flourishing' which I had explored in a memo. *In vivo* codes are a participant's own words. Even though the term may not be used by other participants, an *in vivo* code can be invoked when it seems to capture the meaning conveyed by other participants and reveals a "fresh perspective" (Charmaz, 2006, p. 56). I read these memos again. They seemed to capture the essence of what women described as optimum health. I drew four interlocking circles representing the four main categories and named the common space where the circles intersected 'flourishing'. I renamed the 'categories' as 'dimensions'. I created lists of the concepts that characterised each dimension. I renamed these 'characteristics' as 'attributes'. I read the remaining memos. There were many examples of factors which influenced health and wellbeing in a positive or negative way. I described these as 'enabling' and 'constraining' factors and drew them outside the intersecting circles with double-sided arrows indicating the symbiotic relationship between these factors

and the dimensions of control, connecting, belonging and identity. This was the first conceptual model of flourishing.

2.2.3.2. Mapping three women's stories

A grounded theory analysis is said to be complete when it meets two criteria — fit and relevance (Charmaz, 2006). Fit means that the codes and categories of the theory match the data. Relevance means that the theory captures and reveals the essential features of what is being studied (Charmaz, 2006). Fit and relevance are criteria for evaluating grounded theory that are common to both objectivist and constructivist approaches (Charmaz, 2006; Glaser, 1998). Achieving fit between the theory and the data forms the basis for generating a theory that is relevant by virtue of the core processes and categories being grounded in the data (Glaser, 1998; Lomborg & Kirkevold, 2003). Modifiability is critical to achieving fit. As more categories emerge through coding, the theory is modified to fit the data as distinct from forcing the data into pre-existing categories (Glaser, 1998).

There is very little guidance in the theoretical and empirical literature about how to assess when fit and relevance of a grounded theory has been achieved. Glaser and Strauss (1967) suggest that it is intuitive to the researcher:

> The continual intermeshing of data collection and analysis has direct bearing on how the research is brought to a close. When the researcher is convinced that his [sic] conceptual framework forms a systematic theory, that it is reasonable accurate statement of matter studied, that it is couched in a form possible for others to use in studying a similar area, and that he [sic] can publish his [sic]

> results with confidence, then he [sic] is near the end of his [sic] research. (pp. 224-225)

In a study of the factors which help people with bipolar affective disorder succeed in employment, Tse and Yeats (2002) compared interview transcripts with participant case notes and accounts by participants and their family members to assess the "strength" (p.53) of their emergent theory. However, the methods for making the comparisons were not described and it is not stated how the comparisons refined the theory.

Reflecting on my intention that women's voices not be lost in the final thesis, I considered a method of assessing fit and relevance that would capture the richness of women's whole stories and "tighten the hermeneutic spiral so that you end up with a theory that perfectly matches your data" (Jane Hood, personal communication cited in Charmaz, 2006, p. 101). To achieve this, I mapped three women's stories onto the model. I selected three interviews for mapping. They are not presented as typical or representative of the women in the study but are rich, detailed data sources for explicating the model. Mapping the interviews onto the model began with theoretical sampling of the selected interview transcripts for the dimensions of flourishing. The purpose of this step was to assess the fit between the emerging theory and the data. I read each transcript. I recoded each transcript, collecting examples of chunks of data that fitted each dimension. I compared the chunks of data with the descriptions I had made of the attributes of each dimension. Comparing attributes with data, I continued to refine my understanding of the attributes and the relationship between them. I made some alterations in the description of the attributes and continued to check their

application to new pieces of data. I continued to refine the dimensions and the attributes until I reached the end of each of the three transcripts. This step confirmed that the dimensions did correspond with the data.

I then prepared a grid which contained all of the dimension attributes and the enabling and constraining factors of the model. I mapped each interview onto the grid by making an assessment of the presence of each attribute. I made an assessment of the strength of the attributes of each dimension as low, medium or high. I then made an assessment of whether contingent factors were enabling or constraining and marked this on the grid. I assessed the strength of the influence of each of these factors as low medium or high and also marked this on the grid. I made these assessments by reading each transcript carefully, looking for examples of each attribute and enabling and constraining factor and interpreting them in the context of the whole story. This provided a snapshot of the model in relation to each story. The grid is included as Appendix S. Grids in this exercise were used as tools for analysing whole stories, not for the presentation of the theory.

The next phase involved developing the analysis of each story in narrative form using the grid. I returned to the transcript to check for examples in the data to support statements in the analysis. The final phase involved making final adjustments to the model as gaps in explanations were identified and new ways of understanding were revealed. This process verified the usefulness of the model in interpreting the data and satisfied the criterion of relevance.

As a consequence of the mapping, further refinements were made to the model. 'Location' was added as an enabling and constraining factor and some attributes of the dimensions of flourishing were changed or renamed to reflect the data. For example, the attributes of identity were changed from 'sense of self', 'redefining a work identity', 'connection to place' and 'evolving over time' to 'sense of self', 'pride', 'receiving respect', and 'finding a niche'. Adjustments were made to the model until no new attributes of each of the dimensions were revealed from the three interviews which were mapped and the enabling and constraining factors described in the model captured the range of influences on the capacity to flourish. In this study, it may hypothetically have been preferable to continue the process of theoretical sampling and mapping all 23 stories onto the model. I chose not to do this for two reasons. Firstly, no adjustments were made as a result of mapping the third story. Secondly, time constraints in relation to preparation and submission of the thesis required that analysis come to an end. Jane Hood (2007) relates her experience of analysis and accounts for her decision to cease theoretical sampling:

> Since I had to finish my dissertation, I cannot claim to have fully saturated the 'provider role definition category', but I did use all the relevant data in the many interviews I did with the sixteen couples and managed a few rounds of theoretical sampling. More theoretical sampling would no doubt have yielded richer theory and fuller theoretical saturation. (p. 162)

Grounded theory involves cycles of inductive, deductive and abductive reasoning to construct a fully integrated theory built up from the data (Charmaz, 2006). This logic is apparent in the process of constant comparison which is one of the

hallmarks of grounded theory (Glaser & Strauss, 1967). General propositions inductively generated from data are tested by deductive logic against new data (Ezzy, 2002). Abductive reasoning involves the "conceptual leaps of analysis" (Birks & Mills, 2011, p. 94) into abstraction that generate new theories. A similar logic is evident in the overall design of this study. I used inductive reasoning to develop a theory grounded in the data. I used deductive reasoning in applying the theory to women's stories. I then integrated all of the study findings and used abductive reasoning to generate some general properties of flourishing as an optimum state of health and wellbeing.

2.2.3.3. Plausibility of the grounded theory

Plausibility is a characteristic of a credible grounded theory. This applies to both constructivist and earlier objectivist approaches to theory generation (Charmaz, 2006). Plausibility relates to whether the theory will "work" (Glaser, 1998, p. 17) by virtue of being able to account for variations in the experience being studied. Plausibility enhances the usefulness and acceptance of the theory by those who seek to apply the theory or conduct further research (Glaser & Strauss, 1967). Plausibility, rather than verifiability, is relevant to grounded theory because the theory is modified as new data is gathered (Glaser, 1998). Plausibility is important because, provided it is credible, relevant to the discipline and can be tailored to the purpose required, grounded theory has the potential to bring about change in health practice (Birks & Mills, 2011). I took steps to assess the plausibility of my grounded theory in two ways. Firstly, I returned to the literature to determine the relevance of the concept of flourishing to health and wellbeing and assess the application of the concept of flourishing to social work and health promotion. Secondly, I compared the grounded theory to other theories related to flourishing in the literature. Engaging with the literature at this point in theorising by

making comparisons with other models and positioning the emergent theory in the literature can help to clarify ideas and show points of divergence and convergence with other explanations (Charmaz, 2006). I undertook a broad scan of the literature. I used the One Search facility that enabled me to simultaneously search the James Cook University library catalogue and electronic journal holdings of multiple data bases using the key words 'human flourishing', 'social work', 'health promotion', and 'health and wellbeing'. I worked back through bibliographies of journal articles and books. I also utilised my professional networks which emailed alerts of publications and tables of contents. I focused on literature that presented a theoretical model of flourishing that related to health and wellbeing. I excluded work that did not present a model or was too narrowly focused on a specific aspect of health. I selected two models of flourishing that related to health and wellbeing as my point of comparison. These two stood out because one related to women (Cuomo, 1998) and the other had a health promotion perspective (Keyes, 2007). I then selected a model of health and wellbeing from the social work literature for comparison. This model was published in a book which explored the relevance of health inequalities to social work (Bywaters, McLeod & Napier, 2009). The editors of the book made a compelling argument for social work engagement with health inequalities based on values of human rights, social justice, an understanding of the social determinants of health and the synergies between social work and health promotion. These arguments resonated strongly with my disciplinary background and experience in comprehensive primary health care described in Chapter 1.

To compare and contrast each of the selected models with the study theory, I read each several times. I scrutinised each model to determine whether there were any

similarities between the components. Where an association was found with a component of the study model, I created a table in which the similar components were placed side by side. For example, there was an association between 'agency' in the grounded theory and 'environmental mastery' (Keyes, 2007). Where no association was found, the gap was highlighted in red. The tables have been included in the discussion in Chapter 6.

2.2.3.4 Writing the thesis

Writing the model as a section of the thesis was particularly challenging. Analysis continued through early stages of thesis writing and the model continued to evolve. I found navigating the extensive data and analytic texts an unsettling experience. This was an exploratory study with an open-ended research question and a broad, holistic definition of health and wellbeing. Data, therefore, covered a wide range of topics relevant to each woman's personal narrative. The NVivo software was useful in managing data, drawing relevant quotations into each category and querying the data. I continued to revise the model through drawing diagrams and tables and making lists of concepts. To convey the interconnectedness of the dimensions of flourishing, I changed the model from four intersecting circles to four parts of a whole. I created two axes which intersected the four dimensions. I named the axes to reflect the two intersecting perspectives which emerged from the substantive literature review conducted after the theory was developed. The vertical axis reflects the person and environment focus of ecological theory. The horizontal axis represents the states of being and doing person which relate to the concept of flourishing. I tried several ways of plotting the dimensions around the axes. I finally placed control and identity which related to the person on the top, and belonging and connecting which related to the

interaction with the environment on the bottom of the circle. Other arrangements are possible but this arrangement resonated with me. I grouped enabling and constraining factors into individual, contextual and structural factors and placed them around the central core of the model. This grouping was somewhat artificial as contextual factors, such as money, could also be regarded as structural. Another interpretation was that the remote context mediated structural factors so that the experiences of each individual varied. Complexity and dynamism were difficult to convey in a one dimensional, static model. I initially wrote the findings in a single chapter. However, explaining the model and then describing the enabling and constraining factors proved unwieldy. The decision to present the model over two chapters (Chapters 3 and 4) was made to make this lengthy section more accessible to the reader.

2.2.4 Ethics and quality criteria

Ethical issues have been discussed throughout this thesis as they arose during the conduct of the study. Ethics are an integral part of how research is designed and conducted not just "a form that is filled out for the ethics committee and forgotten" (Davies & Dodd, 2002, p.281). In this section, I draw the ethical threads of the research process into a discussion which integrates the ethical principles which underpinned the study with the quality criteria utilised for evaluating grounded theory. The study was guided by the principles of merit and integrity, justice, beneficence and respect referred to in the *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, Australian Research Council, & Australian Vice-Chancellors' Committee, 2007). Merit and integrity requires that the study has a useful purpose, is conducted using credible methods and that the researcher is honest and competent (National Health and Medical Research Council et al., 2007). In this thesis, I

have outlined the substantive and methodological significance of the study in developing a conceptual framework to explain the process by which remote women achieve health and wellbeing. I have presented a detailed rationale for selecting grounded theory as the overarching framework for the study and argued that the study design exhibits methodological congruence (Morse, 2003). The study processes and findings have been subjected to peer review in publications and at an international conference. I have undertaken training in qualitative methods as outlined in the following sections of this chapter.

Steps were taken in the study to meet the criteria of justice and beneficence. Justice requires that the approach and methods of recruitment to the study are fair, that the study not place an unfair burden on participants and that the results of the study are accurately reported (National Health and Medical Research Council et al., 2007). In this chapter, I have described and justified the sampling and recruitment strategies for the study and, in the following chapters, have presented a full and complete account of the study findings. Beneficence requires that steps are taken to protect the privacy of the participants, that protocols are developed for dealing with potential distress to participants as a result of participation and that the researchers reflect on and describe the potential impact of study relationships on participants and themselves (National Health and Medical Research Council et al., 2007). The strategies to address these issues were outlined in the ethics application submitted to, and approved by, the James Cook University Human Research Ethics Committee. I have described the implementation of those strategies as the study unfolded in the sections of this chapter titled ‘Entering the field’ and ‘Semi-structured interviews’. I have discussed the implementation of the protocols I developed should women become distressed as a

result of participation in the study and the protocols for engagement with Indigenous women in the study in the section of this chapter titled ‘Recruitment methods’ and ‘Semi-structured interviews’.

Respect requires consideration of diversity and taking action to protect privacy and confidentiality of participants. I have discussed the steps taken to ensure the privacy of participants in the ‘Semi-structured interviews’ section of this chapter. In qualitative research, respect also requires that consideration be given to whether sharing interview transcripts with relevant participants is required and that sensitivity is used in obtaining either oral or written consent (National Health and Medical Research Council et al., 2007). I have discussed issues that arose in relation to sharing interview transcripts in the section of this chapter titled ‘Transcription issues’ and related how I addressed issues of obtaining written and oral consent in the section title ‘Semi-structured interviews’.

Trustworthiness, credibility, auditability and usefulness are recognised criteria for evaluating qualitative research (Charmaz, 2005; Corbin & Strauss, 2008; Creswell, 2007; Ezzy, 2002; Marshall & Rossman, 2006; Neuman, 2006). The ethical conduct of research is integral to the quality of qualitative inquiry (Davies & Dodd, 2002). The ethical principles of merit, integrity, justice, beneficence and respect already discussed contribute to the trustworthiness, credibility, auditability and usefulness of the research.

Trustworthiness involves consideration of the implications of the researcher as the data collection instrument. The competence of the researcher is an important consideration in determining the trustworthiness of research (Lincoln & Guba, 1985).

The quality of this study was, therefore, highly dependent on my qualitative research skills. Lincoln and Guba (1985) suggest that the human instrument can be refined and improved, much like a paper instrument. This refinement includes qualitative research training, experience and attention to ongoing learning and skill development (Lincoln & Guba, 1985). Prior to this study, I had completed courses in qualitative research methods in my undergraduate and masters programs and conducted a qualitative study as part of my social work honours study. I had also participated in a couple of qualitatively oriented applied research teams (Harvey, Hunter, & Whiteside, 2000; Harvey et al., 2002). To further refine my research skills in preparation for this study, I attended a Qualitative Research Summer Intensive in the United States of America in 2008. During the six day intensive, I participated in two, 2-day workshops on constructivist grounded theory conducted by Kathy Charmaz who has published extensively on the methodology (Charmaz, 2000, 2001, 2004, 2005, 2006, 2008; Charmaz, 2009). During the workshops, I completed many practical exercises in coding and memo writing. I learned to code data using gerunds to help focus on process in response to the question "What is going on here?" I practiced free-writing and clustering tasks as warm-up exercises for memo-writing. I practiced writing memos which incorporated raw data to support and illustrate the analysis and comparing the analysis with existing literature in more advanced analytic memos. Throughout the study, I also subjected my work to peer review through supervision, publication in peer reviewed journals and an international conference presentation. I presented the study and an early conceptual model of flourishing at the International Social Work in Health and Mental Health Conference in Dublin, Ireland, in 2010 and received encouraging feedback.

Credibility requires the selection and application of methods appropriate for answering the research question (Marshall & Rossman, 2006). In this chapter, I have presented a detailed account of why constructivist grounded theory was selected for this study. In this chapter, I have assiduously documented the application of the key components of the methodology: sensitivity, constant comparison, theoretical sampling, saturation and theory building (Charmaz, 2005). In Chapter 5, I map three women's stories using the grounded theory to satisfy the criteria of "fit and relevance" (Charmaz, 2006, p.54). In Chapter 6, I compare the study model to others related to flourishing in the literature and find that it constitutes a plausible theory. In Chapter 7, I discuss the study findings and locate them in the Australian and Canadian literature. The meta-ethnography, constructivist grounded theory methods, mapping of three women's stories in Chapter 5 and assessment of plausibility in Chapter 6 provide the structure for systematically making strong theoretical links between the health and wellbeing literature, the data gathered and the theory developed.

Throughout the thesis, I provide an audit trail of the dilemmas, inferences and decisions made in the study. The purpose is to enable an independent assessment to be made of how the study was conducted and the theory developed. Writing a field journal, and extensive methodological and analytic memos assisted in this process. The auditibility of the research can assist other researchers and practitioners to determine its application to practice (Chiovitti & Piran, 2003).

Reflexivity is pertinent to all three quality criteria of trustworthiness, credibility and auditability. Birks and Mills (2011) define reflexivity as "an active process of systematically developing insight into your work as a researcher to guide your future

actions" (p. 52). In constructivist grounded theory, the researcher and the participants are co-producers of the data (Charmaz, 2008). This means that the views and experiences of the researcher shape interactions with participants and the interpretations they bring to analysis. I have adopted a reflexive stance in the conduct of this study by writing memos in which I reflected on my feelings and sensitivities in relation to data gathering and analysis. During field work, I maintained a field journal in which I reflected on interactions in the field, recorded my thoughts and feelings and sought to analyse my influence on the research process. I have recorded relevant sections of those memos and the field journal in this thesis so that it is open to scrutiny.

Charmaz (2005) proposes that constructivist grounded theory studies in social justice research should address the criterion of usefulness. The purpose of this study was to generate information that could assist health practitioners working with women in remote north-west Queensland. The theory and study conclusions offer interpretations of women's ways of achieving health and wellbeing applicable to the disciplines of social work and health promotion that may inform practice in remote areas. As an exploratory, qualitative study, this research is an introduction to women's experiences of health and wellbeing in a remote context. Where the analysis sparks further research, the study may contribute to a research agenda which develops a deeper understanding of remote women's health and wellbeing and how to promote it, discussed in the final chapter of this thesis.

2.3 Summary

This chapter has described the methods I used to study the interaction between women, remote location and health and wellbeing. I have justified the selection of a

qualitative methodology to answer the initial research question and recorded the detailed methodological decision making involved in choosing between different approaches to qualitative research. I have concluded that constructivist grounded theory captured the complexity of interactions between women and their social and environmental context and enabled theorising about the capacity for flourishing. I have demonstrated the application of meta-ethnography as a method congruent with grounded theory which is useful for synthesising a body of literature and identifying sensitising concepts. Semi-structured interviews provided women in the study with the opportunity to include issues relevant to them in presenting their personal narratives of health and wellbeing. I have focused on the issues and challenges associated with doing qualitative research in remote settings and addressed reflexivity through reflections on my impact on field work and data collection and my experiences of conducting research in remote areas. I have described the four phases involved in theorising. These were developing a conceptual model, mapping three stories using the theory, assessing the plausibility of the theory and writing and assembling the thesis. I have discussed ethical principles which guided the study and the criteria for evaluating its quality. In the next part of the thesis, I present a grounded theory of how women in remote areas achieve health and wellbeing.

PART 2 FINDINGS

Chapter 3: The grounded theory of the capacity for flourishing: Part one

In this and the following chapter, I present my grounded theory of how women in remote areas achieve health and wellbeing. The theory describes the capacity for flourishing depicted in Figure 3.1. In this chapter, I define the process of flourishing and describe it in terms of its four interrelated dimensions of experience. These dimensions, *control, connecting, belonging* and *identity*, appear at the centre of the model. In the next chapter, I describe individual, contextual and structural factors which enable and constrain flourishing. The capacity for flourishing is embedded in these factors which surround its central core. Flourishing describes a way in which women interact with their environment with consequences for health and wellbeing. The concept of flourishing is used to capture the holistic, dynamic, integrated and highly contextualised properties of the process by which women in this study achieve health and wellbeing.

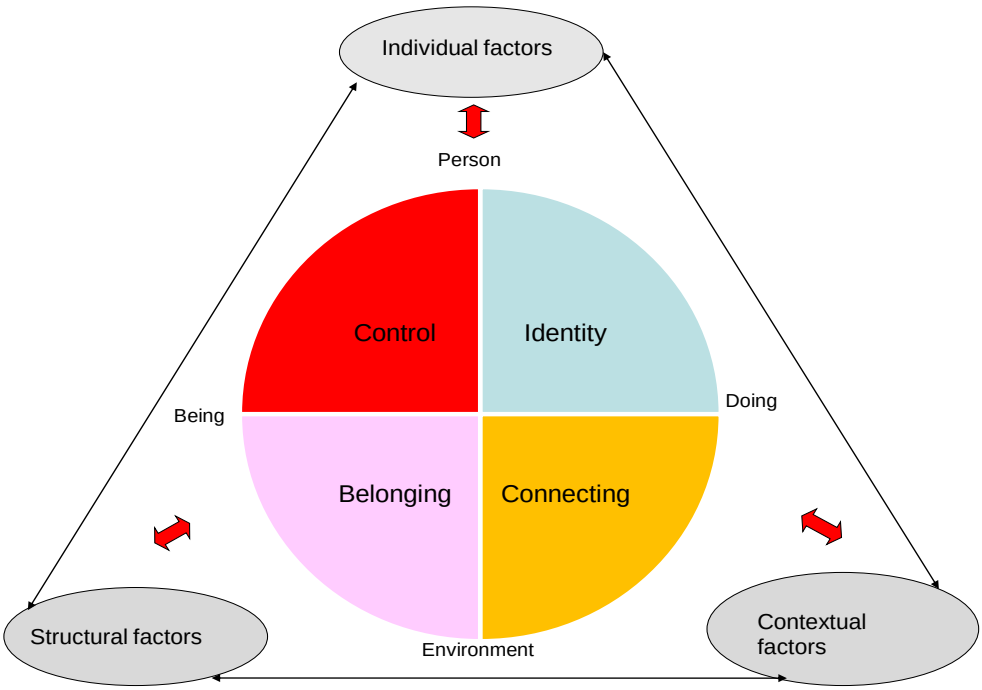

Figure 3.1 Capacity for flourishing.

3.1 Dimensions and attributes of flourishing

Flourishing involves a sense of fulfilment, contentment and welfare which transcends the widely accepted description of health as comprising physical, mental and social wellbeing. Flourishing, therefore, relates to the whole person in her social and environmental context. Concepts of health as physical, mental and social wellbeing are embedded in a broader set of relationships between a woman and her environment. Because of the person and environment focus of the study, which reflects the disciplinary perspectives of social work and health promotion described in Chapter 1, findings are inclusive of issues related to health services but incorporate a wide range of other social and environmental issues identified by women in relation to health and wellbeing. In other words, the findings are about how health is created rather than about how ill health is prevented or treated.

Flourishing involves a system of four interrelated dimensions denoted by the constructs control, connecting, belonging and identity. Each of these dimensions is evidenced by attributes grounded in the data. Attributes are characteristics of the dimensions which signify the presence, quality and robustness of the dimension. Although attributes are discussed separately for the purpose of explaining the dimension, they are not mutually exclusive and they do not constitute an exhaustive checklist of characteristics. The capacity for flourishing arises where the four dimensions occur simultaneously, blending to create a feeling of wellbeing.

The four interrelated dimensions of experience are discussed separately. For each dimension, the discussion includes a definition, a description of key attributes and reference to nuances that shed further light on each dimension. However, the dimensions are inherently related and represent interconnected components of the whole experience. Flourishing involves the synthesis of the person with the environment and of states of being and doing. This synthesis is depicted in Figure 3.2 through the intersection of the vertical person and environment axis and the horizontal axis which represents states of being and doing. Each of the dimensions can be positioned in relation to these axes. Control and belonging relate to states of being and internal consciousness. Identity and connecting are created through doing and relate to the person in context. Control and identity are concepts which attach to the person while belonging and connecting involve engagement with the environment.

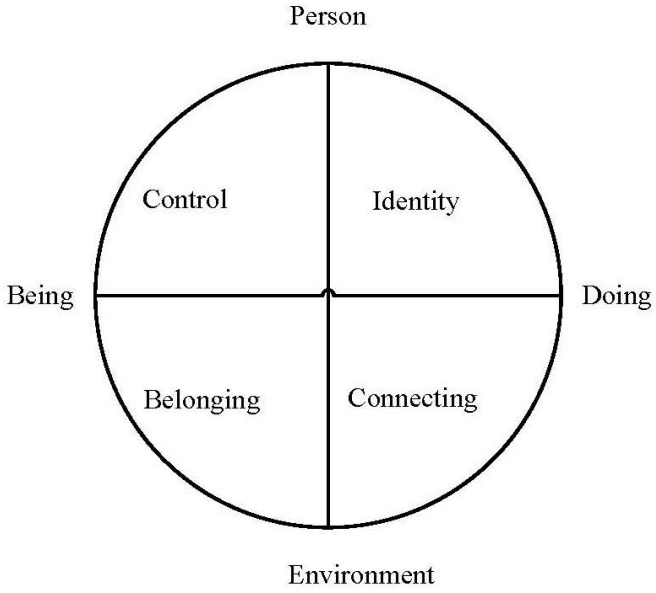

Figure 3.2 Dimensions of flourishing.

3.1.1 Control

Control is the ability to manage the challenges of everyday living. Key attributes of control are the characteristics of pragmatism, autonomy, personal agency, equanimity, exercising power and a feeling of wellbeing as represented in Figure 3.3. The concept of being *out of control* denotes the absence or fragility of the key attributes of control and is discussed to further elucidate the state of control.

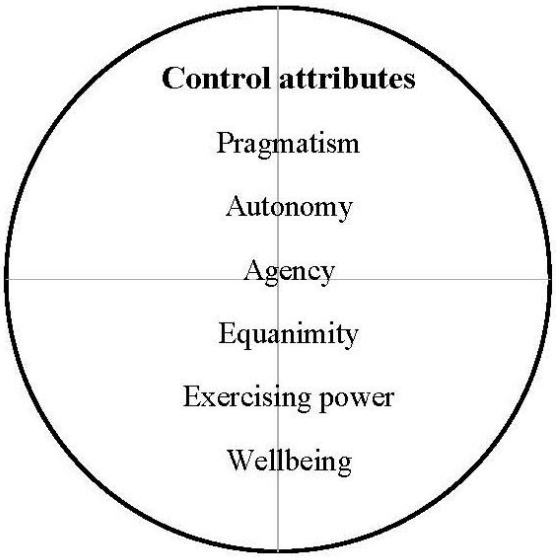

Figure 3.3 Control attributes

Control involves having a pragmatic approach to life. Pragmatism helped women to come to terms with the constraints of living in a remote area. Adjusting to constraints and substituting alternatives helped Belinda to manage day to day station life:

> *We've got solar power but we've got a back up plant you know, a diesel generator but I can't start it. … then on overcast days or when it rains or something we start the generator but then if I'm here I don't use much. We've got a couple of deep freezes and a fridge and I have the wireless going all day and that's about all the electricity I use. And if I'm home on my own I don't wash for a while.*

Pragmatism involved having realistic expectations of what could be achieved in a remote area. Barbara explained that she enjoyed having a garden but adjusted her expectations to the conditions:

> *Our water is, it's really a big deal our water situation. And also sort of the cattle get in our yard. It's very demoralising when you plant something and it all got eaten so you've got to, so don't set yourself up to fail you know. Don't have your garden if something is going to eat them all. Why keep whacking yourself. Yeh I've got a garden but it's mainly trees.*

Pragmatism fostered resourcefulness in managing challenging times. Grace described her response when her husband became ill and could not run their business:

> *He sort of couldn't come even to the yard you know and so I thought well you know I could do it so I did. I learnt to drive the forklift and away I went.*

A pragmatic approach to managing challenges involved perseverance and being solution focused. Gwen described the task of home schooling her children as her greatest challenge and described her approach borne out of necessity:

> *I hated school from the minute I started it to when I finished up and then I had to line up again for another fifteen years. But anyway we made it when we got past the first two years and I decided I'd just teach them what I think. No, I taught them properly mostly.*

Control is demonstrated through autonomy in decision making. Being autonomous from the supervision or direction of others in the home and in the workplace provided the opportunity to exercise control in relation to day to day life. Where the exercise of control involved selecting from a range of options, it generated a sense of being self-determining. Carol explained the opportunity afforded by self employment on a grazing property as:

> *You just have to say right I want to do this now and that later and there's nobody sort of saying to you well you have to have this done by twelve o'clock.*

Control is underpinned by a sense of personal agency, a belief that by her actions, a woman has the capacity to influence outcomes. When this belief was followed by success in having needs met, it engendered a sense of power and increased self confidence in managing future challenges. Tammy, who lived in a small remote town, recounted her past experience of domestic violence and her recent success in securing a car and permanent accommodation in a caravan for her partner and children. She asserted:

> *With a lot of things I've been through I – well I know and I can say that I know that I'm pretty mentally strong.*

Of the future she says:

> *I don't find anything here that can really challenge me. I'm pretty much ready for anything.*

For some women, personal agency defaulted to a spiritual faith during times of extreme stress. Invoking a benevolent higher power reinforced a sense that the situation was under control and that, by placing her trust in that power, a woman was taking action to influence the outcome. Describing how she got through a time when her daughter was rushed to hospital with a life threatening condition, Nancy explained:

> *It had to be religion plus from our inner strength too. We had to have our inner strength from one another.*

Control is characterised by the display of equanimity in managing challenges. Equanimity was underpinned by a belief that problems in life are manageable. Maintaining equanimity in adversity involved the ability to tolerate uncertainty about the future. Tracey and Natalie both described this as *a go with the flow* type of approach to life. Tracey applied this approach in relation to the experience of drought:

> *… we did have a few tough years there but you know you just get on with it and everybody's in the same boat so there's no sense whinging about it. Just get on with it and do what you have to do. But at times in droughts it can be very costly so you never know from one year to the next what your income might be but you learn to live with it and just go with the flow. Some people stress about it but like X says. What's the sense in stressing. It doesn't get you anywhere.*

When underpinned by self reliance and independence, equanimity was expressed as the stoic acceptance of personal and social circumstances. Self reliance meant accepting personal responsibility for solving problems while independence

indicated a preference for autonomy in making decisions. In combination, these characteristics were often exhibited through a stoic perseverance of hardship and pain, minimising the effects of personal ill health and postponement of help seeking. Having chosen to live in a remote area, many women felt compelled to accept limited services as a condition of residence, taking pride in their capacity to manage in difficult circumstances. Tammy issued this warning about living in a remote area:

> *If you want to live here and someone's got a health problem, you know you've got to travel, you've got to be ready for that.*

Stoicism involved being uncomplaining and minimising hardship. Margaret's retort to the suggestion that transporting six children to and from boarding school was tough reflected the approach of many women in the study to challenges, irrespective of their age, location or cultural background:

> *You just didn't think of it as being tough, you just knew you had to do it and you went.*

Statements expressing stoicism were often emphatic and devoid of emotion. Peta's approach to managing challenges resonated with that of many women when she said:

> *You just deal with it and keep going.*

Control is evidenced by the exercise of power. While colloquial definitions of control evoke connotations of *power-over*, the findings of this study indicate that control involves *power to* make choices, adapt, manage challenges and instigate change. However, the state of being *in control* was different from the experience of *exercising control*. While many women were able to recount instances of exercising control in relation to day to day activities, fewer spoke of the experience of being in control. While exercising control exists in chronological time, being in control exists in the broader context of a woman's life story. Being in control was associated with a sense of being reconciled with the past and of optimism about the future. For example Patricia reflected with pride on her life:

> *I guess I've sort of always felt like I've been in control of my life. Being in control – if you know I decided I wanted to go to uni and my parents were very supportive and as much as Mum would have loved me to get married and have kids straight after school you know if I've been unhappy, I just change and do something else.*

Control involved the exercise of power within a social space. For study participants, this space was often private power within the family or positional power in the community. On rural properties, constructing inside work as women's work and outside work as men's work was a way of defining a space for women to exercise power. For example, Natalie described her role in the following way:

> *yeh, like R would not even know how much money we've got in the bank. He never goes in the office. He's not – it's not that he's not interested in the side of*

the financial sort of, in the office work and that but he's always got too much to do out there so he just leaves it to me.

However, the exercise of power in the family was compromised by the complexity of relationships in family run businesses. Patricia described her capacity to exercise power in terms of the family hierarchy:

I'm the last to join this family so I have to be - you know I'm right down the bottom, so I can't be too outspoken.

Work outside the home provided Patricia with the space to exercise power in these circumstances.

Control is associated with a feeling of wellbeing. For those without good health, for example with chronic disease or mental health issues, control involved effectively managing their health issues and having a feeling of wellbeing within the constraints of their illness. Effective management of their illness included deciding the circumstances in which to access care, participation in decisions about the type of care and accessing appropriate services. In circumstances of ill health, wellbeing was associated with factors outside the body, such as close family relationships, satisfying paid or unpaid work and feeling part of a close knit community. Control meant being able to suspend worry about their illness and focus energy and resources on experiences which gave their life meaning. Despite regular 14 hour return road trips to access care for a chronic disease and other health issues, Kay identified spending time with her granddaughter as the best times for her and concluded:

I love being here. I love my job.

Findings in relation to not being in control help to shed further light on the construct of control. Not being in control evoked feelings of confusion, despair, helplessness and a sense that things were out of control. Not being in control meant that the attributes described as pragmatism, autonomy, agency, equanimity, exercising power and a feeling of wellbeing were absent or fragile. A woman lacked both the capacity and the social space in which to exercise power. Not being in control was associated with a perception of not having options and a feeling of being stuck. This was most vividly related by study participants who had experienced domestic violence. Tammy explained her experience of not being in control in relation to a situation of domestic violence:

it's a hard thing, it's not - to you it might be it's not so hard to do you just get up and go, well it's not that easy. You're in a situation where you're not in control, your mind's not in control of what you've got to do and what's right you know, you just stay there. So yeh, that's, it only happened me getting out of there because he went to jail you know.

Anne, the oldest woman in the study, recounted the impact of prolonged abuse on her health and wellbeing as:

So I don't go, I stay and scrub and do what I've got to do. Do what I'm there to do and get abused and all that. See that's the negative side and you've got an awful job to fight that one. It's a terrible hard thing to do and now that I know

how hard, how, you know, How it must have been, I don't know what it was but anyway, now I've got depression.

The negative impact on health and wellbeing of not being in control consequently made it challenging to regain a sense of control.

3.1.2 Connecting

Connecting is the process of creating a link between a woman and her environment. There are three types of connections — social (connecting with people), organisational (connecting with organisations) and spatial (connecting with place). This section focuses on social and organisational connectedness. Spatial connectedness is closely related to the concept of belonging which is discussed in detail in the following section. Key attributes of connecting are motivation, mechanisms, opportunities and satisfying needs as represented in Figure 3.4. Not all connections result in the satisfaction of a need. A successful connection requires a good match between a woman, the mechanism for connecting, opportunities available for connecting and the type of connection made.

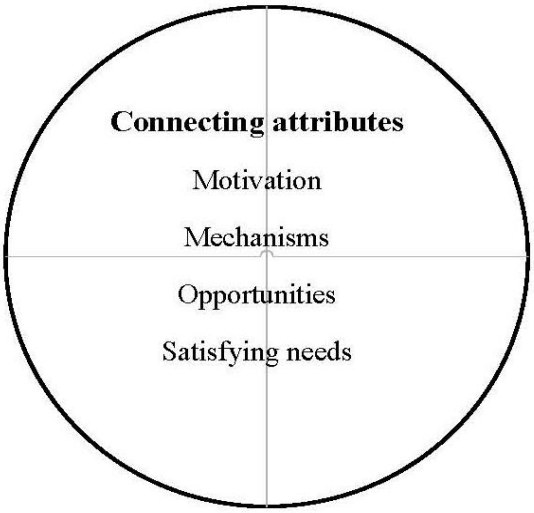

Figure 3.4 Connecting attributes

The motivation to connect is having an unmet need which can be satisfied by connecting with people or organisations. However, the existence of an unmet need to connect cannot be assumed by virtue of geographical distance from others. *Being comfortably alone* conveys a state of being in which a woman is content with the social circumstances that go with living in a sparsely populated area. This contentment was attributed to either having a particular personality trait or with having developed the capacity for being comfortably alone over time. This was most cogently expressed by women living on rural properties in terms of being content with or enjoying your own company. Being comfortably alone was regarded as a prerequisite for managing the challenges of a remote lifestyle. It was associated with being in control and a feeling of wellbeing. Not having the ability to be comfortably alone was considered a risk to wellbeing. Beverley, the mother of two young children issued this warning:

> *I'm a bit used to being isolated but it would be tough if you weren't used to that before having children because it would be a double whammy.*

However, all of the women in the study living on a rural property were partnered and most had either young children, workers or adult children either living in the same house, on the same property or on an adjoining property. Alone therefore did not constitute being on your own. It meant not having the opportunity to make particular types of social connections that were available in more closely settled areas. For example, Denise missed going to concerts and plays and the opportunity to socialise more with women:

> *...you don't have a great deal of female company. Sometimes there's men around. Yes it's often men coming and going but it's not social.*

Being comfortably alone meant that a woman did not fear being alone and could manage connecting with others by choosing to do so on terms that suited her.

Imposed connections can result in resistance where privacy is compromised. This situation arose in situations where extended family members and workers lived in close proximity. Peta singled out the mother-in-law, daughter-in-law relationship as one in which connections can be strained:

> *... when you get a daughter-in-law, I think there's only so much they say to them. There's that big thing about daughter-in-laws and mother-in-laws and it's very, very there in the bush.*

Peta went on to recount a strategy for managing contact with parents-in-law who live on the same property:

well we have smoko everyday so we see each other, we have smoko together so we're not going to each other's house but they're still coming back, you know they're always coming up home, so you don't really get your privacy.

For Denise, living with workers blurred boundaries between work and home. Denise described her frustration with current living arrangements:

Yes and going on from that, not only families but any workers you have to live with them as well. It can get on each other's nerves because you're working and living with them. It would be wonderful if five o'clock in the afternoon they could go off and disappear.

The motivation to make social connections can change as a result of negative experiences in making connections. A woman may choose to focus on existing bonds which are more satisfying, harmonious and congruent with her values. Natalie summed up her experience of connecting with the community in the following way:

At times it can be a pain in the butt because you know like it's always farmer Jones trying to keep up with farmer Smith and, and people want you to - we try to be involved with everything but we just can't stand the crap that people go on with so a lot of the time we just sort of stick to ourselves.

The motivation to connect can also be undermined by mistrust and scepticism about newcomers to a community. Alyce recounted the atmosphere of distrust she encountered on arrival in the district:

When we first came here everyone was concerned that we'd probably be pinching their cattle and everything so fences got put up.

Where the motivation to make a connection exists, having an appropriate mechanism by which to make the connection, either organisational or social, is crucial to achieving an outcome. The type of mechanism selected by participants was contingent upon the purpose in making the connection. Electronic mechanisms, such as email, social networking sites and telephone, were mechanisms for *keeping in touch*. This type of connection was associated with sharing news and information about life with adult children, parents and friends and was used almost daily. The telephone was also a mechanism for receiving medical advice and support. Grace related her experience in relation to her husband who was receiving treatment for a serious mental illness:

If I'm worried or anything I just call the flying doctor. They've been marvelous you know. They ring me everyday if he's really low and we're worried.

Natalie described the impact during a time of crisis of a telephone call from an organisation with which she felt a particular bond as:

They've sort of been like a big family ever since I was a little girl so and having some of the older members there you know just ringing up and saying – checking to make sure we were alright. Just little things like that. You know people don't realise how such simple little things like that can be such enormous help.

However, telephone, email or social networking sites do not have the characteristics required for the type of personal connection required to meet some needs. A shared activity in real time, such as a sporting activity or having coffee with a friend, and visual cues, such as facial expression, are examples of why a face to face rather than an electronic mechanism was preferred, particularly during times of stress. Beverley, a woman with two young children, was content to connect with other mums by telephone:

> *Yeh, yeh, talk to another mum, another friend somewhere across Australia and they um – yeh sometimes it just takes a phone call and you feel a bit normal again. I think just that interaction and (Yeh) and normally – yeh, if they're on your boob and you're on the phone they're quiet and you just need a bit of catch up with someone.*

However, following the loss of a family member, she emphasised the importance of having someone physically present in order to meet her need:

> *I felt like I'd been run over by a truck. I just - shocking, really really bad. And just didn't have the energy to ring, to ask anyone, to talk to anyone or – I mean people were ringing me but yeh, I just couldn't pick the phone up to ring…. I just remember feeling like I could hardly put my legs in front of my body – it was just – yeh, yeh, just tired. And um yes, so I guess a bit of comforting. My Mum came up not long after that, a couple of weeks or something yeh. Yeh, so just to have, just someone, just someone.*

Opportunities to connect varied in availability and purpose between towns and more sparsely populated areas. In town, opportunities to connect were more easily accessible, frequent and varied. They included playgroups, hotels, community events and festivals, paid work, medical services and health related activities, schools, tourism venues, shops, cafes, churches, Country Women's Association meetings and social activities with family and friends. For rural properties, opportunities to connect were more limited. Sustaining social and organisational bonds over long distances required making an effort to organise and attend social opportunities.

One of the key differences between town and rural properties was the opportunity for incidental connection. These types of opportunities formed part of the fabric of living in a small town. Margaret described her experience when the last of her six children went to boarding school and her husband was working in the stock camps:

> *One neighbour I had on one side of me she used to just ring up and say "Put the kettle on I'm coming over" … or she'd say come over for a cuppa and I'd just walk over next door you know – there was a couple of vacant blocks in between us sort of thing but she was a good neighbour she'd help you in anyway and was very friendly and everything.*

Incidental connections helped to overcome isolation and bridge lifestage transitions, such as starting a family and children going away to boarding school or leaving home. There were some opportunities for incidental connections that were unique to rural properties, such as RFDS health field days and meeting the mail plane

each week. However, opportunities for incidental connections decreased with increasing remoteness.

A successful connection was evidenced by satisfying needs. Making a connection which met a woman's needs related to the quality of the connection rather than the quantity of connections. Satisfying needs through making a connection with people or organisations was a highly valued personal experience associated with a feeling of security and being at ease. It was accompanied by a sense that someone cared for the individual personally and engendered a sense of security and competency in being able to manage challenges and ill health. Making a successful connection with an organisation was based on trust and a personal connection with service staff. Organisational connection was accompanied by a feeling that a service or organisation genuinely cared about them and was acting in their best interests. Making a successful connection was an anchor in times of crisis or stress. During times of poor physical health, making a successful connection with an organisation held the promise of a return to better health or at least a sense that ill health was being managed and was under control. Not making a successful connection with an organisation or people was associated with disappointment and frustration. Beverley, for example, reflected on her disappointment in not making social connections through a playgroup despite making the effort to drive one and a half hours to attend:

> *I don't know, you can go to those sorts of things but sometimes you don't find, you just need that one person that you connect with and if you don't find just one that. You can talk and be nice and have friends and visit them but it's nice to have just one that is special.*

While some needs are satisfied through available connections, others remain unmet.

3.1.3 Belonging

Belonging is the expression of congruence between a woman's perception of who she is as a person and the place where she is living. To belong somewhere is to accept living in a particular place as the natural order of things for that woman. To find somewhere to belong is something women aspired to and was a deeply satisfying experience. Key attributes of belonging are a deep connection with place, shared values, interpreting lifestyle positively, contentment and a preferred state as represented in Figure 3.5. The concept of who a woman is as a person is discussed in the following section on identity.

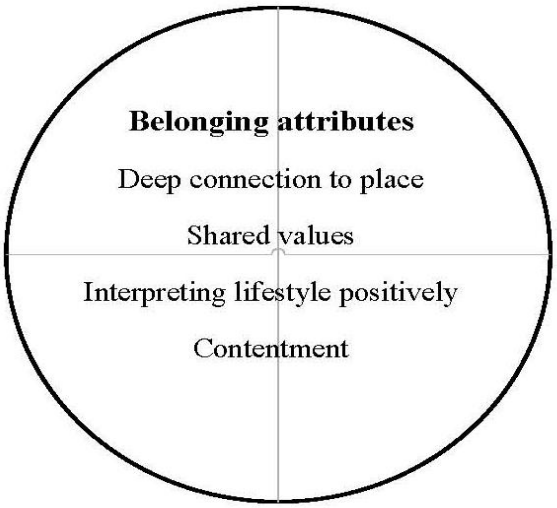

Figure 3.5 Belonging attributes

Belonging represents a relationship between a woman and a place. The concept of a place consists of two constructs — *home* and the *bush.* The two constructs are not mutually exclusive but represent the predominant focus of women in describing their engagement with a particular place. Home is a personal space where family and the community play an important role in fostering a sense of belonging. Home engenders a sense of security and safety. Home was the place where family members cared about each other and supported each other in times of need. Community broadened the construct of home beyond family relationships to include people living in the same township or geographical area whose interdependence was driven by isolation from others and distance from services. Jo described the experience of being part of a close knit community:

> *You're almost like a big family in a way. Everyone knows each other and how they're going and yeh sort of cares about each other.*

Community could be relied upon for practical assistance, for example, in fighting fires and for support in circumstances such as loss of a loved one or illness. Family conflict and the experience of a hostile rather than a supportive community created tension which detracted from a sense of belonging.

The bush is a place which facilitates a unique lifestyle not able to be experienced in larger population centres. The bush refers to both remote station properties and small remote townships. It is characterised by a sparsely settled population and distance from coastal cities and towns. The bush evoked positive feelings derived from a connection with a close knit community, a preferred lifestyle or a close affinity with the natural environment. Participants used terms such as "*go bush*"

and "*went bush*" to describe the act of choosing to live a bush lifestyle. For others, the bush lifestyle was part of their personal history and was innately satisfying. Alyce summed this up as:

> *... out in the bush to me it's the only way of life.*

However, a lack of affinity with the bush could be compensated for by an attachment to home. Theresa left a large city in an Asian country to live with her husband in a small remote town and raise a family. Despite being bored with the outdoor lifestyle associated with the bush, Theresa said that she was happy to live in that place because it was where her family was:

> *...no matter where you live as long as it's your house, it is your home.*

Belonging develops through the experience of feeling a deep connection to a place. That feeling is sometimes expressed as a spiritual connection which is evoked through seeing and experiencing nature. Some women from station properties expressed their interaction with nature as a spiritual experience which was both calming and soothing. Alyce's description of her god resonated with other women who had a similar appreciation of nature:

> *... my god is more of a nature thing. Just the peace you get when you're out in the bush and you're around nature.*

For all of the Indigenous women in the study, the sense of belonging was derived from a connection to place through family history and the obligation to help

children experience cultural practices and values. Tammy's description of her role captured that expressed by the other Indigenous women in the study when she said:

> *Bush tucker is a main part of our life…. I suppose a lot of kids in the city, … some of them haven't even seen a long neck turtle. …And you teach them so you take them out the bush, you teach them what's good to eat but a lot of them still go hunting up there for pig and everything like that too. We teach our kids how they have to clean the fish you know, you catch a fish, you don't waste it.*

Therefore, place was integral of the way of life rather than being a background for a lifestyle.

A sense of belonging is underpinned by a belief that people in remote areas share values that distinguish them from people living in towns and cities. Remote areas were considered places where people were more genuine, reliable and trustworthy. Jo was cautious about the prospect of moving back to town:

> *I'll have to be careful, get used to traffic and yeh, just remembering to not be so trusting you know. I know I'll have to watch people because I believe anything anyone tells me and all that sort of thing you know – watch I don't get ripped off or whatever, things like that. Lock me car I suppose and me house and things.*

Visits to the city were inevitable. However, it was in a remote area where many women considered they had more in common with others and felt comfortable to be themselves. Barbara described her experience of a recent social gathering in the community:

Just asked the locals. We had a real good time. Two of their half-sisters came with their little children which was wonderful. It was nice but they're bushies too. They live in towns but they're so pleased to come out. But that's the only thing, you go away to somewhere else and you're not yourselves. You can't relax.

A sense of belonging motivated women to interpret potential negatives in a positive way. For example, small hospitals were valued for short waiting times and the personal connection with staff. Distance from other people was experienced as a stabilising solitude rather than isolation. Tracey summed up her appreciation of her current lifestyle:

I feel that we have a lot more – you've got time to think out here you know (mm). Think about things. You know like I think people in town are just so bombarded with pressure and you know it must seem like work, eat, sleep, work eat, sleep you know. When do you get time to think about life? And to think about the meaning of life and where am I actually going as a person and what's the bigger picture here and you know. People mustn't have time to think about those things.

Universalising experiences like loneliness also challenged the assumption that geographical and social isolation are linked. As Barbara commented:

… you can be in the middle of thousands of people and be very lonely.

Belonging is associated with a feeling of contentment based on the knowledge that "I belong here". Belonging therefore satisfies a basic need to fit in somewhere. Having this need met meant that alternative places were disregarded or rejected. Gwen emphatically dismissed alternatives:

> *Well I wouldn't live anywhere else. I really love the wet season. I really love this time of year when it's starting to go dry. I really like – even though the cattle are dying in the dry weather you can still see you know different things that I really like.*

Pam credits her decision to leave an unsatisfactory corporate role in the city to travel to a remote area as pivotal in achieving a sense of belonging somewhere. She recounted making that decision as:

> *…and I just thought there is more to life than this and I had to change it so I changed my life.*

Pam describes her life now in a remote area as:

> *… my life is at its best and it has been for years, so no I don't miss anything.*

Belonging is a preferred state of being to which a woman can return and feel comfortable despite shifting priorities and changing life circumstances. Some women chose to leave a remote area in order to pursue education and job opportunities or because of a relationship breakdown. Jo grew up in the eastern suburbs of a major city but described the bush as:

… the place to be.

She decided to leave her home in a small remote town to access training but says:

I think that I'll be heading out bush again probably after a bit of time in town and catch up on all those sorts of things and then I imagine myself out bush again.

The development of a preference for living in a place was related to time. It could develop over time through growing up in a remote area. Belinda's attitude echoed that of many women who had a family history in a remote area:

I've been on a farm all my life. Wouldn't give you tuppence for towns and that's about it.

For other women, a sense of belonging developed at a particular lifestage. Pam acknowledged that she may not have felt content in a remote area when she was younger:

I mean I was raging as much as I could when I was younger. Furtherest thing from my mind now. … I've had the raging and the fantastic time and I've got what I want now.

The development of a sense of belonging could be influenced by compelling circumstances. Marrying a local was the most frequent reason given for moving to a remote location. Making a long term commitment to a local was often associated with

surrendering the option of living elsewhere. Patricia's thoughts on the consequences of her decision echoed the experience of other women both in towns and on stations:

> *I love being on the land, I don't want anything else. But just the fact that I knew you know, I couldn't change my mind. I had to, once we got married that was it.*

In other circumstances however, developing a sense of belonging was a lengthy and difficult process accentuated by cultural isolation. In these circumstances, belonging was flimsy and swathed around close personal relationships. It was more easily disturbed and more reluctantly embraced. Settling in was associated with feelings of loneliness, sadness and frustration and finally, a conditional acceptance. Theresa explained her conditions as:

> *If I win lotto I'm wishing I will live in the city.*

This provisional sense of belonging contrasted with that of women who had made a firm and unconditional commitment to where they lived.

3.1.4 Identity

Identity is an outcome of positioning oneself in relation to others. Positioning is based on the selection of specific criteria for describing the self in relation to others. Positioning can be based on social roles, such as a mother, economic activity, such as a grazier or a profession, geographical location relative to other properties or personal characteristics, such as being someone who enjoys their own company. The purpose of positioning is to create for a woman a sense of self and her place in the social world.

Key attributes of identity are maintaining a sense of self, pride, receiving respect and finding a niche. These attributes are represented in Figure 3.6.

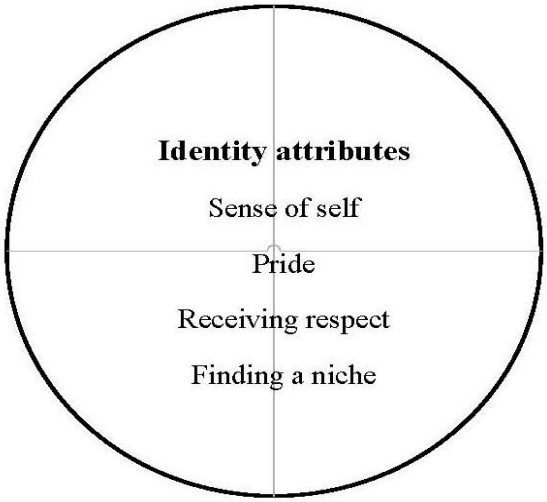

Figure 3.6 Identity attributes

To flourish, identity requires maintenance of a sense of self. Some women experienced a good fit between who they wanted to be as a person and the remote lifestyle. For Gwen, living on a remote property reinforced her sense of self. She explained:

> *You've probably got to be someone that's prepared to be by themselves, cause when the kids are little they still go away and muster and sometimes I used to be you know I had been up to six weeks just with one baby by myself. But you've got to be able to go fishing and push a pram or lump a baby down the creek or wherever you want to go. You know you've got to be able to live with yourself.*

However, conflating a woman with where they lived could make it challenging to maintain a sense of self. Peta described herself as living someone else's dream on the property where she resided and positioned herself in relation to the interviewer:

> *I suppose what you're doing is what you wanted to do in your life and I don't really know what I wanted to do because I've never, I haven't had the opportunity.*

Identity involves maintaining a sense of self while negotiating lifestyle and role changes. For women who forfeited a valued career or other aspirations to live in a remote area, this can result in distress and confusion. Carol described the transition from a professional career to her roles as wife and mother on a remote property as a wrenching experience:

> *To be honest I think over a period through having children and all of that I almost feel like a horse that's been broken in. You know I actually feel sometimes, I mean it sounds really disastrous but it feels like you had to get your spirit broken because I was so free and so, you know, maybe not wild exactly, but you know I did so many other things and had visions of doing so many more things and then all of a sudden you know you just have the reins pulled in on you.*

For Carol, finding new work challenges on the station, further training and identifying future career options helped her to negotiate the transition over time.

Pride in accomplishments, however they were defined, underpinned a positive identity. Accomplishments related to family, work and community contexts. Margaret lived almost her entire life in the small remote town where she was born. She expressed her pride in her family as:

> *I didn't work anywhere else you know, just at home with the kids….They've all done well for themselves now and they've got you know, they're working for themselves and own their own things and so it was good.*

A perception of self competence played an important role in generating pride. Patricia described her feelings on successfully completing tasks she undertook on the station:

> *The first time you strain a fence by yourself or the first time you muster a paddock without getting lost or the first time you do a really good landing when it's a really windy day. Things like that are very positive experiences.*

Not feeling competent was associated with a loss of confidence in abilities and fear of embarrassment. Carol described this experience in relation to work on the property:

> *I could always do cattle work all the time and I do enjoy getting back out again. It's the same old thing. Every now and then, X will go "I need you in the yard today" and you sort of go Ohh! cause you know you haven't done it for a few months and you feel a bit ohh will I be able to, will I be any good. You know you get that oh I might be useless today or whatever but same thing – you get there and you enjoy it and you're happy you've done it. I was mustering the other day*

and yeh, I hadn't done that for a while on the bike and you think of god you know, cause I have a hopeless sense of direction and I'm always worried I'm going to go the wrong end of the paddock or you know – cause in front of staff and you know because you don't want to look like a complete idiot.

Concerns about deskilling had a negative impact on confidence and pride in abilities. For many women in the study, moving to a remote area required accepting work below their skill level. This was of particular concern to women in the study who had a tertiary education or other training they could not utilise. Jo had trained as a laboratory assistant but redefined her work identity in the small town in the following way:

I was always washing lady. Yeh, got pretty good at hanging sheets out. Hanging them out and bringing them in and folding them really quickly.

Paid work, community work and having the opportunity to do further training that might lead to paid work were important in helping to restore self confidence.

Receiving respect from others was an integral part of a positive identity. It involved having skills and abilities recognised by others and feeling valued. Roles in the family and in businesses which were home-based were often ill-defined and misunderstood. Beverly described her frustration on becoming a mother:

I just thought I'm a mum. It was hard work and yet sort of you get the impression that everyone thinks you're at home not doing a real lot and that really didn't go down too well with me.

Challenging stereotypes was a way of dispelling misconceptions and commanding recognition. Peta emphasised the busy-ness of her life in order to challenge the perception that the pace of rural life was slow. Beverley's comment that living in a remote area was mentally as well as physically tough echoed the views expressed by many other women living on stations which challenged popular romantic notions of rurality:

It's not like McLeod's daughters. That's what I tell people. Nothing like it. It's not romantic. Yeh, certainly tougher than it looks. You know certainly tougher than it looks. Because it's more mentally tougher I think.

Recognition and respect could be gained through paid work or executive positions in community organisations. However, for Indigenous participants, receiving respect through work involved overcoming the barriers of social exclusion and disempowerment. Nancy explained this experience in the following way:

When we first came here we used to be part of the community by going around picking up rubbish and whatever and the people they respected that. But now, because they don't want you to do anything like that, you've just got to stay home on your own.

Nancy continued:

It makes me really disheartened because a lot of the white people look at us and say oh we're just ladies up there eating our face off, getting too big or whatever. That's disheartening because our self esteem is gone … We want to see the outside looking at us and saying well they're doing some good. And then we've heard it all before that this CDEP is lifting us up. It's not. Governments know how to dishearten you too. You know, give you something good in one hand and take it away from underneath you. So that's the disheartening part. We haven't got anything to show that we are doing something here and that's the only thing that's hurtful.

A niche involves having something to do that is personally satisfying and rewarding. Finding a niche means that, at least for a time, identity conflicts and uncertainties are resolved. Having a niche was associated with increased self esteem and enthusiasm for the future. Barbara's experience crystallised the process:

Now the kids have grown up and I've started, I've become secretary of this. I'm being released in another way you know. I do all the correspondence and that's been good for me.

Barbara recounted her success in her role as secretary of the group:

… so I wrote a nice letter, very nice letter to him. I've discovered I can write letters……Yes it's my idea and I wrote a letter and so I can do that.

Finding a niche involves adapting to changing circumstances. Peta had found home schooling her children a rewarding and stimulating experience. However, she described a feeling of emptiness when her children left home and she was searching for a new niche:

> *We're all isolated. Some people deal with it better than others. I suppose I'm going through a stage in my life where, like the kids have gone, you know and you've got to get over that hurdle. You've got to find something else to do. Something, not to do but something that you love.*

For those women without full health due to chronic illness or mental health issues, finding a niche involved finding a meaningful activity within the constraints of their illness. Kay was able to continue paid work while managing a chronic illness. Anne's options became severely restricted through physical and mental health issues. However, with support from local services she was able to maintain her interest in music in a more limited way.

For Indigenous participants, niche was culturally determined. Niche involved living on country and fulfilling cultural obligations to grandparents and children. Nancy explained her decision to return to her grandmother's country:

> *I used to stay up here with my grandmother when I was primary school age. She lived up here and it's sort of like an ongoing thing you know. Because Nan lived here, we came back to. Traditionally that's what it is. We're part of the country up here. And I said well we done our job by rearing our children up. My turn to go home and keep the fire burning for our grandmother.*

Place had an integral role in creating a niche for these Indigenous women.

3.2 Summary

This chapter presents the first part of a grounded theory of the capacity for flourishing. Flourishing is defined as a dynamic, interactive process of exchange between a woman and her environment. Flourishing is explained in terms of four integrated and synchronised dimensions of experience — control, connecting, belonging and identity. Attributes of each dimension which signify the presence, quality and robustness of the dimension were described. The capacity for flourishing is contingent upon the interplay between individual, contextual and structural factors which can be either enabling or constraining with consequences for health and wellbeing. In the next chapter, the dynamic quality of flourishing is explored by describing these factors.

Chapter 4: The grounded theory of the capacity for flourishing: Part two

In this chapter, I present the second part of the theory of the capacity for flourishing. In the previous chapter, I described the dimensions at the centre of the theory and the attributes of each dimension. In this chapter, I describe the individual, contextual and structural factors which can enable or constrain the capacity for flourishing.

4.1 Enabling and constraining factors

Flourishing is a dynamic, interactive process of adjustment and change. The capacity for flourishing is dependent on the interplay between individual, contextual and structural factors, the outcome of which can be either enabling or constraining. The impact on flourishing can therefore be positive or negative. Individual factors are the attitudes, beliefs, knowledge and skills, physical and mental health which pertain to each woman. Contextual factors are situational and refer to the resources related to living in a particular place. Structural factors are determined by societal arrangements and refer to the socially constructed concepts of gender, race and ethnicity and to location.

Each of the factors discussed is neither uniquely enabling nor constraining. Nor are they arranged in a particular hierarchy in terms of their potency in influencing the capacity to flourish. Rather, they comprise a repertoire of factors which, in combination, influence the development, maintenance and synchronicity of the dimensions of control, connecting, belonging and identity which are critical to

flourishing. In turn, flourishing provides the catalyst for changing the interaction between individual, contextual and structural factors. Enabling and constraining factors can therefore be viewed as the drivers of the dynamism of flourishing. However, flourishing is not constant and may be compromised at times when constraining factors outweigh enabling factors and the four dimensions are not synchronised. Returning to a state of flourishing is contingent upon the reactivation of enabling factors to restore synchronicity.

4.1.1 Individual factors

Individual factors relate to the state of being that person. They are personal characteristics that influence an individual's approach to negotiating the challenges and opportunities of everyday life in a remote area. This discussion does not constitute a comprehensive analysis or list of individual factors. It focuses on those factors relating to the four dimensions of flourishing that arise in the stories of the women who participated in this study. The individual factors discussed are attitudes and beliefs, knowledge and skills and physical and mental health. Individual factors are represented in Figure 4.1.

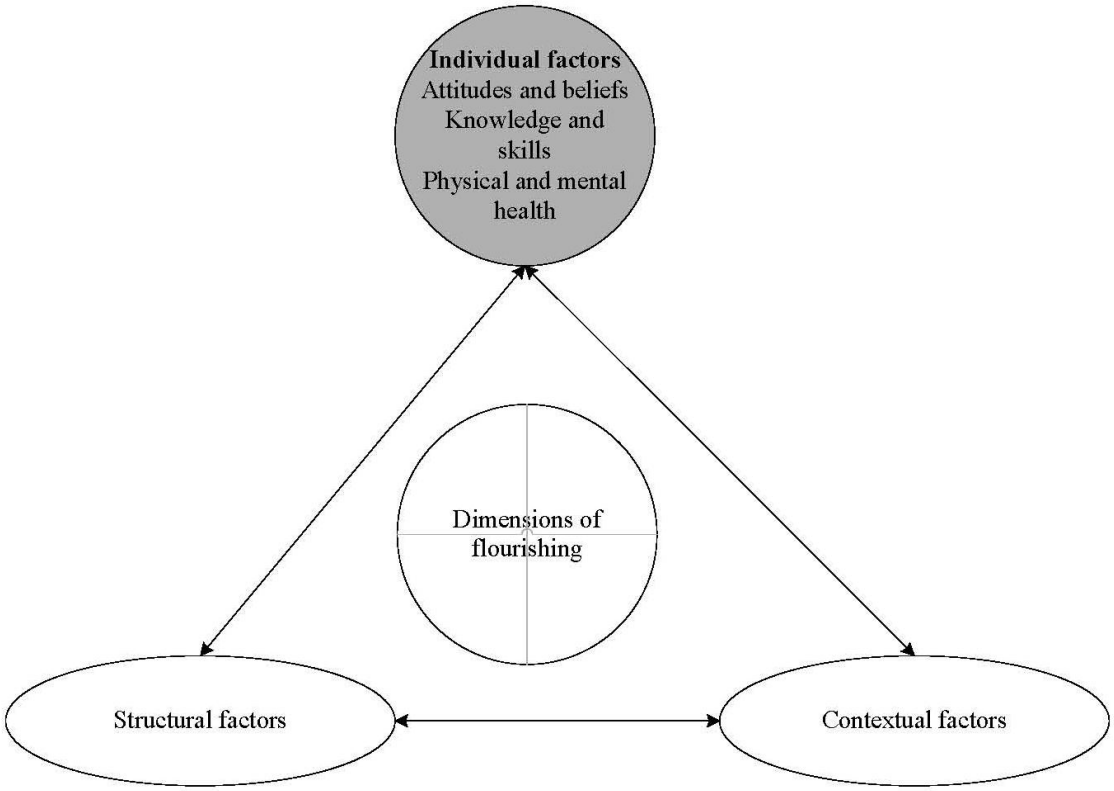

Figure 4.1 Individual factors

4.1.2 Attitudes and beliefs

Many participants valued connections with people and place above other aspects of their lifestyle. Connections with family and community were underpinned by a sense of mutual obligation and an expectation of care and support in times of need that was accentuated by geographical isolation from others. These types of connections with people were associated with a feeling of wellbeing and engendered a sense of security and competency in being able to manage challenges. Conversely, there was a negative impact on wellbeing when valued relationships with family, friends and community were strained.

Many participants valued the natural environment and the opportunity to live in harmony with it despite harsh climatic conditions and other hardships. For the Indigenous women in the study, the natural environment was inherently related to their identity and afforded them the opportunity to live in a cultural way. For women on station properties, nature was closely linked to mood and was capable of evoking both joy and despair. The inevitability of the seasons provided a sense of continuity and the promise of a return to better times. However, not all natural environments had the same impact on wellbeing, with some being perceived as inherently hostile. Alyce explained her experience of different places:

> *That year we were down there where it gets cold, it gets hot, hot to the extent where you can't sit on the verandah, you've got to be inside in air conditioning and you can't go outside and it gets so hot and you don't get rain, I couldn't live down there because when your environment becomes hostile to you.*

Spirituality, expressed either through nature, Christianity, a cultural connection to a place or some other deity was the basis for values and beliefs held by some women. Though expressed differently by women, spirituality was a personalised set of beliefs based on faith. In common was a belief in a higher power outside of humanity. Spirituality had a nurturing quality, providing solace during challenging times and instilling confidence about the future. Living in a remote area involved exhibiting spiritual beliefs in a uniquely remote way. More conventional methods, such as church attendance, were often impractical or sporadic. Theresa rationalised:

God is anywhere anyway – no matter there is not church as long as you believe in him and as long as you pray to him and say thank you to the lord.

Carol's description of the comfort she received from being outside and close to animals resonated with views expressed by other women in relation to plants, animals and the outdoors:

I just love cattle so that always makes me feel better – go and look at some baby calves or you know look at the bullocks getting fat or something and you sort of feel better about it. You know everything's going to be alright then.

4.1.3 Knowledge

Different types of knowledge underpinned the capacity for flourishing. Self awareness contributed to a sense of coherence. Carol described the evolution of her understanding of how she fitted in where she lived:

I spent a lot of years thinking that I didn't really fit the box that I thought was here in the first place you know cause I'm not really horsey you know, like I rode horses on the farm growing up but I'm not into the camp drafting sort of rodeo type thing and then I'm not really…It's funny there are some women who are really quite toffy about being on stations, they really think they're quite better than some other people and I couldn't relate to them……I struggled to find how I fitted in to it all but I sort of got over that now and just think well be who you are and as long as you contribute or participate in some way it doesn't really matter you know.

Knowledge of rights and entitlements enabled women to take advantage of opportunities for which they were eligible in communications, housing, education and health services. Barbara's knowledge of her entitlement to a subsidy to have the telephone and internet connected ensured she was able to maintain contact with family members and with the outside world. Barbara explained that, for her, this knowledge had been critical in receiving these services:

> *You've got to fight for things and you learn pretty quick out here that you have actually got to – there's only you around so you have to look out for yourself.*

Knowledge acquired in relation to place enabled women to adjust and thrive in remote settings. This type of knowledge included the practical aspects of managing life in a remote area, such as managing the risks of injury and accidents and maintaining an adequate food supply. Tracey described the knowledge she had acquired in relation to gardening to supplement lengthy periods between obtaining food supplies:

> *There's some really good gardening methods. The mulch garden seems to be a really good no dig way of growing a garden. If you can get your hands on mulch you don't have to dig anything. Probably the hardest thing is getting the seeds happening. It's good to save your own seeds because your plants are acclimatised and used to this environment. So it takes a bit of organising and also keeping a run of things happening like you wouldn't buy a packet of lettuce seed and plant them all out and you'd have fifty lettuces all ready now. You'd throw them away so you've got to be able to germinate six lettuces this week and then in two weeks time, germinate another six, so you've got to be ale to*

keep a run of things happening. So you need a certain amount of space and you need your water of course and getting fertiliser…We use seaweed.

Health knowledge influenced the approach that women adopted to staying healthy. Participants' stories mostly reflected knowledge of health based on the body. Maintaining health was therefore considered to be a combination of good genetic inheritance and personal responsibility. Reflecting the views of many women in the study, Barbara described the experience of being healthy plainly as:

I didn't have anything wrong with me.

Knowledge of strategies for maintaining health therefore focused on ways of managing the risks of ill health. This involved compliance with well recognised health messages in relation to healthy eating and regular physical activity, and regular women's health checks. In contrast to the prominence of knowledge of physical health, mental health knowledge was more instinctive and health messages less clearly defined.

Gaps in knowledge diminished the capacity for flourishing. Participants' stories identified gaps in knowledge in areas including child health, mental health, interpersonal skills, service information and information for carers. Carol reflected on the impact of her lack of knowledge when she returned to the station with a new baby:

That's probably one of the biggest areas of stress too is just not having any knowledge of children myself you know and then suddenly being planted in the

middle of woop woop with a baby and not knowing if you're doing ….I went through a lot of heartache about was I doing everything right.

Gaps in knowledge in mental health were compounded by the low priority afforded to mental health and a reluctance to discuss mental health issues and seek help. As a consequence, addressing mental health issues could become a private struggle. Carol described her predicament in relation to managing a mental health issue:

I get really, you know anxiety attacks I suppose you'd nearly call them. They've got better but yeah, I used to be really bad with it but I do just get nauseous and just like the hot flushes…X would say don't worry about it and I'd say I know but I can't you know. I don't know how to - I'm still getting a handle on that.

Difficulty in contextualising health knowledge to the remote context also diminished the capacity for flourishing. Most women in the study identified eating a healthy diet and regular exercise as important strategies for staying healthy. However, implementing these strategies was constrained by environmental factors. In the case of food, particularly fresh food, choice was inhibited by issues in relation to accessibility, affordability and storage. Distance also constrained the ability to act on health knowledge in relation to physical activity. While many women walked or had walked regularly in the past for exercise, they found the routine a challenge to maintain, particularly when it was a solitary rather than a social activity. Peta explained her attempts at maintaining regular physical activity:

If there was a cricket match on or an indoor cricket or any sporting thing, go to the gym. It's just. I've got a lot of gym equipment, exercise equipment…. it's just so boring doing it yourself.

Health knowledge also lacked meaning for some participants. Nancy, an Indigenous woman, explained the irrelevance of some health knowledge to Indigenous ways of being:

Well we get all the help under the sun. We've got the flying doctor, we've got the nutritionist, we've got things on TV where they can show you how to exercise and eat well. Some of that is very good. It's not sitting in our head very good though because I mean Indigenous people don't buy those special food that Europeans can eat all the time. It's hard. If you do get it, some of it goes to waste because we're not – our body, I don't know our body is not sort of settled in with that.

Nola, an Indigenous woman living in a small town, recounted the medical advice she had received to lose weight by walking, instead of using the car, and playing sports:

I'm just worried about my weight. Now that I'm on …like I go the doctors and that just for my blood pressure. I don't know if it's stress or what. I think it is and like too much worry and that. Like when I go to the hospital my pressure is a bit high or I argue with my old man.

However, setting what seemed an unachievable goal in relation to weight loss only added to the list of worries she described.

4.1.4 Self management and interpersonal skills

Self management strategies and interpersonal skills enabled women in this study to maintain a sense of control in their life. Self management meant being able to manage strong emotions. The self management skills identified in women's stories were reframing, accepting what you can't change, maintaining a sense of proportion, normalising and making time for self. The interpersonal skills utilised by women in managing daily challenges were problem solving, conflict resolution and communication.

Self management involved reframing problems or stressful situations so that they became manageable. Constructing problems as challenges and reinterpreting negative experiences positively were strategies used to regain a sense of control when faced with events that evoked strong emotions. Reframing involved thinking about situations so that positive aspects were foregrounded. It enabled women to move beyond emotion to problem solving.

Self management involved accepting what you can't change. Eileen explained the impact on her wellbeing of a change from resisting to accepting the environmental constraints of her life on a remote property:

> *The moment that you want things to be different than what they are you are actually in hell and you're creating your own hell. And by just you know seeing*

it for what it is, it gives a lot more peace and quietness. Yeh, so you know you cannot choose to have the road bitumened because it can't be done but you can choose to – choose your own peace of mind. That you can do.

When confronted with hardship or stressful situations, maintaining a sense of proportion was a strategy utilised for self management. Maintaining a sense of proportion involved evaluating the hardship or stress in light of core values and priorities. Comparing oneself to others less fortunate and focusing on long term goals enabled a sense of proportion to be regained.

Tracey described her reaction to a calamitous event that destroyed all of her family's possessions:

You know I mean for days here we were walking round crying and just looking at everything and thinking oh you know why us and you know we just had everything – we'd worked so hard to get that house and everything was just so beautiful. Why? You know? But then a few days later we heard about a family down near X who lost a set of twins in a fire and you know we sort of half knew them and they were blaming each other….and like X and I just sat down you know. Well shit what are we crying about? You know they're only things. Some of them will never ever be able to be replaced but we've all got each other.

Normalising was a way to lessen the impact of uncomfortable feelings. Normalising involves accepting a range of emotions and being able to tolerate those

that caused discomfort. Barbara frequently drew attention to similarities between situations that caused her worry and those experienced by women in cities:

> *Just the distance is the worst thing. I suppose with a big family. I've got a lot older than me and I miss not seeing them. The travel is the problem. That's the thing but you know it still doesn't stop you from ringing up. That would be the same for anyone. If you lived in another state. You now if your family was in another state.*

Making time for self was a frequently mentioned strategy for being able to manage day to day challenges. Making time for self involves temporary exoneration from meeting the expectations and needs of others. Peta described the effect of taking a daily walk when she was home schooling her children as:

> *I always took that time because I knew I had to, so we could live with each other in the school room….. Yeh, you know it was time on my own. I think I'd go over the hill and leave it all behind.*

Making time for self involves creating both the space and a place to focus on one's own needs. Having a valued activity like yoga, reading, spending time with friends, spending time alone, playing a musical instrument, writing poetry or songs or learning a new skill independent of their role as a wife or mother helped women to relax and was associated with a sense of wellbeing. Not being able to make time for self or losing the capacity to make time for self was associated with feelings of frustration and disappointment.

Making time for self requires vigilance due to competing role demands and fewer opportunities to participate in chosen activities in both remote towns and on properties. Carol described the determination required to make time for herself:

> *I really had to fight for that because everybody – the minute I try and do it, someone would be wanting something from you and it sort of like, I don't know it seemed to aggravate anyone if you were trying to have your own little bit of space.*

Creating a place in which to be alone is a strategy for making time for self. Being in this place provides an opportunity for reflection and to enjoy activities without the impingement of others. Tracey disclosed the existence of the place she had created:

> *So yeh, for a while there I did have a spot where I used to go to which I told my husband I'm going to make a spot where I can just go and be by myself. Where if the phone rings I don't have to answer it. If people come, I don't have to be there. If I want to go write poetry or take my guitar and sit down by the river and sing, I'm not getting interrupted by things.*

The interdependence of people living in remote areas increases the importance of interpersonal skills. With increasing remoteness, the necessity for mutual help and support is a catalyst for transcending individual differences of opinion in the interests of safety. Chantal, who lived on a remote property, summed up this approach:

I think that's pretty important that anyone who comes new to a district regardless of what you think about your neighbours – get on with them….I just said to X look there might be things that you don't like about him and he probably you but we've got to get on. We need each other. If something happens, you know we as wives need each other sort of thing regardless.

All of the study participants referred to the impact of their relationship with their partner on health and wellbeing. For many women, the support of their partner was paramount in managing stressful times and enduring hardship. However, the relationship could also be a significant source of stress. Some participants related the negative impact that excessive alcohol consumption by their partner had on their relationship. Interpersonal skills such as communication, problem solving and conflict resolution were critical in managing the relationship. However, women often expressed frustration in being effective in utilising these skills. Acquiring interpersonal skills was a matter of trial and error and accessing professional help to acquire them a low priority.

4.1.5 Physical and mental health

Physical and mental health was a resource that enabled women to live a preferred lifestyle. A minimum level of physical and mental health was required in order to flourish. One woman described feeling overwhelmed by the current challenges of her physical and mental health, describing her life as:

A big mess

Her state of physical and mental health meant that she could no longer participate in activities she enjoyed. The impact of social support networks was outweighed by lack of access to welfare and support services so that her capacity to adapt to her circumstances was severely compromised.

4.2 Contextual factors

Contextual factors are the circumstances in which people live their daily lives. The contextual factors discussed in this section are money, social networks and health and welfare services. Contextual factors are represented in Figure 4.2.

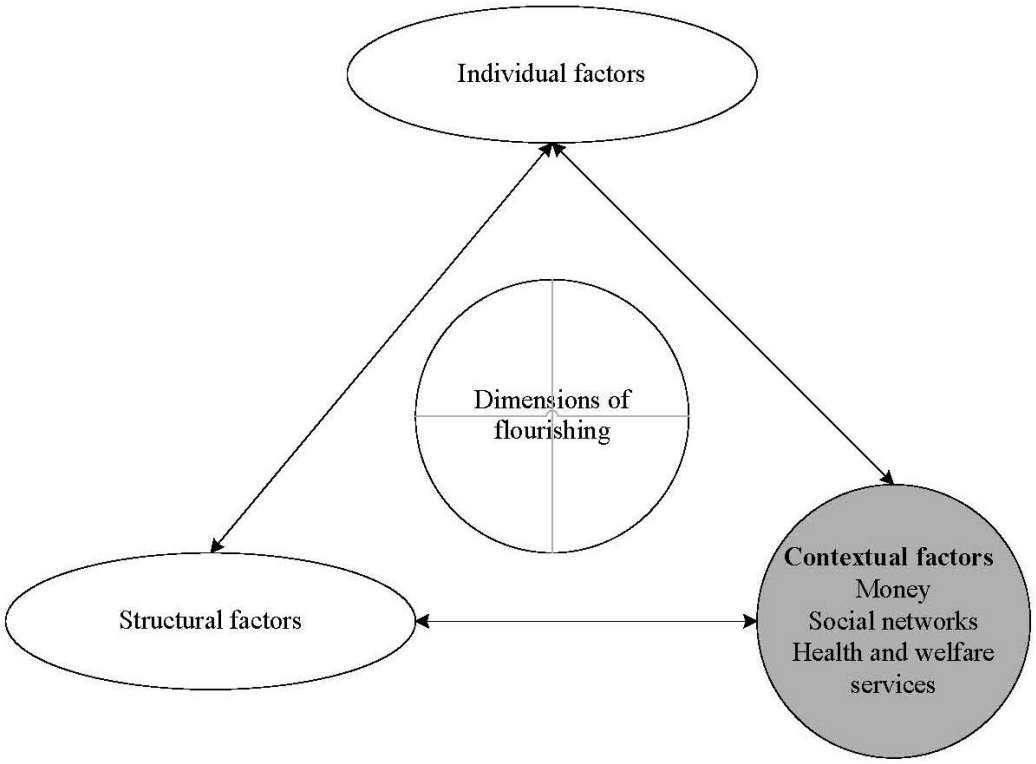

Figure 4.2 Contextual factors

4.2.1 Money

Most participants discussed money in terms of the financial security it offered to them and their families. Rather than expressing a desire for money to accumulate wealth, participants expressed a desire for sufficient money to maintain their lifestyle. To have sufficient money was to be released from a pervasive concern about their financial situation. This varied from worry about being able to meet day to day expenses, such as rent, electricity and fuel, to repaying bank loans. What amounted to sufficient money was often relative, with some women acknowledging that while they were concerned about money, their partner was not or vice versa. Money issues consequently impacted on personal relationships.

For some women, a remote area was not only where they felt they belonged but also where they could afford to live. Affordability was interpreted positively, reinforcing a sense of belonging in a remote area. Affordability meant having sufficient money to meet basic needs as they are defined by each individual. Affordability was also congruent with a less materialist approach.

Other than security, money was also associated with independence and the capacity to make choices. Some participants involved in family operated businesses distinguished between money for the purpose of security for their family and money over which they had control. For Peta, off farm work held the promise of greater independence through control of spending:

> *I'd love to be able to go and get a mine job. Yeh, I'd just - just to do something different but still be on the station. ....See, I've never earned a cent since I've*

been married. So you know that is really difficult when you're used to having your own money to spend so when you go and buy something now you feel really guilty.

In family run businesses, some women felt marginalised by formal financial arrangements. Carol explained:

..well I kept financial independence you know. For me that was really important. I always kept my own bank accounts and my own, you know I have rental houses, you know I just built up you know over my time and I didn't just swamp that all in. I thought you know not in a mean way or anything but initially he was with his X in the partnership and I was sort of out on the side anyway, so I've just kept it that way and it just gives you that feeling like you know if you do ever need to have you've got something there.

Carol had maintained financial independence to protect her options in the future.

4.2.2 Social networks

Social networks with family, neighbours, friends and the community had a prominent place in the stories of participants. Having access to social networks helped to reduce isolation by facilitating interaction with other people. Social networks were either real or virtual and therefore could exist irrespective of distance from others. Participation in social networks was underpinned by shared values and fostered a sense of belonging to a group or community.

Different types of social networks met different needs. Some provided emotional support while others were for sharing interests and activities or for learning. Being part of a social network conferred certain benefits. One of these was being able to call on network members for help in times of need.

Social networks provided an essential source of support in the case of ill health. They were critical in circumstances where there were no services or alternate means of having needs met. Many participants relied on family members to provide transport and accommodation when attending medical appointments in town. Kay relied on her daughter who lives in another town for travel to medical appointments. Kay recounted a recent scenario when she had been unable to attend all of the appointments she had scheduled:

> *I've had that for weeks and weeks. I should have had an ultrasound. Well the doctor gave me a slip to have one and I just didn't get to it when we went down. I was at the imaging centre there for nearly a full day. I had another appointment and had to go. My daughter had to get back to Townsville. So anyway, I'll get it done later. I can't blame them. It was just that I didn't realise it was going to take so long when I had to have the stress test at the imaging centre. And the traffic as I said is getting that bad in Cairns. My daughter doesn't really know Cairns. She knows Townsville. I had to get her out of the traffic before it hit three o'clock when the kids come out of school and there's cars everywhere.*

Reliance on family networks to attend health appointments in town increased feelings of dependency and a fear of the consequences if that support was not available. Margaret did not have a driver's licence and depended on her husband for travel to medical appointments in town. With increasing age and ill health, this was cause for concern:

> *I never got a driver's licence. Sometimes I think I should have now because if we go somewhere and something happens to my husband well, we're stuck sort of thing you know. I can't drive. I often think, well I probably could if I had to. I'd probably remember enough to be able to get us somewhere but I haven't got a licence anyway to drive.*

Social networks could be exclusive of individuals as well as inclusive. Participation in networks was often based on conformity with local social norms. Those who did not comply with those norms felt excluded or ostracised, compounding social isolation. Alyce explained her discomfort at attending a social occasion with her neighbours:

> *I said I'd come over here today because it's a social outing as well and we do, I do, it doesn't worry my husband, feel very isolated from the people over here. They don't - because they've been here forever and a day I think .*

The sparse population of remote areas and distance from larger centres meant that social networks consisting of people living in those areas were relatively homogenous. The capacity to develop alternate social networks was limited. While for

many women this reinforced a sense of belonging, others felt constrained by the sameness and sought social contact with others outside of where they lived. While appreciating the friendliness and hospitality of the local community, Eileen explained her experience of moving to a remote station:

> *All the people that are here have a bit the same life. So you don't get a lot of input from - eye opening or ear opening or things that just take you out of your normal daily life and that's what I miss very much. I find that makes life small.*

4.2.3 Health and welfare services

Being able to access the health services they required where they lived was an important aspect of feeling safe and content in a remote place. The high regard expressed for local hospital services was based on satisfaction with the quality of services being delivered or referrals being made and trust in local staff. For many participants, the reassurance that, if the circumstances required, they would be flown out by the RFDS reinforced a sense that their health needs, whatever they were, could be managed. Theresa's confidence in local health service arrangements echoed those of many women in the study:

> *Life in here for me is good I think because if you want to see the doctor or something happens to you the nurse will look after you straight away or they will ring the doctor and they will fly out.*

Choice involved having the opportunity to determine the types of services that would best satisfy their health needs. For most women, this involved a combination of

local hospital services, visiting general practitioner services including visiting female general practitioner services, RFDS telephone consultations and health field days, local child health services and specialist medical services in larger centres. However, choice was constrained where services, such as diabetic clinics and birthing facilities, were not available locally. Cost and distance could also limit options. For Beverley, choice was constrained by the logistics of frequent travel with two young children:

> *It's nothing for me to drive you know a few hours just to go to an appointment and that, especially when you're pregnant you know. Your appointments become more frequent and then you've got other tests. That can be a pretty big thing and I imagine it will just get bigger because you've got more kids to drag along to all these things without any babysitters. So that is a big thing, just the distance. Yeh, even just the other day I had – the flying doctors came which was, you know, it's a great service but all of a sudden I found myself in there with a doctor I didn't know which - and he was lovely. He was nice but all of a sudden you know you get your pap smear and all those things done and it's like – oh well whatever, as long as it's done. But before that yeh, you sort of, you know, can I have a female doctor and oh, I like that doctor I want to go back.*

Choice and accessibility were more limited for services other than medical services. These included alcohol related services, disability services, carer support, aged care and counselling. Lack of child care options was a concern expressed by many women in the study. With increasing remoteness, access to child care and the range of child care options became more limited. Women's stories were permeated with examples of lack of information about these types of services and how to access them.

The experience of group activities, such as those involved in RFDS health field days, were considered by women who had participated as a valuable method of increasing awareness of a range of health issues.

4.3 Structural factors

Structural factors are the societal arrangements which influence the way individuals live their lives. Structural factors influence the way individuals interact with each other and also how individuals interact with social institutions including those in the health and welfare sectors. In this section, the influence of race and ethnicity, gender and location on the capacity for flourishing are discussed. The discussion in relation to race is based on the findings from interviews conducted with the three Indigenous participants. The discussion in relation to ethnicity is based on the findings from interviews conducted with one European and one Asian participant. Structural factors are represented in Figure 4.3.

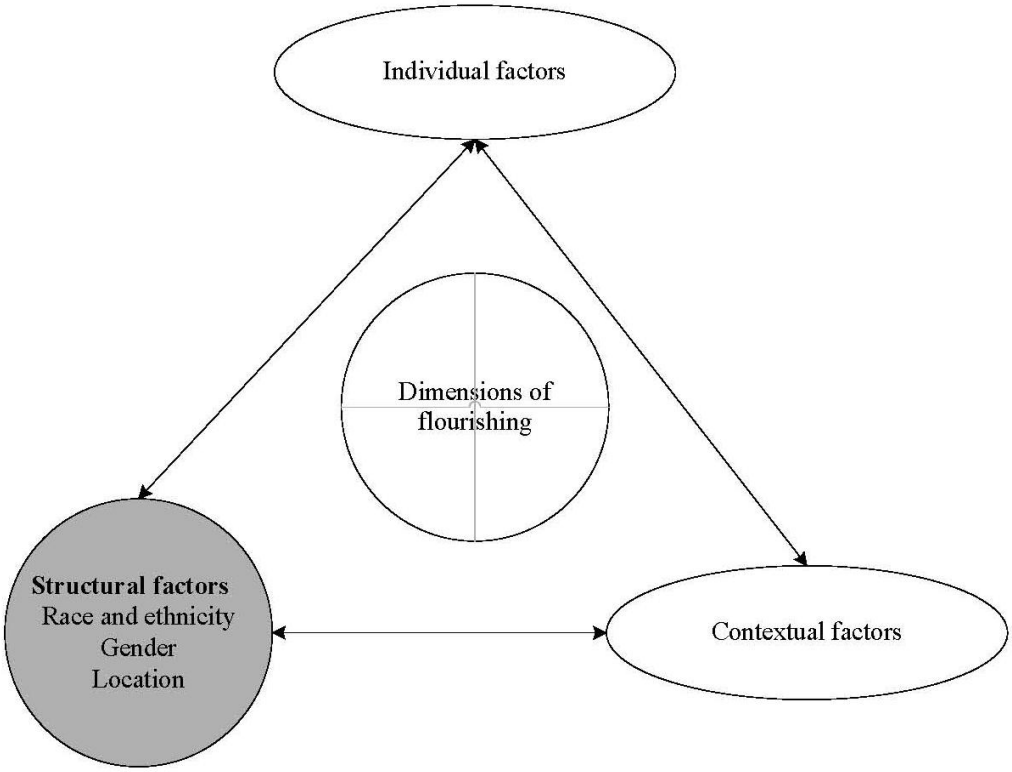

Figure 4.3 Structural factors

4.3.1 Race and ethnicity

The experience of social exclusion on the basis of race had an impact on the capacity for flourishing. Social exclusion involved experiencing a barrier to participation in society and social institutions that were predominantly non-Indigenous. Social exclusion was perpetuated through a perception of ongoing exploitation and a history of fear and mistrust. Nancy explained an example of the connection between past and present experiences in her community:

> *The influx of people that are here are all very high society people, come from down south. They're not down our level so we're frightened to go to meetings in case we speak, getting - saying things wrong or we're not speaking the right*

way….We'll keep that barrier closed as long as we have to unless they come down to our level. And it's cruel but that's the only way we can do it. Every time we opened up our mouth to say something the white people used it and they got the funding and that. We never got nothing.

Social exclusion was experienced at a personal level on a day to day basis. It was associated with feeling fearful, less worthy of respect than those who were feared, isolated and hurt.

Social exclusion had a negative impact on utilisation of health, education and welfare services. Nancy posited that the prospect of receiving more bad news about children's performance or about their own health acted as a further deterrent for some Indigenous women to use local health services or participate in school activities:

I don't think any Indigenous like being told that they are sick. That's that mind I was telling you about. If you tell anyone that they're sick, well they're going to deteriorate straight away. And that's the same with going to school. You're children is doing this bad. Well fair enough you feel like you let them down and it's mind and soul all hurt.

All of the Indigenous women who participated in the study expressed their major challenges as being able to pay their bills for housing, food, fuel, power and transport. Escaping overcrowding at home and fearing eviction and homelessness were major concerns in day to day life. These concerns were accompanied by a sense of frustration with trying to improve their financial situation whilst remaining dependent

on welfare payments. However, the capacity to flourish persisted within the constraints of those experiences based on a deep cultural connection to the land and to family.

Ethnicity is defined here as cultural difference. Having a different cultural background to the majority of the community delayed a sense of belonging. The initial culture shock was associated with feelings of loneliness, frustration and missing family and friends overseas. Over time, the impact of those feelings diminished and adjustments were made to the new lifestyle. Connecting with other women from a similar cultural background and return visits to the country of origin helped to resolve longing for the forgone cultural experiences.

Over time, connections with others from the home culture became less important than genuine and meaningful local connections that satisfied a particular need. Theresa contended that, for her, personal qualities compatible with her own were as important as connections with someone from the same cultural background. Theresa explained this as:

Ah some Filipina is different characteristic personality.

Theresa described herself as a simple woman. What was important to her was that she was able to connect with someone who shared those values irrespective of their cultural background.

4.3.2 Gender

The impact of gender on the capacity to flourish was dependent on the interplay between power and resistance, space and place. The exercise of power as an attribute of control was discussed in the previous chapter. Home and work were often places where it was challenging for women to exercise power. For many women in the study, the decision to move to, stay, or depart a remote place was determined by the work performed by their husband or partner. Their own role was a subsidiary consideration in those decisions and consequently viewed as subordinate. Women in the study who lived in small remote towns focused their energy on the family and the community. If they sought paid work, it involved accepting whatever work was available or, where there was none, relying on social welfare payments. On station properties, caring for the home and family included home schooling children, cooking, cleaning, gardening, basic home maintenance and management of day to day finances. Women themselves often described their roles in terms of their relationship with other members of the family, such as caring for children or helping a partner. Doing something for others could enhance wellbeing. However, these roles were often ill-defined and under-valued on remote properties. Carol described her transition from a career to living and working on the station:

> *The thing I whinge about the most is the fact that I am chief cook and bottle washer you know. I go out to X and say I'm glad I went to uni and got a degree so that I can read a cook book you know, like I spend most of my life in the kitchen and that irks me a bit. Not that I don't enjoy cooking and everything but it's just that I have to you know. Every day you have to keep everybody fed… I do all the book work which is another - takes a lot of time.*

Defining a space to exercise power often involved a reconfiguration of existing power arrangements. Where the exercise of power challenged assumptions about women's roles in the home, family and in the workplace, women sometimes encountered resistance. Beverley expressed her frustration in making a claim for sharing the care of children:

> *X had gone off to do his thing and you know feed horses or whatever and I had a bit of a – spat the dummy a bit because it was Saturday and he obviously wasn't working and yeh, it just annoys me that a man can get up you know and just walk out and go and do things and I have this attachment, permanent attachment all the time. Whether it be yeh, yeh, with a mum it's just all the time, seven days, night time, day time, night time, so yeh when he came back I did spit it and said you know, we could be out doing stuff together if you'd help me get organised, you know like just feed one child and dress one child.*

The capacity to overcome resistance and define a space for the exercise of power was associated with a belief that individual circumstances were influenced by societal factors, work skills that were transferable to remote situations, interpersonal skills and resources, including money and child care.

4.3.3 Location

Whether distance from more closely settled areas was experienced as enabling or constraining varied between participants. Tracey lived in a location that was one of the least accessible by road. However, she did not experience this as remote and considered the location an advantage in terms of her preferred lifestyle:

Only very occasionally I might sort of zoom down and go - that's me and there's nobody, there's nothing, nobody for all that space. But I kind of find that more amazing and good and not a …. No I don't crave those things.

However, for many women in the study, limited access to employment, education, transport, health and housing restricted the capacity to adapt to changing circumstances, be independent and to realise their potential. This applied irrespective of whether they lived on stations or in small towns. Tracey viewed these constraints as an injustice that motivated her to advocate for better services and opportunities. For other women with fewer resources, there was no other option but to move elsewhere. In contrast, Eileen, who lived an hour's drive from the nearest small town, was able to access child care and affordable, flexible education. This enabled her to gain a qualification that had led to part-time employment.

4.4 Summary

In this chapter, I have presented the second part of the model of flourishing. I have explored the dynamic quality of flourishing by describing the individual, contextual and structural factors which influenced the capacity of the women in this study to flourish. The factors were discussed separately for the purposes of this discussion and were supported by evidence from the data. However, the factors interact in ways that can both enable and constrain the capacity for flourishing. I have described individual factors as attitudes and beliefs, knowledge and skills and physical and mental health. Contextual factors were money, social networks and health and welfare services. Structural factors were race, ethnicity, gender and location. The next chapter is the first of two which assess the capacity for flourishing as a theory of how women in remote

areas achieve health and wellbeing. I have used the criteria of fit, relevance and plausibility to assess the grounded theory (Charmaz, 2006). Firstly, I present an analysis of the narratives of three women from the study. I use the dimensions and attributes of the theory as a framework for presenting the analysis. This chapter also illustrates the dynamic quality of flourishing by illustrating variation over time. In the chapter following that, I assess the plausibility of the theory by comparing it to other theories related to flourishing in the literature.

Chapter 5: Mapping three women's stories

In the previous two chapters, I have presented a theory of the capacity for flourishing. In the first section of this chapter, I integrate all of the study findings and describe four properties which characterise flourishing. In the second section of this chapter, I present the findings from mapping three women's stories using the theory. My intention in presenting part of the study findings in this way was two-fold. Firstly, I intended to illustrate the dynamic nature of flourishing over time by balancing the static, conceptual and somewhat reductionist presentation of the study findings as set out in the previous chapters with a narrative approach which preserved the richness of whole stories. Secondly, my intention was to assess the emergent theory of the capacity for flourishing as a way of explaining how women in the study achieve health and wellbeing based on the criteria of fit and relevance (Charmaz, 2006). Fit means that the codes and categories of the theory match the data. Relevance means that the theory captures and reveals the essential features of what is being studied. I anticipated that mapping these stories might also reveal gaps in the analysis and spark new explanations that could necessitate adjustments to be made to the theory. I regarded this as part of the emergent, iterative process of qualitative research and welcomed the opportunity to further refine the theory and strengthen my analysis. The adjustments made to the theory are described in Chapter 2 and have been incorporated in the grounded theory presented in Chapters 3 and 4.

5.1 Properties of flourishing

In this section, I integrate the findings presented as the theory of the capacity for flourishing and the findings derived from mapping three women's stories in the

following section to propose some properties of flourishing as an optimum state of health and wellbeing. I propose four properties of flourishing.

Flourishing is a multidimensional yet integrated experience. It involves the simultaneous occurrence of experiences denoted by the dimensions of control, connecting, belonging and identity. A lack of synchronicity of the dimensions compromises the capacity to flourish.

Flourishing is interdependent with the environment and not only located in the body. Women who cannot expect good health due to chronic disease or mental health issues do have the capacity to flourish within the constraints of their illness if the environment is supportive. However, the impact of ill health can make it difficult to sustain or return to a state of flourishing. Conversely, an unsupportive environment can compromise flourishing in women even though they are not experiencing ill health.

Flourishing is dynamic rather than fixed. Changes in lifestage, physical and mental health, family situation and social circumstances can precipitate a change in the capacity to flourish. Flourishing involves the ability to adjust and change in response to these changes. The continued capacity to flourish is contingent upon individual, contextual and structural factors.

Flourishing is context-specific. The four dimensions of flourishing identified in this study were grounded in data gathered in areas classified as remote in north-west Queensland. The capacity for flourishing related to the conditions in a particular place.

These dimensions may not be applicable to the capacity for flourishing in other contexts.

5.2 Three women's stories

In this section, I map three women's stories using the dimensions, attributes and enabling and constraining factors identified in the model of the capacity for flourishing. Each story commences with a case summary which introduces the study participant. This is followed by a brief discussion of the interview context based on comments recorded in my field journal. This is included in order to set the scene for the interview and provide a context for the story telling. Following this, I present in narrative form the results of mapping each interview in terms of the dimensions and attributes of flourishing. I interweave factors which enable and constrain flourishing into this discussion. I conclude with key themes and issues which emerged from mapping each story.

5.3 Alyce

5.3.1 Interview context

I met Alyce when she was visiting a neighbouring station for a health clinic. It was a hot day and there were many people at the station for the clinic. During the morning tea break, Alyce approached me and said she wanted to be in the study. Trying to locate somewhere that was both cool and private, we settled into plastic chairs on an open verandah at the rear of the station homestead. She handed me some brochures about a service which she had found helpful. She thought they might be helpful to other women.

My field journal records that I thought Alyce initially appeared anxious. However, she proceeded to tell her story with few prompts from me. I found the interview challenging. The surrounding noise and activity were distracting and I had to concentrate fully on what Alyce was saying as she spoke very quickly. The interview transcript records that Alyce's voice quavered slightly and I thought that she was close to tears at times when she talked about her feelings. I was alert to ethical issues that might arise during the interview and I focused on being respectful and sensitive in my questions and responses.

5.3.2 Alyce's story

Alyce is aged in her forties and lives on a cattle station. She was born and grew up on stations and has lived and worked in this area most of her adult life. What Alyce likes about living here is that it is not a regimented eight to five job. She also enjoys being where she can notice the birds and plants and the change of seasons. She and her husband are the only residents on the station. Alyce describes her role as an assistant or offsider to her husband. She also cleans and maintains the house, cooks meals and keeps the household accounts but says that, like a lot of men, her husband thinks that anything that doesn't generate money is not important.

Alyce's financial situation appeared to be dire. She and her husband both do off-farm work, but life is a constant struggle financially. Alyce felt that employment opportunities were unjustly concentrated in towns and that she personally was disadvantaged by these arrangements. She wondered whether there was a job like proof reading, market research or call centre work that she could do so that she could stay on the station.

Alyce says that she feels very isolated. They have very few visitors on the station and she finds some people in the local community unfriendly, even hostile towards herself and her husband. She feels hurt by this hostility. Surrounding properties are mostly large and family-owned and operated. Alyce says that they don't have a regular mail service and this isolates her further. They have to drive two hours to the nearest post office to collect mail. Alyce does not have internet access but has a telephone which she uses to keep in touch with her mother and a couple of friends.

Alyce says that she is healthy. Because of the distance from health services, she says that she doesn't consult a doctor unless it is urgent. Alyce says that her husband is an alcoholic and that every day is challenging for her. She explained the challenge as one of communicating with her husband. She has found a support service which provides written information and telephone support which she has found helpful. Alyce says that there is a lot of stigma attached to saying that your husband is an alcoholic and she thinks that it might be helpful if more women knew about the support service she uses.

Alyce would prefer to stay on the property but says that she will probably have to leave and live in town because the situation with her husband is going to get the better of her. She would need to move to town because that is where she could find work.

5.3.3 Struggling for synchronicity

There was limited evidence of the attributes of control in Alyce's story. She has been pragmatic in her approach to living in a remote area. She had adjusted to living in

a geographically isolated area with poor communications, limited power and water and few services. She budgeted carefully and worked off-farm to supplement income from grazing cattle. She was resourceful and prudent in seeking support in relation to the difficult relationship with her husband. She had stoically persevered in seeking solutions to the financial and emotional challenges in her life. However, she lacked autonomy in making day to day decisions and this had become an increasing source of anger and frustration. Alyce resisted assertions that her contribution was subordinate to, and less valuable than, her husband's. She attributed the tension between herself and her husband on this issue to societal forces rather than personality traits. Alyce had few opportunities to exercise power in the home or in relation to station work. She felt thwarted in her attempts to be financially independent by the restricted opportunities in remote areas. Increasingly, she felt less able to adapt and manage the financial and emotional challenges in her life. She felt frustrated when her attempts to communicate effectively and avoid conflict were not successful. Her options in addressing challenges had narrowed until leaving the area was now the most likely course.

Alyce's motivation to make social and organisational connections was high. However, she lacked the opportunities and the means to make those connections. She was geographically isolated. Financial constraints limited her travel options and use of electronic means of communication. She had few social connections beyond keeping in touch with family and a few friends. Her attempts to forge broader social connections in the district had been met with hostility and she felt deeply hurt by this. Consequently, her needs for a closer connection and friendship were not being met. She had overcome the stigma attached to talking about alcoholism in families in order to access a service which she had found helpful. Alyce's view of health reflected a disease approach based

on the body. She accessed health services only when she was physically unwell. Even then, distance from services was a further deterrent to making this sort of organisational connection.

Alyce has a strong connection with the place where she lives and believes that this is where she genuinely belongs. She experienced a spiritual connection with nature that was deeply satisfying and a source of comfort in challenging times. Despite this, she felt excluded from the local community. Her expectations of a close knit community where she could rely on neighbours for help if needed were not being met. Instead, she experienced the community as hostile and felt hurt and disappointment.

Despite her sense of belonging Alyce struggled to define her work role on the station other than as an assistant to her husband. She positioned herself as an outsider in the community on the basis that she and her husband did not have the financial resources to sustain the lifestyle. She lacked confidence in her work abilities and felt that her work was not valued or respected. Alyce had not yet found a niche for herself that was rewarding and satisfying.

5.3.4 Summary

While Alyce had a strong sense of belonging, the dimensions of control, connecting and identity were much less robust. The four dimensions of flourishing were not synchronised and Alyce's capacity to flourish has been compromised. Alyce's spirituality and her affinity with the natural environment reinforced her sense of belonging in the bush. This, together with her knowledge and skills in remote living and her connection with a telephone support service had enabled her to persevere in

challenging circumstances. However, financial constraints, limited interpersonal skills and social networks and restricted access to services constrained her capacity to develop the attributes for control and connecting. Her sense of her own identity was unclear. She resisted constructions of her role as subordinate to her husband but lacked confidence in her work abilities. Lack of employment opportunities meant that the likelihood of her being able to continue to live where she preferred was low. The capacity to flourish in this place was contingent upon addressing the current imbalance between enabling and constraining factors.

5.4 Nancy

5.4.1 Interview context

The interview with Nancy took place where a group of Indigenous women gathered each week. The group was friendly and we shared morning tea before starting the interviews. Nancy showed me around the property. Some weeks later, I returned to the group with a written interview summary I had prepared. Nancy and other Indigenous women interviewed preferred this to a copy of the transcript. I recorded in my field journal that there was some tension in the group that day. The power to the building had been disconnected and there were people from an employment agency conducting interviews. One of the women went home to get a gas ring so that we could boil water for morning tea. Nancy said that she had a headache and hadn't slept very well the night before. I read the case summary aloud to Nancy and she nodded in agreement and repeated some of the words after me. Nancy didn't want to add anything further. I have edited the case summary for inclusion in this chapter. Nancy used the terms Aboriginal and Indigenous interchangeably during the interview.

5.4.2 Nancy's story

Nancy is in her fifties. She used to come to this town to visit her grandmother and that's why she came back here to live. She and other members of the family cared for her grandmother until she passed away. Nancy lives with her *de facto* husband. Other members of the family live here also. Nancy considers herself part of this country. She enjoys spending time with her grandchildren but sometimes it gets a bit much when they all visit at once.

Nancy said that if it wasn't for her grandmother being here she doesn't think that she would have come back to live in this place. She says that things have changed a lot in town in recent years. She felt that when she was growing up here black and white people all got along together but now it's different. She says that there is a barrier there that stops Aboriginal parents going into the school and telling their stories and from getting employment. She says there are problems here like alcohol and drugs just like in the cities. Nancy says that Aboriginal people used to be respected for the work they did in the community like cleaning up yards but that's gone now. It's hard to get work and, with alcohol restrictions, they just stay at home and drink and don't go out and mix. Even interacting with family has slowed down a lot. Nancy thinks that it has changed also because Aboriginal people don't go into the bush so much anymore. They have things like pokies in town and karaoke and McDonald's and KFC. Things are expensive and Aboriginal people don't help each other out like they used to. There seems to be a lot more animosity between Aboriginal people.

Nancy said at first it was hard living here because there wasn't enough housing for Aboriginal people. If you didn't live up to expectations in the homes owned by the

white community you could get kicked out. If that happened at least you could live off the bush but now everything is going up in price. With the cost of petrol it costs a fortune just to go and throw a line in to fish.

Nancy says that when she first came back here she was keen to get a job. After years on the Community Development Employment Program (CDEP), Nancy says that her self esteem is gone. As long as there is CDEP money coming in she will find a way to struggle through. Nancy is concerned about this and would like to see it change. She says she talks with the young girls about picking ourselves up and teaching and supporting the kids. She thinks the way to do this is as a group. It needs the whole group to be involved. At the beginning of the year the women had lots of ideas about what they wanted to do but by the middle of the year that enthusiasm was gone because of lack of funding or people go away or something.

Nancy says that it's hard being a leader because people want you to keep pushing for them but then there's nothing for them to do here. Nancy says she feels very disheartened by this because other people don't have any respect for them because they're not doing anything. She says even though they are helping each other in a healing way, they want to see real change as well. There have been things like the dance group that lifted spirits but that stopped when the funding stopped. It's very disheartening and it has happened before.

The toughest times are when she doesn't have money for rent and electricity. Nancy's daughter got very sick and was sent to hospital in another town. She said she and her family had to call on some special healing Indigenous people have that connects

them. Nancy learned this from her grandmother and says that the lessons are still with her.

Nancy says that they have a local hospital and visiting health services to help them stay healthy. They also have a lot of information about how to stay healthy by eating a healthy diet and exercise. However, a lot of the information doesn't make sense to them and they don't follow up and do what they have been told.

Nancy says that being healthy is not just about what doctors can do for them. Aboriginal people seem to get lots of negative messages about their health and children not doing well at school. This stops them from going to the school and to the clinic. Nancy is not sure what to do about it but says that it's got to come from Aboriginal people themselves not just white people telling Aboriginal people what to do.

5.4.3 A fragile flourishing

Nancy's capacity for control is limited by the fragility of key attributes. Poverty and lack of employment opportunities have severely constrained her ability to act autonomously and to exercise power in her everyday life. She is confident of the ability of Aboriginal people as a group to be able to bring about improvements in their health and living conditions. However, she struggles with how to achieve this in a practical sense on a day to day basis. Past experiences with projects and organisations involving white people have made her distrustful of their involvement. She feels deeply hurt by these experiences and struggles to find a way to manage those feelings. She has been diligent and persistent in working with other women to improve opportunities for them in the community. However, there is tension within groups and families which make

this challenging. She is pragmatic in relation to her own prospects in life. She has chosen to fulfil her cultural and family obligations and accept the financial constraints which she has not been able to overcome.

Nancy feels a deep connection to the place where she lives based on her family history and a cultural connection to the land. She has returned to her grandmother's country to fulfil her family obligations and enjoys the opportunity to spend time with her family. In this sense, she interprets her current lifestyle in a positive way. Nancy feels that this place is where she belongs and she would prefer to live here. However, she feels unwelcome and excluded from the broader community who don't share her values. The cost of living in the community also makes daily life in this place a strain. Despite her deep connection to the place where she lives, Nancy does not feel content.

Nancy's motivation to make connections with people and organisations is high. She occupies a leadership role with a group of women she associates with. She finds this a challenging role but enjoys the support and friendship of the women in the group. Apart from this group, there are few opportunities to meet and socialise with other Aboriginal women, including family members. This is attributable, in part, to a change in the attitudes and beliefs of some Aboriginal people who prefer to socialise in town or in their own homes rather than spend time in the bush. Nancy has made organisational connections with the local and a visiting health service. However, services do not satisfy some of her needs in relation to staying healthy. She doesn't feel comfortable in using some services and finds the information she receives difficult to understand and implement.

Nancy had found her niche within the Aboriginal community as a grandmother returning to her country to enjoy her grandchildren and teach them cultural ways. Her sense of self is intrinsically related to where she lives. She is proud of that niche and sees it as continuing an important cultural obligation despite the challenges. However, she feels that she and others do not have the respect of the non-Indigenous community because they are unable to meet their expectations. This has had a negative impact on her self esteem. As a consequence she feels discouraged in her attempts to obtain paid work and participate in the community.

5.4.4 Summary

Each of the dimensions of flourishing is fragile. Nancy has a strong sense of belonging and a well defined identity based on culture, spirituality and a deep connection to place. She has established connections with other Indigenous people, her family and some organisations in the community. She has analysed the causes of her social situation and how it can be addressed. She has been resourceful in taking a leadership role and demonstrated perseverance and prudence in working with other Indigenous women to improve their health and opportunities. However, the robustness of each dimension is compromised by the impact of social exclusion, poverty and a lack of resources and skills.

5.5 Belinda

5.5.1 Interview context

Belinda and I met at a health field day on a station. We both recalled meeting a few years earlier at the same location and talked briefly during the morning activities. After lunch Belinda said that she would like to be involved in the study but did not

think that I would learn anything from talking with her. I reassured her that I was interested in hearing her story and we found a cool place to conduct the interview. I recorded in my field journal that Belinda said she hoped that the interview would not be too long.

5.5.2 Belinda's story

Belinda is in her sixties and lives on a remote grazing property. She was raised on a farm and has lived all her life on rural properties. She has been married for a very long period of time. Her adult children and grandchildren live a considerable distance from her. However, they visit regularly. Belinda speaks to her children every couple of days by telephone.

Belinda described a busy lifestyle centred around her role on the property. She cooks, cleans, maintains the house and a large fruit and vegetable garden, does the station book work, cares for the dogs and chooks and helps out with the cattle work where she can. Her husband is often away working on another property. Belinda is content to stay on the property and maintain the house and gardens. Belinda enjoys the natural environment and takes pride in the large gardens on the station. She has access to the internet but rarely uses it because she lacks the skills required. The station has solar power backed up by a diesel generator. Belinda has developed ways to limit power use to accommodate this. The water supply is sufficient to maintain the gardens around the house.

There are station workers who also live either in the station homestead or in accommodation close by. Living with workers can sometimes cause tension. However,

Belinda appreciates the help with household tasks and considers herself easy to get on with. Belinda socialises with her neighbours and often speaks by telephone to a woman on a neighbouring property if she is looking for someone to talk to. Once a week, the mail plane arrives and the pilot often stays for lunch.

Belinda says that there are drawbacks to living where she does. On a personal level, she says that she is too far away from her children and grandchildren. The drawbacks from a business perspective are the cost of transport, poor roads and rivers that flood. Belinda says this is just part of farm life. Belinda accesses the RFDS either at health field days or by telephone. She has been able to access a light aircraft to obtain medical care in town when roads have been cut due to flooding.

Belinda described her life on the station as peaceful. She says she loves living on the station. When asked what she loved about the lifestyle, Belinda listed the surrounding gardens and said that she didn't want to live anywhere else. Belinda said she doesn't go to town unless she has to for medical treatment or to pick up supplies. She is not interested in shopping for clothes and has never wanted to live in town.

Belinda paused to reflect when asked to talk about the challenges in her life. She said the challenging times are when the cows bog and she can't pull them out or when the calves fall in the molasses troughs. She described as sad a time when she had not been able to save a cow and calf after they got stuck in a bog. She reflected also on the damage that pigs and dingoes caused to cattle. Belinda says these things are part of life and there is nothing she can really do about it. She couldn't think of anything that

would have been helpful to her in managing challenges in her life and says she is content.

Belinda has a health issue that requires daily medication. She considers herself to be healthy and attributes this mainly to good luck. She has always eaten a lot of raw fruit and vegetables and thinks this may also contribute to her good health. Belinda reflected that she probably doesn't do enough exercise. She is planning to incorporate physical activity into her daily routine by walking on the airstrip. However if she has to cook breakfast for workers during mustering, that will take priority. Belinda says that she avoids going to the doctor unless she has to. She is sceptical about some medical advice she has been given in the past. She seeks advice but then prefers to make up her own mind about how to manage health issues.

5.5.3 Flourishing

Belinda manages the challenges of living in a remote area with equanimity. She considers weather extremes and damage to livestock part of farming. Although she feels sad when animals are hurt or injured, she is pragmatic about the consequences. Belinda participates in station activities and is able to exercise power and autonomy in managing the house and gardens. Belinda has developed skills in remote living that enable her to manage with a restricted power supply and limited access to fresh food and medical care. She has access to resources that can lessen the impact of distance. These resources, together with her knowledge and skills in relation to remote living, help her to persevere in finding solutions to problems. She exercises control in relation to her health by the choices she makes in relation to diet and exercise and by participating in decisions about her health issues. Challenges do not overwhelm her and she has confidence in her ability to manage hardship.

Belinda is living where she prefers and is content with her day to day life. She enjoys the natural environment. She feels a deep sense of belonging to the place where she lives. She enjoys the company of her neighbours. Despite distance from family, transport costs and inadequate road systems, Belinda interprets her lifestyle positively and dismisses living in town as an alternative.

Belinda is highly motivated to connect with family, neighbours, acquaintances and nearby communities. She engages with people she encounters regularly and is able to manage relationships with workers who live on the station. She receives support from family and friends and stays connected through electronic and face to face contact. She has been able to overcome the constraints of distance and accesses health care when she needs it.

Belinda has found a niche managing the household and gardens at the station. She enjoys these roles and takes pride in her achievements. She has a subordinate role in the family business but exercises power and autonomy in relation to the tasks she performs in the home.

5.5.4 Summary

Despite distance, limited access to services and some extreme weather conditions, Belinda has the capacity to flourish. The attributes of control, connecting, belonging and identity are present and synchronised. Belinda has attitudes, beliefs, knowledge and skills which have enabled her to adapt to a remote lifestyle. She regards herself as healthy and is content with her life. Access to social networks, health services

and financial resources have also enabled Belinda to manage challenges in everyday living.

5.6 Summary

In this chapter, all of the study findings have been integrated and four general properties of flourishing have been proposed. The grounded theory has been assessed based on the criteria of fit and relevance explained in the methodology chapter. To reiterate, fit means that the codes and categories of the theory match the data. Relevance means that the theory captures and reveals the essential features of what is being studied. Using methods explained in the methodology chapter, I have mapped three women's stories onto the model and made the necessary adjustments to the attributes, enabling and constraining factors so that the theory closely matches the data. This phase of the analysis complements the preceding phase by illustrating the dynamic quality of the theory and restoring women's voices to the study by presenting whole stories. In the next part of the thesis, I discuss the study findings in relation to the literature and draw some conclusions from the data and the analysis.

Chapter 6: Plausibility of the grounded theory

In this chapter, I assess the plausibility of the theory of the capacity for flourishing as an account of how women achieve health and wellbeing. Plausibility relates to the assertion that a grounded theory should "makes sense" (Stern, 2010, p. 114) as an account of a social situation and "work" (Glaser, 1998, p.17) as a theory of the experience being studied. I assess plausibility in two ways. Firstly, I review the literature to determine the relevance of the concept of flourishing to health and wellbeing and to the disciplines of health promotion and social work. Secondly, I juxtapose and compare the grounded theory to three other related models from the literature. I refer to these as 'models' rather than 'theories' of flourishing to distinguish them from the grounded theory. In addition, none of the authors of the comparative studies used grounded theory methods. The findings presented in this chapter relate to the final version of the theory developed after the adjustments made as a result of the mapping of three women's stories in the previous chapter.

The chapter commences with an overview of the concept of flourishing. This is followed by its definition, philosophical origins, use in the health and social science literature and current debates. The relevance of flourishing to theories and models of social work practice are also discussed. The study theory is then compared with models related to flourishing in the literature. Social work and health promotion perspectives, which both recognise social as well as individual determinants of health (Heinonen, Metteri & Leach, 2009b; Whiteside, 2004) frame the study. The models selected for comparison therefore focus on psychosocial rather than biomedical perspectives of health and wellbeing. The dimensions, attributes, enabling and constraining factors and

properties of the study theory provide the organising framework for juxtaposing and comparing the study theory with the models. Similarities and differences between the study theory and models are then discussed.

6.1 Relevance of the concept of flourishing

The term flourishing is associated with what is optimal and positive in relation to human growth and development. Flourishing is derived from the Latin word *florere* meaning flower (Soanes & Stevenson, 2005). The Oxford Dictionary defines flourishing as to "grow or develop in a healthy or vigorous way, especially as the result of a particularly congenial environment" (Soanes & Stevenson, 2005, p. 665). The association between the concepts of human flourishing and health and wellbeing dates from the Greek philosopher Aristotle's concept of *eudaimonia* (Cuomo, 1998; Draper & Thompson, 2001; Ransome, 2010). *Eudaimonia*, which translates as human flourishing (Cuomo, 1998; Ransome, 2010), is concerned with the meaning of a good life and the social conditions necessary to achieve it (Draper & Thompson, 2001). Cuomo (1998) summarises Aristotle's view of flourishing as:

> … human wellbeing requires something more than the satisfaction of desires, as utilitarians typically characterise happiness. Rather, the ancient Greek concept of *eudaimonia*, translated as 'happiness', 'the good life', 'living well', 'excellence', and 'flourishing', refers to the achievement of the best of what it means to be human. (p. 66)

Cultural perspectives on wellbeing in the *eudaimonic* tradition have contributed to conceptualisations of human flourishing in the health sciences. Catolico's (1997)

study of the resettlement experiences of Cambodian refugee women in the Unites States of America addressed the concept of psychological wellbeing. The distinctions made by Catolico (1997) between psychological wellbeing as an individual trait and as a social construct parallel debates in the literature about the concept of flourishing and how to study it. Catolico (1997) distinguished between micro and macro perspectives of psychological wellbeing. Micro perspectives reflect a western focus on individualism. Problems in life are regarded as a result of personal choice. Improving social situations is consequently an individual responsibility. From a macro perspective, psychological wellbeing is shaped by the interaction between a person and their environment. A macro perspective of psychological wellbeing grounds the concept of psychological wellbeing in people's everyday experiences and results in a more realistic interpretation of wellbeing (Catolico, 1997). Catalico (1997) maintains that indicators of wellbeing, such as harmony and balance, that embrace the social and cultural experiences of refugee women and are elicited through women's narratives and dialogue have more relevance than scales and evaluation criteria based on a western medical model.

Studies which explore the dynamic and interconnected quality of human wellbeing contribute to an understanding of flourishing as an optimum state of health and wellbeing. Ypinazar, Margolis, Haswell-Elkins & Tsey (2007) synthesised findings of qualitative studies of Indigenous world views of mental health in a study of Indigenous understandings of mental health in Australia. The studies synthesised were published in the psychology, mental health, health promotion and primary health care literature. The authors found that the concept of holistic health was loosely defined in the relevant literature and included social, emotional, economic, physical, spiritual, environmental and cultural aspects. Further, it was found there was a "dynamic

interconnectedness" (Ypinazar et al., 2007, p.473) between each of the themes of culture and spirituality, family and community kinships, historical, social and economic factors, fear and education and loss and that no single aspect of Indigenous life circumstances could be considered in isolation from others.

An examination of the health science literature indicates that the concept of flourishing is used in discourses which utilise the phrase health and wellbeing and the terms wellbeing, subjective wellbeing, happiness, positive emotions, positive psychology, positive health, mental health, complete mental health and quality of life. It is generally associated with psychosocial perspectives and denotes an optimum health goal. In the post World War 2 era, the study of human happiness in the *eudaimonic* tradition was incorporated into the health science literature through the study of subjective wellbeing (Keyes, 2006). Subjective wellbeing studies combined individual assessment of positive feelings and life satisfaction (hedonic wellbeing) with positive functioning (*eudaimonic* wellbeing) (Huppert, 2005; Keyes, 2006). More recently, the concept of flourishing has been used in studies of positive states of health and wellbeing which combine hedonic and *eudaimonic* approaches. Prominent amongst this research is Keyes' (2002, 2005, 2006) study of flourishing and mental health which is discussed in the following section.

As a health goal, flourishing has now become part of the language used in current debates in the public health literature about reducing health inequalities by addressing the social determinants of health (Commission on Social Determinants of Health, 2008a; Marmot, Friel, Bell, Houweling & Taylor, 2008). In 2005, the World Health Organization established the Commission on the Social Determinants of Health

to assemble the evidence on what can be done to promote health equity (Commission on Social Determinants of Health, 2008a). In the *Key Concepts* papers attached to the final report, social determinants of health are described as:

> … the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics. (Commission on Social Determinants of Health, 2008b, p. 2)

Health inequalities refer to systematic, avoidable causes of differences in health between and within countries (Marmot et al., 2008). In its opening pages, the Commission's final report referred not only to closing the gap in terms of measures, such as life expectancy and infant mortality, but whether "a child can grow and develop to its full potential and live a flourishing life" (Commission on Social Determinants of Health, 2008a, p. 1).

The study of flourishing is associated with a salutogenic approach to health and consequently is relevant to health promotion. Over 30 years ago, salutogensis was heralded as a new theoretical paradigm for health promotion which disengaged the emerging discipline from the treatment and prevention of disease focus of medical models of health (Becker, Glascoff & Felts, 2010). Salutogenisis involves the study of the conditions and pathways that create health and how those who are already healthy can achieve optimum health (Antonovsky, 1996; Becker et al., 2010). Antonovsky (1996) uses the metaphor of the river to explain salutogenisis. The dichotomous health/disease model is explained using this metaphor "curative medicine, to return to my metaphor, is devoted to those who are drowning; preventive medicine, to those in

danger of being pushed into the river upstream" (Antonovsky, 1996, p.13). From a salutogenic perspective, health is a continuum "which sees each of us, at a given point in time, somewhere along the 'healthy/dis-ease continuum" (Antonovsky, 1996, p. 14). Antonovsky (1996) explains the salutogenic approach to health promotion, "we are all, always, in this dangerous river of life. The twin question is: How dangerous is *our* river? How well can we swim?" (p. 14). A salutogenic orientation in health promotion involves enhancing a person's capacity for health so that they can live the life they prefer (Becker et al., 2010). Health from a salutogenic perspective therefore subsumes physical, mental and social and other states of health and wellbeing into the concept of optimal health as it relates to each person. Salutogenisis complements a pathogenic approach to health which focuses on identifying and eliminating the risk of disease (Becker et al., 2010; Keyes, 2006).

Despite its increasing use in the health sciences, methods for studying flourishing have become the subject of debate (Draper & Thompson, 2001; Keyes, 2005). According to Draper and Thompson (2001), the key questions in the study of human flourishing are "What is being human? What are the conditions in which human beings flourish? What steps can be taken to establish these conditions?" (p. 654). One of the key debates in the literature is whether human flourishing can be reduced to a set of common characteristics or whether it is context-dependent and individual (Draper & Thompson, 2001). Ethical (Cuomo, 1998) and philosophical approaches (Draper & Thompson, 2001) favour the context-dependent approach while psychological perspectives utilise indicators derived from quantitative methods (Keyes, 2005, 2006; Ryff & Keyes, 1995) to measure flourishing (Keyes, 2005).

The concept of human flourishing as a good life and the social conditions necessary to achieve it (Draper & Thompson, 2001) are closely aligned with the purpose and practice of social work. Social work aims to maximise human potential through a commitment to achieving the best possible levels of personal and social wellbeing, human rights and social justice (Australian Association of Social Workers, 2010). Social work practice positions people within their social, cultural, physical and natural environment and, therefore, seeks to address both interpersonal and systemic issues that impact on wellbeing (Australian Association of Social Workers, 2010).

The commitment to maximising human wellbeing and social change has been expressed in the social work literature as a person-in-environment (Germain & Gitterman, 1980), person-environment (Kemp, Whittaker & Tracy, 1997) and person:environment (Germain & Gitterman, 1996; Gitterman & Germain, 2008) focus. This approach originated with the settlement houses of the late nineteenth century and concerns about the impact of poor social and environmental conditions on human wellbeing (Kemp et al., 1997). The degree of commitment to a person and environment focus in social work has varied over time in line with dominant theoretical perspectives, social movements and the pursuit of professional status (Coates, 2003; Gitterman & Germain, 2008; Kemp et al., 1997). In the post World War 1 era, the momentum for social reform waned and individual change became the focus. Social work was influenced by the psychodynamic theories of Freud (Kemp et al., 1997) and adopted therapeutic, person-centred models of practice (Coates, 2003). Psychological theories and casework dominated in an era of social conservatism until the 1960s (Kemp et al., 1997). The social upheaval associated with civil rights movements in the United States of America and critiques highlighting the perceived ineffectiveness of social work case

work interventions prompted the search for alternative modes of practice (Coates, 2003; Kemp et al., 1997). In the 1970s, systems theory provided the conceptual framework for understanding the relationship between a person and the environment (Kemp et al., 1997; O'Donoghue & Maidment, 2005). Systems theory focused attention on the influence of social systems on human wellbeing (O'Donoghue & Maidment, 2005). While promoted as a unifying framework for social work practice (O'Donoghue & Maidment, 2005), it was criticised for the lack of guidance it provided for intervention strategies (Kemp et al., 1997; O'Donoghue & Maidment, 2005).

Germain and Gitterman's (1980) *Life Model of Social Work Practice* applied an ecological metaphor to the person and environment relationship. From an ecological perspective, people and their environment are complementary and interdependent parts of a whole. The relationship between them is one of continuous exchange in which each shapes the other (Germain & Gitterman, 1996). In a later version of the Life Model, the ecological concepts of habitat and niche were introduced to define the relationship between human beings and the place where they live (Germain & Gitterman, 1996). In ecological terms, a habitat is the equivalent of an "address" (Germain & Gitterman, 1996, p. 20) while a niche is the equivalent of a "profession" (Germain & Gitterman, 1996, p.20). The relationship between people and their environment has a dynamic quality related to their "level of fit" (Germain & Gitterman, 1996, p.8). Level of fit refers to "the degree of balance and reciprocity between the person's needs, capacities and aspirations and the resources and expectations accessible and available in their environment" (O'Donoghue & Maidment, 2005, p. 39). Adaptation is the process by which individuals and the environment change in order to improve their level of fit (Germain & Gitterman, 1996). As Germain and Gitterman (1996) explain:

> When there is a poor fit between a person's environment and his or her needs, capacities, rights, and aspirations, personal development and functioning are apt to be impaired and the environment may be damaged. When there is a good fit, both person and environment flourish. (p. 8)

Ecological systems approaches have been the subject of recent critiques in the social work literature. One critique relates to the extent to which ecological practice models recognise issues of power, oppression and marginalisation (Besthorn & McMillen, 2002; Coates, 2003; Kemp et al., 1997; O'Donoghue & Maidment, 2005). Some of these critiques contend that ecological perspectives are conservative, too narrowly focused on individuals and lack a critical analysis of social situations (Besthorn & McMillen, 2002; Coates, 2003; Ife, 1995). As Coates (2003) explains, "[t]he focus on 'goodness of fit' - the relationships between individuals and between individuals and society – frequently means 'fitting in' as people are assisted through individual treatment to adjust to modern society" (p. 154). Other critiques argue that ecological practice models have a disproportionate emphasis on the social environment and neglect the natural environment or regard the natural environment as a backdrop to social activity. (Besthorn & McMillen, 2002; Coates, 2003). As Besthorn and Miller (2002) explain:

> … social work's commitment to person *in* environment, from the point of view of most conventional ecological/systems perspectives, becomes a kind of euphemism for person *on* environment. That is, consciously, people don't really live *in* an environment in the sense of being deeply bonded physically, emotionally, and spiritually; they simply live *on top* of it so to speak. (p. 223)

Over the last fifteen years, the application of an ecological metaphor to the person and environment focus of social work has evolved further. These developments have taken place in the context of increased concern in social work about the implications of climate change for health and social and health inequalities globally (Alston, 2009a). There have been compelling arguments made for combining social justice and ecological perspectives through associations with the Green political philosophy (Ife, 1995) and ecofeminism (Besthorn & McMillen, 2002). Ecofeminism is concerned with the impact of power and oppression on the capacity for all human flourishing and on the natural environment (Besthorn & McMillen, 2002). It rejects dualisms of man and woman, humans and nature, in favour of interconnectedness and social change to address all forms of oppression (Besthorn & McMillen, 2002). Stehlik (2008) utilised Cuomo's (1998) ecological feminist interpretation of ecofeminism to analyse the social, environmental and political context in which rural Australian women have experienced the impact of drought. Stehlik (2008) concluded that "the expectation we appear to have as a nation, that country people are 'more resilient', and therefore should be expected to put up with less while they have to give more than the rest of us" (p. 9) was holding back the capacity for women to flourish in areas affected by drought.

The evolution of the thinking underpinning the application of ecological metaphors to social work has implications for social work practice. Gitterman and Germain (2008) maintain that the Life Model of social work practice has further evolved to resist the dominant political conservatism and the evidence-based practice movement in the United States of America. Gitterman and Germain (2008) argue that:

> … social workers whose practice is life-modelled must be increasingly engaged in organisational, community, or neighbourhood practice. When working with individuals, families, and groups, many life-modelled practitioners expand their practice to populations of similarly affected persons, helping them to undertake social action and develop preventive and growth promoting programs. (p. xi)

Besthorn and Miller's (2002) argument for an expanded ecological social work based on ecofeminist perspectives resonates strongly with Aristotle's concept of *eudaimonia* and human flourishing (Cuomo, 1998). Besthorn and Miller (2002) propose that "[a]n expanded ecological social work must also advocate for an alternative vision of the good life. That is, a new insight into what constitutes a joyous and satisfying, rather than satiated life" (p. 228).

6.2 A comparison of models of flourishing

In this section, the study theory is compared to models by Keyes (2007), Cuomo (1998) and Heinonen, Jiao, Deane and Cheung (2009a). The methods for making the comparisons are detailed in Chapter 2. Each of these models is reviewed and presented separately. This is followed by a discussion of the similarities and differences between each of the models and the study theory. The dimensions, properties and enabling and constraining factors of the study theory are then compared with the three established models. The purpose of the discussion was to assess the plausibility of the features of the study theory by focusing the lens more closely on how each author articulates the model of flourishing. The discussion necessarily involved making inferences when linking features of the models. Framing this part of the discussion was challenging as each of the models is derived from a different discipline, uses different language to

describe features of the model and reflects a different theoretical approach. Tables have been used to display the comparison so that all of the decisions and inferences made are open to scrutiny. The theory of the capacity for flourishing is included in Figure 6.1 for ease of comparison.

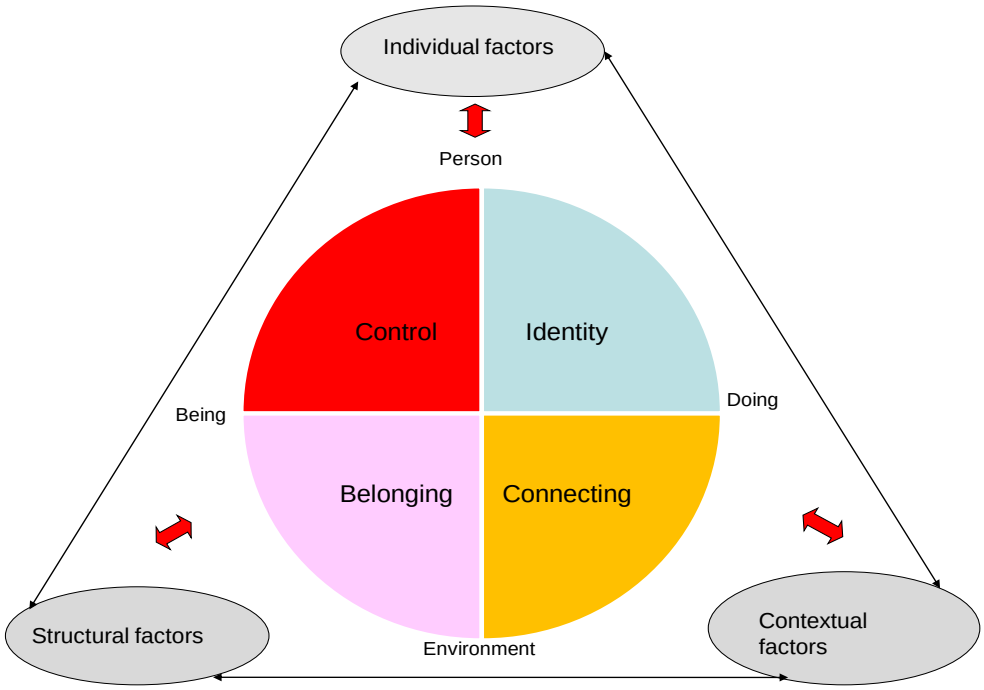

Figure 6.1 Capacity for flourishing

6.2.1 Keyes' model of mental health as flourishing

Keyes' (2007) model of flourishing relates to mental health. The model is based on the premise that mental health can be represented as a continuum. At one end of the mental health continuum is a state of flourishing (Keyes, 2007). Flourishing means "to be filled with positive emotion and to be functioning well psychologically and socially" (Keyes, 2002, p.210). At the other end of the mental health continuum is a state of languishing. Languishing is "conceived of as emptiness and stagnation, constituting a

life of quiet despair" (Keyes, 2002, p.210). Mental illness is represented on a separate continuum. At one end of this continuum is a diagnosis of mental illness and at the other end is a state of flourishing. According to this model, a person may be languishing even in the absence of mental illness and may be flourishing despite the presence of mental illness (Keyes, 2007). A state in which a person is both free of mental illness and flourishing is described as complete mental health (Keyes, 2007). Between the two ends of the continuum is a state which does not meet the criteria for either flourishing or languishing. This state is described as "moderately mentally healthy" (Keyes, 2007, p. 98).

Keyes' (2007) model of mental health as flourishing involves 13 dimensions. The dimensions are classified into three categories — positive emotions, positive psychological functioning and positive social functioning. The list of dimensions reflects two theoretical traditions in the study of psychological wellbeing. Hedonic or emotional wellbeing relates to positive emotions while the *eudaimonic* tradition relates to positive psychological and social functioning (Keyes, 2006). The dimensions of flourishing are presented in Figure 6.2 (adapted from Keyes, 2007, p. 98). The dimensions are derived from studies of subjective wellbeing in social science and psychological literature during a 50 year period post World War 2 in the United States of America (Keyes, 2007).

Table 1
Factors and 13 Dimensions Reflecting Mental Health as Flourishing

Dimension	Definition
	Positive emotions (i.e., emotional well-being)
Positive affect	Regularly cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life.
Avowed quality of life	Mostly or highly satisfied with life overall or in domains of life.
	Positive psychological functioning (i.e., psychological well-being)
Self-acceptance	Holds positive attitudes toward self, acknowledges, likes most parts of self, personality.
Personal growth	Seeks challenge, has insight into own potential, feels a sense of continued development.
Purpose in life	Finds own life has a direction and meaning.
Environmental mastery	Exercises ability to select, manage, and mold personal environs to suit needs.
Autonomy	Is guided by own, socially accepted, internal standards and values.
Positive relations with others	Has, or can form, warm, trusting personal relationships
	Positive social functioning (i.e., social well-being)
Social acceptance	Holds positive attitudes toward, acknowledges, and is accepting of human differences.
Social actualization	Believes people, groups, and society have potential and can evolve or grow positively.
Social contribution	Sees own daily activities as useful to and valued by society and others.
Social coherence	Interested in society and social life and finds them meaningful and somewhat intelligible.
Social integration	A sense of belonging to, and comfort and support from, a community.

Note. The 13 dimensions are from Keyes (2005b, Table 1, p. 541).

Figure 6.2 Keyes' Dimensions of flourishing

According to Keyes (2005), these dimensions represent a set of diagnostic criteria which can be used to measure mental health in the same way that mental illness is diagnosed. To be *diagnosed* as flourishing in life, a person must exhibit high levels on at least one measure of positive emotions and high levels on at least six measures of positive functioning (Keyes, 2007). Promoting mental health at a population level involves both preventing and treating mental illness (a pathogenic approach to health promotion) and promoting flourishing in individuals free of mental illness but not experiencing optimum mental health (a salutogenic approach to health promotion) (Keyes, 2007).

6.2.2 Cuomos' ethic of flourishing

Cuomo's (1998) ethic of flourishing is based on an ecological feminist perspective. A commitment to the flourishing of human, biological and non-biological communities is a defining feature of ecological feminism (Cuomo, 1998). The extension of the concept of *eudaimonia* beyond human flourishing to include non-human entities distinguishes an ecological feminist interpretation of flourishing from that of the Greek philosopher, Aristotle (Cuomo, 1998).

Human flourishing "captures what ecological feminists want to bring about in and through our interactions. But 'flourishing' also captures something about how we want to *be* - as persons and moral agents"(Cuomo, 1998, p.79). What it means to *be* human however is highly contextualised and involves biological, social and cultural perspectives (Cuomo, 1998). An ecological feminist perspective of human flourishing includes a political dimension. According to Cuomo (1998):

> … power associated with privilege of race, wealth, gender, sexuality, ethnicity, and species is exercised, consciously or not, in ways that exploit the use value and undermine the well-being of morally considerable beings. Ecological feminists propose ethics that attend to the reasons *why* so much that is capable is not able to flourish, and how more flourishing can be made possible. (p. 65)

Cuomo (1998) describes seven aspects of an ecological feminist conception of flourishing. These aspects of flourishing have been summarised by me in Table 6.1. The column on the left of Table 6.1 quotes the headings given by Cuomo (1998) to the

description of each aspect of flourishing. The column on the right of Table 6.1 has been summarised from the text by me for the purposes of the comparison.

Table 6.1 Cuomo's aspects of human flourishing

Aspects of flourishing†	Description
Flourishing occurs in bodies	Flourishing entails some degree of physical and emotional health and wellbeing.
Flourishing occurs in process	Flourishing evolves and occurs in the context of chronological time.
Flourishing is achievable by individuals only in communities	Flourishing occurs in social and ecological communities.
Flourishing is achievable by individuals as well as aggregates	Individuals can flourish in hostile contexts where they are strengthened by a flourishing sub-community.
Flourishing requires good consequences and good persons	Flourishing can be pursued through choices and actions in everyday life which are likely to produce or contribute to flourishing.
Flourishing requires integrity and 'self'-directedness	Flourishing involves autonomy and self-determination free of oppression.
The flourishing of moral agents requires the flourishing of moral objects	There are limits to human flourishing. Human flourishing should not occur at the expense of ecological flourishing.

†(Adapted from Cuomo, 1998)

6.2.3 Heinonen, Jiao, Deane and Cheung's Health determinants of women in rural Inner Mongolia

Heinonen et al. (2009a) present a model of health and wellbeing which illustrates the way in which the interplay between structural factors, the physical

environment, local conditions and individual factors influence the health and wellbeing of women in rural Inner Mongolia.

Heinonen, Jiao, Deane and Cheung's (2009a, p. 174) description of the health determinants affecting women in rural Inner Mongolia is presented in Figure 6.3.

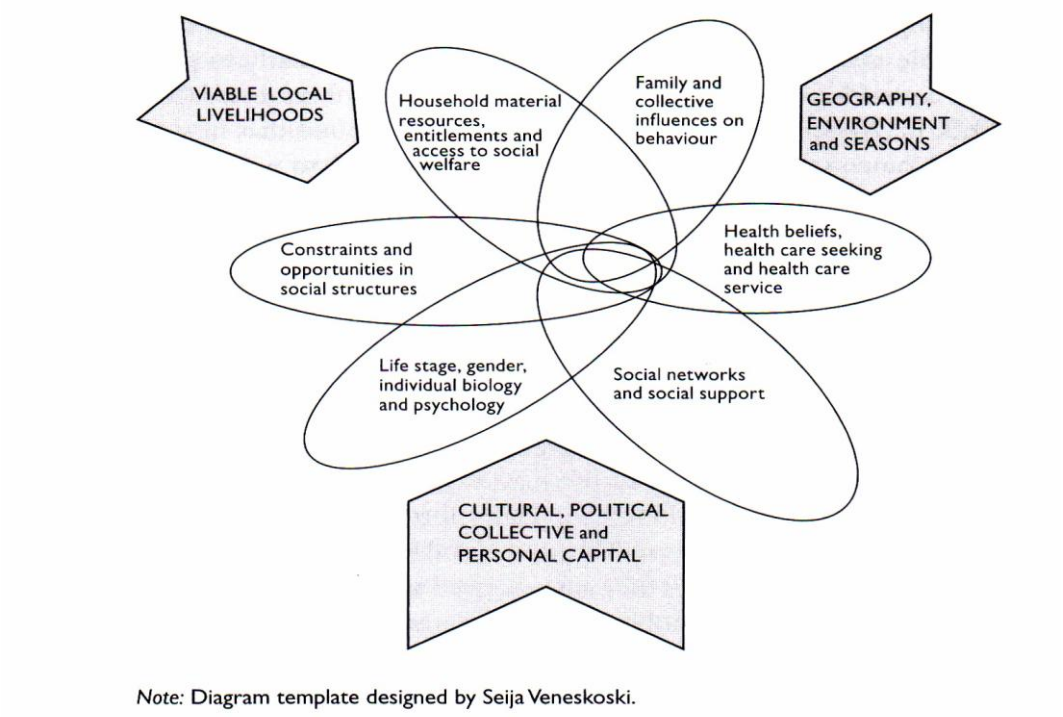

Figure 6.3 Heinonen, Jiao, Deane & Cheung's Health determinants affecting women in rural Inner Mongolia

This model was developed as the result of a project partnership between The China Women's University and the University of Manitoba in Canada. The partners developed a project to provide social work training for women from the All China Women's Federation and village-level women leaders in poor rural areas of Inner Mongolia. The training was designed to increase the capacity of workers to mobilise

women in identifying and addressing local health issues (Heinonen et al., 2009a). The model adapts that developed by Heinonen, Metteri and Leach (2009b) which identified six categories of social determinants — material resources and entitlements; health beliefs and health care seeking; individual behaviour; biological and psychological factors; physical and social environments; and, societal-structural features.

The partnership project was based on a holistic approach to health and wellbeing (Heinonen et al., 2009a). Heinonen et al.'s (2009a) approach to health and wellbeing can be summarised in terms of six premises. Firstly, health and wellbeing was influenced by social factors and environmental conditions which included remote location. Secondly, the interplay between these factors was enacted in the daily lives of women. Thirdly, the capacity for health and wellbeing was influenced by lifestage. Fourthly, structural arrangements related to women's position in society influenced women's access to resources with consequences for health and wellbeing. Fifthly, broader social factors shaped more localised conditions which impact on health and wellbeing. Sixthly, community participation in identifying and addressing health issues was central to promoting rural and remote women's health and wellbeing.

6.3 Similarities between models and the grounded theory

In this section, I provide an overview of similarities and differences between each of the three established models presented above. I then contrast this overview with study theory. Following this, I make a more detailed comparison between models by comparing and contrasting each of the models with the study theory using the dimensions, attributes, properties and enabling and constraining factors of the study model as a framework for discussion.

Each of the three models presented adopt a definition of health as more than the absence of disease. While Keyes' model of flourishing relates only to mental health, the two continua approach highlights the central contention that the absence of mental illness does not imply the presence of mental health and the presence of mental health does not imply the absence of mental illness. Hence, the contention by Keyes that a person can flourish while experiencing a mental illness. Cuomo's model of flourishing asserts that a level of physical and emotional health is required in order to flourish. Stated differently, Cuomo contends that the presence of physical and emotional health does not imply flourishing but flourishing cannot occur without some degree of physical and emotional health. Heinonen et al.'s model implies a definition of health as more than the absence of disease through a commitment to community participation and empowerment approaches to promoting rural women's health by the prevention of violence towards women.

Each of the models recognises that health is created out of the interaction between a person and their environment as well as being located in the body. In Keyes' model, this is evidenced by dimensions of flourishing which are described as social wellbeing. Keyes contends that social acceptance, social actualisation, social contribution, social coherence and social integration are indicative of social wellbeing. Cuomo extends the concept of environment beyond social interaction to include the natural environment and ecological communities as well as human communities. Further, Cuomo contends that human flourishing should not occur at the expense of ecological communities. Heinonen et al. describe the influence of the social environment on health in terms of the availability of social networks, social support and social welfare services.

Each of the three models presented appear to be underpinned by a salutogenic approach to health. In the instance of Keyes' model, this is explicitly stated, while it is implied in the other two examples. Each of the models is concerned with how health is created and with achieving optimal states of health. In Keyes' model, the focus is on flourishing as an optimal state of mental health. Cuomo's model of flourishing is concerned with the achievement of physical and emotional health in the broader context of human and non-human flourishing. Heinonen et al.'s model describes determinants of physical and mental health as the basis for developing methods for promoting health and wellbeing.

The study theory adopts a definition of health, philosophical tradition and theoretical orientation similar to the models described. In common with each of these models, the study theory adopts a view of health as more than the presence or absence of disease. In the models of Keyes, Cuomo and the study theory, the definition of health and wellbeing is explicitly linked to the Aristolean concept of *eudaimonia*. To varying extents, the models incorporate the environment into explanations of how health is created. Keyes' model focuses on the social environment while Heinonen et al. and Cuomo take a broader view, including the physical, natural, economic and political environment. The study theory classifies environmental factors which can enable and constrain flourishing as contextual and structural. The study theory shares a theoretical orientation towards a salutogenic approach to health by positing how health is created in the context of remote locations.

6.4 Differences between models and the grounded theory

The primary difference between the established models and the study theory is that the latter presents a theory of the capacity for flourishing which integrates dimensions, enabling and constraining factors and properties which have been developed through grounded theory methods. Each of the models presented focuses on one of the three features (dimensions, properties, enabling and constraining factors) of the study theory. None of the models address more than one feature of the study theory.

Each of the models presented reflect the disciplinary and theoretical perspectives of the author(s). Cuomo's model of flourishing reflects an ecological feminist perspective. It addresses moral and ethical issues associated with human flourishing. It rejects the idea that there is one single concept of the good life and asserts that it is highly contextualised and changing. The ethical and feminist premise of the model adds a political dimension to the concept of flourishing. A commitment to both human and ecological flourishing involves a rejection of all forms of oppression. Heinonen et al.'s model reflects social work's dual focus on person and the environment (Whiteside, 2004). Participatory methods, empowerment approaches and a commitment to self determination in this model reflect social work values of social justice, respect for persons and professional integrity. It is a dynamic model in that it recognises the way in which structural factors, local conditions and individual factors interact and shape the way in which rural women live their daily lives. Further, Heinonen et al. describe health and wellbeing as lifestage contingent and not constant. In contrast, Keyes' model of flourishing is based on concepts and methods from the discipline of psychology. It focuses on diagnosis and measurement of prevalence and patterns of flourishing at a population level. The study theory reflects the theoretical

orientation of a critical ecological perspective in social work and a salutogenic approach to health promotion. It is based on the premise that health and wellbeing, as that is defined by each person is created out of the interaction between women and their environment and that maximum health for all is a social justice issue.

Each of the models presented in this chapter contain features that are referred to in the study theory as dimensions, enabling and constraining factors and properties. These features afford the opportunity for a closer comparison of the study theory and the models. The methods used to make the comparison are described in the methodology chapter. In the section which follows, I present the findings from the comparison.

6.5 Comparing dimensions and attributes of flourishing

In this section, the similarities and differences between the dimensions of flourishing in the study theory and those identified by Keyes are discussed. As Keyes' model includes what are described as attributes of the dimensions of flourishing in the grounded theory, these have been included for comparison as well. The comparison of the dimensions, displayed in Table 6.2, indicates that there are similarities between the dimensions of flourishing in the grounded theory and those in Keyes' model. All of the attributes of the Keyes' model were associated with at least one of those in the grounded theory.

The comparison indicates that some attributes of the study theory's dimensions of connecting and belonging were not reflected in Keyes' model. For example, mechanisms to connect and opportunities to connect were not linked to attributes of

Keyes' model. The comparison also did not yield an association between the attributes of belonging, deep connection to place, and belonging as a preferred state in the study theory with any attributes of the dimensions in Keyes' model.

Table 6.2 Comparison of attributes of flourishing

Attributes of dimensions in study theory	Attributes of Keyes' model
Control	
Pragmatism	Environmental mastery
	Social acceptance
	Social actualisation
Autonomy	Autonomy
Agency	Environmental mastery
Equanimity	Positive affect
Exercising power	Environmental mastery
Wellbeing	Positive affect
Connecting	
Motivation	Social coherence
Mechanisms	
Opportunities	
Satisfying needs	Positive relations with others
	Social coherence
Belonging	
Deep connection to place	
Shared values	Social integration
Interpreting lifestyle positively	Avowed quality of life
Contentment	Avowed quality of life
Preferred state	
Identity	
Sense of self	Self acceptance
Pride	Social contribution
Respect of others	Social contribution
Finding a niche	Personal growth
	Purpose in life
	Social contribution

6.6 Comparing properties of flourishing

In this section, the similarities and differences between properties of the capacity for flourishing in the study theory and Cuomo's aspects of flourishing are

discussed. The comparison displayed in Table 6.3 indicates that the study theory has properties in common with ecological feminist perspectives of flourishing. Three of the four properties of flourishing in the study theory were associated with an ecological feminist perspective of flourishing as described by Cuomo. However, one property of the study theory not reflected in the ecological feminist perspective is that dimensions are integrated and synchronised. In addition, there are three aspects of Cuomo's model not reflected in the study model. Each of these properties relates to the ethics of flourishing. Overall, while the study theory and Cuomo's model have similarities, the study theory lacks the ethical properties of Cuomo's model of flourishing.

Table 6.3 Comparison of properties of flourishing

Properties of flourishing in study theory	Cuomo's aspects of flourishing
Flourishing is dynamic not fixed	Flourishing occurs in process
Flourishing is interdependent with the environment not only located in the body	Flourishing occurs in bodies
	Flourishing is achievable by individuals only in communities
	Flourishing is achievable by individuals as well as aggregates
Flourishing is context specific not universal	Flourishing occurs in process
Flourishing is integrated and synchronised not separate	
	Flourishing requires good consequences and good persons
	Flourishing requires integrity and 'self'-directedness
	The flourishing of moral agents requires the flourishing of moral objects

6.7 Comparing enabling and constraining factors

In this section, the similarities and differences between the factors which enable and constrain the capacity for flourishing in the study theory and health determinants identified by Heinonen et al. are discussed. The comparison is displayed in Table 6.4.

A lack of specificity in the health determinants identified in Heinonen et al.'s model restricts this comparison. However, most of the enabling and constraining factors in the study theory could, in a broad sense, be described as associated with those defined as health determinants by Heinonen et al. Race is not mentioned specifically in Heinonen et al.'s model and this may reflect the homogeneity of the population in the area of the study. Similarly, factors such as disability and sexuality, which could be considered factors which enable and constrain flourishing, do not appear in either Heinonen et al.'s model or the study theory. The absence of these factors may reflect the nature of the study sample or a reluctance to either disclose or relate these experiences to the researcher.

Table 6.4 Comparison of enabling and constraining factors

Enabling and constraining factors in study theory	Heinonen et al.'s health determinants
Structural factors	
Race and ethnicity	
Gender	Cultural, political, collective and personal capital
	Constraints and opportunities in social structures
Location	Geography, environment and seasons
Contextual factors	
Money	Viable local livelihoods
	Household material resources, entitlements and access to social welfare
Social networks	Social networks and social support
Services	Health beliefs, health care seeking and health care service
Individual factors	
Attitudes and beliefs	Health beliefs, health care seeking and health care service
Knowledge and skills	Cultural, political, collective and personal capital
Physical and emotional health	Lifestage, gender, individual biology and psychology

6.8 Summary

In this chapter, the plausibility of the study theory was assessed by positioning it within the health and social science literature related to flourishing. I found that the concept of flourishing is highly relevant to understanding and studying health and wellbeing in this study. The study theory was compared with three models of health and wellbeing in the literature, two of which explicitly utilised the concept of flourishing. Each of these models was presented separately. This was followed by a discussion of similarities and differences between the models. Overall, there were many similarities between the study theory and the models. Each model comprised the equivalent of one of the three features (dimensions, properties, enabling and constraining factors) of the study theory. Many of the dimensions, properties, and enabling and constraining factors in these models were similar to those in the study theory. The study theory was different from the models in that it integrated dimensions, properties and enabling and constraining factors into a theory of the capacity for flourishing. In addition, there were some attributes of the dimensions of flourishing which appeared in the study theory but not in the model to which it was compared. These attributes were mechanisms to connect, opportunities to connect, a deep connection to place and belonging as a preferred state. There were differences between the properties of the study theory and the model to which it was compared. The study theory did not contain three of the ethical properties of the model. The integrated and synchronised property of the capacity of flourishing did not have an equivalent property in the model. The only difference found between enabling and constraining factors was that race and ethnicity appeared in the study theory but not in the model to which it was compared. In the next chapter, I discuss the study findings in relation to the Australian and international literature related to rural and remote women's health and wellbeing.

PART 3 DISCUSSION AND CONCLUSION

Chapter 7: Discussion

In this chapter, I discuss the grounded theory of the capacity for flourishing in relation to Australian and other relevant international literature. Comparable empirical literature is primarily from the Canadian context. Australia and Canada share similar challenges in relation to rural and remote health. Both countries have sparsely settled and geographically isolated rural communities. They also have comparable health and political systems (Pong et al., 2009). The purpose of the discussion is to position the study theory in relation to other studies of the health and wellbeing of rural and remote women and to describe its contribution to the literature.

In the first section, I discuss the study findings at a macro level. It is argued that this study contributes to a more in-depth understanding of remote women's health and wellbeing by describing the process by which it is achieved. This process is presented as a grounded theory of the capacity for flourishing. The study theory extends the literature in relation to remote women's health by utilising the concept of flourishing to denote a holistic interpretation of health. The phrase health and wellbeing is often referred to in the literature in relation to a holistic health but it is not well-defined and lacks conceptual clarity. With its deep philosophical roots, the concept of flourishing helps to address this. Over the last decade there has been an increase in theoretical and empirical literature in the social and health sciences which explores the influence of contextual factors on health (Bernard et al., 2007; Cummins, Curtis, Diez-Roux & Macintyre, 2007; Fraser et al., 2005; Macintyre, Ellaway & Cummins, 2002). This study contributes to the literature which explores the relationship between context and

health by theorising about how the remote context influenced the capacity of the women in this study to flourish.

I then discuss the study findings at a micro level. The four dimensions of flourishing: belonging, connecting, identity and control, are the framework for this section. This part of the discussion affirms the importance of a sense of belonging to remote women's health and wellbeing. It contributes to the literature which emphasises the importance of social support to health and wellbeing. The study findings extend this literature by describing a process for making connections in remote areas. The relevance of organisational as well as social connections is discussed. The study theory challenges current discourses of rural women in the literature. An alternative interpretation of the process of identity construction is proposed. The study theory draws attention to the importance of the concept of control to remote women's health and wellbeing. This concept has received relatively little attention in the rural and remote health literature.

As with the previous chapter, the literature selected for discussion reflects social work and health promotion perspectives of health and wellbeing and, therefore, focuses on psychosocial rather than biomedical perspectives of health and wellbeing (Heinonen et al., 2009b; Whiteside, 2004). The literature discussed includes the studies selected for the literature synthesis in phase one of the study. As explained in Chapter 2, geographically isolated communities are defined and classified in various ways (Smith, 2007). For this discussion, literature using the classification of rural, rural and remote, very remote and geographically isolated was included. There is a paucity of literature which relates specifically to remote areas.

7.1 Macro level findings

Three aspects of the findings are highlighted — the process of flourishing, holistic health and the importance of context. Discussing the process of flourishing involves drawing together the theoretical perspectives from social work and health promotion presented in Chapter 1 and in Chapter 6, and discussing them in relation to emerging theories of the relationship between context and health. The properties of flourishing included in Chapter 5 provide the framework for this discussion. The relevance of the concept of flourishing as holistic health and the importance of the remote context to the grounded theory are then discussed.

7.1.1 Process of flourishing

The study findings describe a process of flourishing. The capacity to flourish is related to the nature of interactions between a woman and the environment in which she lives. Individual characteristics play a role but whether or not the environment is supportive of the type of life a woman prefers is also important. Flourishing is dynamic. Where women have the capacity to change and adapt to life circumstances by virtue of the individual, contextual and structural factors identified, flourishing can be sustained. However, the capacity to flourish is compromised when factors which constrain flourishing outweigh enabling factors. The experience of flourishing is multidimensional. Synchronising these dimensions is crucial. The process of flourishing is contextualised and grounded in women's experiences.

These properties have much in common with relational geographical perspectives of how health and context are related at a population level. A relational geographical perspective recognises that "there is a mutually reinforcing and reciprocal

relationship between people and place" (Cummins et al., 2007, p. 1835) that is dynamic and infused with power and meaning. From a relational geographical perspective, the relationship between people and place requires an empirical focus on "the processes and interactions that occur between people and the social and physical resources in their environment" (Cummins et al., 2007, p. 1835). Qualitative studies that "provide insights into how people relate to places and the resources available to them locally" (Cummins et al., 2007, p. 1830) are important in understanding the relationship between people, health and place from a relational perspective.

There are synergies between social work, health promotion and relational geographical perspectives of health and wellbeing. A salutogenic approach to health promotion focuses on the process by which health is created out of the interaction between people and the environment (Antonovsky, 1996). This contrasts with a pathogenic approach which locates health in the body and is concerned with the prevention of disease (Antonovsky, 1996). Social work was founded on the premise that social and environmental conditions impact on health (Kemp et al., 1997). This perspective has been expressed through ecological systems theories in social work practice (Germain & Gitterman, 1996). The ecological metaphor has been used in social work to describe the process of continuous exchanges between people and where they live in which each shapes the other (Germain & Gitterman, 1996). More recently, the person and environment focus has extended to the relationship with the natural environment as well as the social environment through ecofeminist and ecological social work (Besthorn & McMillen, 2002; Coates, 2003). Concerns have been expressed about the implications of climate change for health and health inequalities (Alston, 2009a). In common with relational geographical perspectives, social work

authors have recognised the influence of power relationships and offered critiques of ecological systems theories that do not take into account the existence of power, oppression and marginalisation within systems (Besthorn & McMillen, 2002; O'Donoghue & Maidment, 2005).

7.1.2 Flourishing and holistic health

The study theory expresses a holistic concept of health. Defining holistic health is a challenge. The World Health Organization (WHO) (2006) definition of health in the opening pages of its constitution as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity" (p. 1) is a widely cited definition (Wass, 2000). This definition has been criticised for being too narrow and not taking into account emotional, spiritual and societal aspects of health (Laverack, 2004). A further critique is that it is idealistic and unachievable (Sax, 1990). The National Aboriginal Health Strategy Working Party (1989) described the challenge of using the term health in relation to Aboriginal Australians:

> In Aboriginal society there was no word, term or expression for 'health' as it is understood as in Western society. It would be difficult from the Aboriginal perception to conceptualise 'health' as one aspect of life. The word as it is used in Western society almost defied translation but the nearest translation in an Aboriginal context would probably be a term such as "life is health is life". (p. ix)

For the purposes of developing the National Aboriginal Health Strategy, health was defined as "not just the physical well-being of the individual, but the social,

emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life" (National Aboriginal Health Strategy Working Party, 1989, p.x).

The phrase 'health and wellbeing' is widely used in the health science and social science literature in association with holistic health but it is not clearly defined (de Chavez, Backett-Milburn, Parry & Platt, 2005). The term wellbeing broadens the concept of health because "it appears to offer a more broadly based epistemology of health than illness-oriented models which characterise the biomedical paradigm" (de Chavez et al., 2005, p.72). This broad and inclusive interpretation of health is suited to the practice of health promotion because it involves advocacy across of range of sectors in order to address the social determinants of health (Laverack, 2004; Whiteside, 2004). Health and wellbeing is useful as an umbrella term because it unites disciplines which do not usually identify health as an objective to pursue health improvement as a goal (de Chavez et al., 2005).

The meaning which people attach to experiences of health and wellbeing can help to make sense of the WHO definition of health (Laverack, 2004). The meaning of health and wellbeing to the women in this study involved four dimensions of experience — control, connecting, belonging and identity. These dimensions are positioned in relation to a person and environment axis and a being and doing axis as depicted in Figure 3.1. States of being and doing, and the relationship between a person and the environment represent a holistic interpretation of health and wellbeing. A level of physical and mental health which enabled women to live a preferred lifestyle was a prerequisite for health but was embedded in a broader set of relationships between a

woman and her environment. For many women, spirituality was important in being able to endure hardship and maintain a sense of wellbeing. Most women prioritised personal relationships with a life partner and family and many also included relationships with friends, neighbours, and the local community as priorities in maintaining health and wellbeing. While relationships were important, women also sought a sense of fulfilment through paid work, education, volunteering or other activities which resulted in them finding a satisfying niche. A sense of control was important in engendering confidence in managing current and future challenges. Holistic health in this study transcends definitions of health as the aggregation of physical, mental and social wellbeing.

There are very few studies in the rural and remote women's health literature which explore the subjective meaning of health and wellbeing. It has been argued that rural people view health narrowly as the ability to be productive and function in everyday life (Brown et al., 1999; Elliot-Schmidt & Strong, 1997). Rural people may stoically accept ill health as part of life (Allan, Ball & Alston, 2010). Wendt and Hornosty (2010) found that by prioritising the health of family members in situations of family violence, rural women in Australia and Canada put their own health at risk. The study findings indicate that, given the opportunity to reflect and include issues of importance and relevance to them, women considered health to be more than the physical capacity to perform their roles. These findings support the findings of other studies in the Australian and Canadian context. In a study involving older rural women who had lived most of their life on farms, de la Rue and Coulson (2003) found "[w]ell-being was seen as reliant on but different from health; however, in the end, self-perceptions of well-being were, as for health, enmeshed with the influences of living on the land" (p. 7). Thurston and Meadows (2003) argue that rural health research in

Canada has focused on physical health because of the assumption that rural people view health in terms of their level of productivity. In their qualitative study of the perspectives of mid-life women in rural Alberta, Thurston and Meadows (2003) found that women viewed health holistically, incorporating physical, mental, spiritual and social aspects of their lives.

The study theory utilises the concept of flourishing to denote a holistic view of health. The philosophical roots of flourishing were described in detail in Chapter 6. Based on the philosophy of Aristotle, flourishing involves the concept of a good life and the social conditions necessary to achieve it (Draper & Thompson, 2001). Conceptualising holistic health as flourishing enables the concept to be grounded in women's experiences. Flourishing integrates physical, mental, emotional, spiritual, cultural, social or other aspects of women's experiences considered relevant by them into the concept of a good life. Conceptualising holistic health in terms of a good life as that relates to each woman accommodates the dynamic and highly contextualised properties of flourishing identified in this study. The concept of flourishing also addresses the criticism of the WHO definition of health that it is idealistic and unachievable. Flourishing relates to the goal of optimum health in so far as that is relevant to the circumstances and priorities of each woman. This study found that some women had the capacity to flourish within the constraints of illness, while other women, who described themselves as healthy, were unable to flourish when overwhelmed by the challenges of day to day living. As Laverack (2004) contends "people are not concerned if their health is not perfect but instead are concerned with the trade-offs they have to make in order to gain their optimum health" (p. 20).

7.1.3 The importance of context

The interaction between women and the remote context is central to the grounded theory. A remote location was more than a back drop to women's lives. It impacted on women's identity, sense of belonging, social and organisational connectedness and shaped their ability to manage day to day challenges and maintain a sense of control. The capacity to flourish was influenced by the interplay between individual attitudes, beliefs, knowledge, skills, physical and emotional health and the contextual and structural factors which related to the environment in which women lived. This study found that the remote context mediated societal factors, such as race, ethnicity and gender, so that the impact on the health and wellbeing of women varied. A sense of belonging could be compromised by racism and social exclusion experienced locally. The subordinate role of women in society could be reinforced by financial arrangements which excluded or undervalued the contribution of women on stations. Fewer and less skilled employment opportunities in particular locations constrained financial independence and the fulfilment of women's career goals. Alternatively, financial resources could help to overcome the negative impact of distance from health services and social isolation. The availability of educational opportunities, employment, health services and child care could enable women to find a niche and cultivate a sense of belonging and control.

In the social science literature, the complex interactions between people and context which have consequences for health have been referred to as 'place effects' on health (Macintyre et al., 2002). Ways to conceptualise and study the relationship between place and health have evolved over the last ten years (Bernard et al., 2007; Cummins et al., 2007; Macintyre et al., 2002). The concept of place has been described

as “a unique system of health relevant resources and social relationships embedded within geographical borders” (Bernard et al., 2007, p. 1841). Macintyre, Ellaway and Cummins (2002) have suggested that there are three explanations for place effects on health — compositional, contextual and collective. Compositional explanations focus on the characteristics of the people resident in a particular place as an explanation for why their health may be different to the health of people elsewhere (Curtis & Rees Jones, 1998; Macintyre et al., 2002). Compositional characteristics include the age, sex, education, relationship status, types and level of employment and ethnicity (Judd, Cooper, Fraser & Davis, 2006). Contextual explanations emphasise the importance of the physical and social environment where people live as an explanation for their health characteristics (Curtis & Rees Jones, 1998; Macintyre et al., 2002). Contextual characteristics include safe and healthy environments including housing, secure employment, and the availability and accessibility of health, welfare and education services (Judd et al., 2006). Collective explanations draw on shared norms, traditions, values and interests to explain social, cultural and historical effects of place on health (Macintyre et al., 2002). More recently, Cummins, Curtis, Diez-Roux and Macintyre (2007) have argued that distinctions between compositional and contextual effects are artificial and should be merged into a relational geographical perspective of health and place, discussed previously in this chapter. The dynamic, holistic, contexualised and integrated properties of the grounded theory have more in common with relational geographical perspectives than discrete compositional, contextual or collective explanations.

Studies of rural and remote women’s health have focused on compositional, contextual and collective explanations or a combination of these interpretations. For

example, the suggestion that rural women with poorer health may have elected to move to urban areas leaving only those with relatively better health and expertise in coping with adversity in remote areas (Brown et al., 1999) is a compositional explanation. The influence of a lack of health and welfare services for women on health (Alston et al., 2006) is a compositional explanation. Attributing the apparent good health of rural and remote women to high levels of social support and a sense of community (Bramston et al., 2000) can be viewed as a collective explanation. In a review of the literature relating to remote mining towns, Sharma and Rees (2007) concluded that the unique social and cultural environment and work schedules in mining towns could have a negative impact on the psychological wellbeing of women. Empirical research confirmed that mine work, local culture, isolation and limited social support did impact on psychological wellbeing in remote mining communities (Lovell & Critchley, 2010). The impact of the culture of remote mining towns on women's health is a collective explanation.

A small number of Australian studies have explicitly invoked the concept of place in explaining the health of rural and remote women. Allen (2002) reviewed the Australian and international literature in relation to gender, rurality and place. The review concluded that even though rural women in Australia were increasingly involved in a variety of roles, they still felt constrained by place effects, such as the pressure to conform to community expectations and the desire to belong to a close knit community. Empirical research by Warner-Smith and Brown (2002) confirmed that spaces for women in rural towns were restricted to their traditional roles in the family and the community and that this impacted on their leisure choices with consequences for health.

7.2 Micro level findings

In this section, each of the four dimensions of the capacity for flourishing are discussed in relation to relevant literature, including empirical studies in the Australian and Canadian context. This involves returning to the literature synthesised in phase one of the study and discussing the relevance of the sensitising concepts which provided the initial vantage points for analysing the data. The sensitising concepts identified in the literature synthesis were isolation, belonging, coping with adversity and rural identity.

7.2.1 Belonging as a dimension of flourishing

The study theory affirms the relevance of a sense of belonging to remote women's health and wellbeing. Belonging was a preferred state of being that was deeply satisfying. Although living in a remote area was preferred by women who flourished there, limited employment opportunities and fewer options for specialist health services and education meant that, at times, women left to pursue these opportunities and access services. Leipert and Reutter (2005) found that in geographically isolated areas of northern Canada "temporary leave-takings" (p. 61) were vital to "decrease exposure to vulnerabilities and to supplement resources" (p. 61). In Australia, Alston (2006) found that, during drought, women in the study endured: "involuntary separation" (p. 160) from their families in order to obtain off-farm work to supplement family incomes and that this compromised their own health and wellbeing.

In the study theory, belonging also encompassed a deep connection to place. An affinity with the natural environment was often expressed by women in the study as a spiritual experience which was calming and fostered a sense of hope in the face of adversity. Other Australian and Canadian studies have found that women living on

farms or rural properties described a connection with the land as a source of emotional support in challenging times (de la Rue & Coulson, 2003; Rogers-Clark, 2002; Thurston & Meadows, 2003). The findings of this study support those of Rogers- Clark (2002) and Hegney et al.(2007) who found that a spiritual connection to the land associated with Indigenous women was also expressed by non-Indigenous women.

The study theory supports findings of other Australian and Canadian studies that a sense of belonging was associated with feeling connected to the community through shared values (Leipert & George, 2008; Rogers-Clark, 2002; Sutherns, 2005; Wendt & Hornosty, 2010; Young & Byles, 2001). Feeling safe and supported was underpinned by expectations of practical assistance and social support during times of need. These attributes were considered by participants to be features of rural and remote communities that distinguished them from urban communities. Thurston and Meadows (2003) found that close- knit, supportive communities were powerful symbols of rurality that impacted positively on women's health and wellbeing in Canada.

A sense of belonging could be compromised by contextual and structural factors. In this study, social exclusion based on poverty and race meant that some women experienced the community as hostile or unsupportive and this detracted from a sense of belonging. These findings support other research which has found that exclusion based on difference from rural social norms undermined a sense of belonging. In a study in rural Canada, Leipert and George (2008) found that divorced and lesbian women were "susceptible to being treated as outsiders" (p. 214) and lacked social support. These findings support assertions by Allen (2002) that the sense of belonging to a big family often associated with the close community ties in rural areas can

facilitate exclusion as well as inclusion and contradict perceptions that rural communities are friendly and supportive. Allen (2002) argues that the human need to belong somewhere is so strong that it serves to reinforce social norms attached to living in particular places. In rural areas, this involved reinforcing "traditional images and expectations of women" (Allen, 2002 p. 32). Kelaher, Potts and Manderson (2001) found that Filipina women in rural Queensland were prepared to accept behaviour of others they found threatening in order to gain acceptance in the community. In a study of same-sex attracted women in rural South Australia, Edwards (2005) found that women modified their public behaviour to gain acceptance and avoid ostracism and harassment in the community. In this study in remote north-west Queensland, women's roles in the home and family were also reinforced by lack of opportunities for paid work outside the home, limited child care services and restricted access to education and other personal development opportunities.

A sense of belonging was associated with a positive interpretation of what might otherwise be regarded as disadvantages of remote living. This included distance from other people, goods and services. Living in a remote area afforded the opportunity for a quiet life with time for reflection. There was a lack of health care choice and women were required to travel long distances to access specialist health services. Nonetheless, local health services were appreciated because they offered continuity of care, personal service and short waiting times. The constraints of rural living generated resourcefulness and persistence that was a source of pride. These findings resonate with other rural health research which has found that rural living is experienced in positive and negative ways. Sutherns (2005) found that women experienced the positive and negative impacts of rural living simultaneously and concluded that this required letting

go of assumptions that rurality was either idyllic or detrimental to health. Leipert and George (2008) considered rural pride a unique determinant of health. They found that Canadian rural women were proud of their ability to solve problems, often without recognition of their efforts or assistance. The authors have interpreted these results cautiously:

> Rural pride refers to the sense of satisfaction and self-respect that participants have regarding rural communities and their lives and accomplishments there. In some sense, also, rural pride was expressed as a defence against non-rural values and lack of understanding, interest in, and support of rural life. (Leipert & George, 2008, p. 217)

7.2.2 Connecting as a dimension of flourishing

This study identified social connectedness as a crucial aspect of the capacity for flourishing. At least one close friend or partner who was able to provide emotional support was a minimum level of social support. The basic elements of social connectedness were keeping in touch with parents, siblings, adult children or extended family members, regular informal social interaction with non-familial people and support from neighbours or community members if required. These findings support other Australian and Canadian literature which suggests that social support can enhance health and wellbeing by helping rural women to manage challenges through practical assistance in day to day living, emotional support and a sense of belonging (Greenwood & Cheers, 2002; Kelaher et al., 2001; Leipert & George, 2008; Leipert & Reutter, 2005; Rogers-Clark, 2002; Sutherns, 2005).

Timely access to appropriate health, welfare services and community organisations influenced the capacity for flourishing. This was conceptualised as organisational connectedness. Making an organisational connection was particularly important during times of ill health, crisis or stress. The reassurance that health and welfare services were available if required contributed to a feeling of control in an environment where women were often distant from support networks. Studies in Australia have reported the limited access to a range of health and welfare services for women. These include maternity, mental health, care and respite services, domestic violence services (Alston et al., 2006; Dietsch, Shackleton, Davies, Alston & Mcleod, 2010; Outram, 2003), child care and education (Lovell & Critchley, 2010) and bulk billed general practitioner services (Young, Warner-Smith & Byles, 2005). In Canada, limited access to after-hours clinics, ambulance services and mental health services are of concern to rural women (Leipert & George, 2008). It has been suggested that to maintain emotional health and wellbeing, rural women in Australia utilise supportive social relationships as an alternative to accessing professional services (Rogers-Clark, Bramston & Hegney, 1998). Cummins et al. (2005) have hypothesised that remote and very remote women experience equivalent levels of wellbeing to women elsewhere in Australia despite life being harder due to the ability of these women to form supportive social relationships. The emphasis on organisational connectedness in this study suggests that women utilise social support in addition to professional services in times of need.

Despite the importance of social connectedness to the capacity to flourish, this study revealed underlying tensions between social support, privacy, solitude and loneliness. These tensions persisted across towns and stations and were unrelated to

whether there were others living in close proximity. Geographical isolation did not equate to social isolation and living in close proximity to others did not preclude feelings of loneliness. Many women on stations were content with being distant from neighbours and more populated areas. *Being comfortably alone* meant that women did not fear being alone and could choose when and how they wanted to connect with others. However, forming and sustaining satisfying social networks could be difficult due to distance and a lack of opportunity to connect with others. Women valued the familiarity and interdependence with others that living either in a small town or on a station often involved but flourishing could be constrained by a lack of privacy and loneliness. These findings support previous research which has found simultaneous contradictory experiences of social connectedness. In the literature synthesis, tensions were identified between a sense of belonging to a close-knit rural community and the experience of social and geographical isolation (Harvey, 2007). In a study of rural health professionals in Tasmania, Spinaze (2009) found 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" (p.1). Sutherns (2005) found that for rural, remote and northern women in Canada "social isolation and strong support co-exist, not only in particular communities, but in the lives of individual women" (p.119). Greenwood and Cheers (2002) refer to the "paradox of communication and community" (p. 5). The paradox refers to reduced opportunities for participation in the local community precipitated by improved telecommunications, "[t]he demise of the 'party line' and loss of the VHF radio, once used by many as a source of both local communication and knowledge about people in the local community, has dissipated the interactive function of local community" (p.5).

Without further delineation, the concepts of social and organisational connectedness can conceal the complexity of networks established by women in remote areas. Unpacking the process of making connections can contribute to an understanding of the contradictions and paradoxes referred to in the literature. This study extends the literature on the relevance of social support to health and wellbeing by focusing on the process by which connections are made in order for women to flourish. Women in the study were specific about the types of connections they wanted to make and how they preferred to make them in order to have their needs for support satisfied. A successful connection required a good match between a woman, the mechanism for connecting, opportunities available for connecting and the types of connection made. One of the key findings of the study was that the motivation to make a connection could not be assumed from geographical isolation alone. Many women in the study said they were comfortable with the social circumstances that accompanied living in a geographically isolated area. They were motivated to make particular types of connections at times and in ways of their choosing. Electronic methods of communication were useful for keeping in touch but did not satisfy all needs for social support. Personal, real time connections were necessary in order to satisfy some needs. Women in the study identified multiple, changing needs for social and organisational connections. Analysing the process of making connections can contribute to the development of programs and strategies which enable women to make connections that satisfy their needs.

7.2.3 Identity as a dimension of flourishing

The findings of this study challenge some of the prevailing discourses relating to rural women. Identity construction was an evolving and highly personal process that

impacted on the capacity of women to flourish. It involved finding a niche in which a woman felt proud of her accomplishments and received the respect of others. Identity construction was ongoing as women adjusted to lifestage changes including childbirth, balancing paid and unpaid work with caring for children, the departure of older children for boarding school and changes in employment and relationship status. The capacity to negotiate these changes and maintain a positive sense of self was contingent upon self awareness, interpersonal skills, access to education, employment opportunities, financial resources and reconciling personal and societal expectations of women's roles and responsibilities.

There are contrasting discourses in relation to rural and remote women in Australia. One discourse constructs rural women as stoic, used to adversity and self reliant (Smith, 2004). This discourse is derived from the historical legacy of women's experiences in a predominantly male rural culture of early white settlement. It focuses on the hardships endured by women and the sacrifices made by them in relocating to a frontier (Allen, 2002). This discourse focuses on women's roles of the home and family (Allen, 2002). There is abundant literature which documents the pivotal role played by rural women in family life and as volunteers in rural and remote communities (Bramston et al., 2000; Coakes & Kelly, 1997; Elliot-Schmidt & Strong, 1997; Greenwood & Cheers, 2002; Lee, 2003; Smith, 2007; Teather, 1998). Another discourse within feminist and rural gender studies research challenges the mythology surrounding rural women by acknowledging multiple changing rural identities. Until the 1990s, women's economic contribution to farming enterprises was largely unacknowledged (Alston, 1995; Liepins, 1998). While women's participation in on and off farm work is increasingly recognised in the literature (Jennings & Stehlik, 2000),

gendered constructions of rural women's work and identity persist in farming and grazing communities (Allen, 2002; Liepins, 1998; Pini, 2004; Teather, 1998). Bryant and Pini (2009) found that while farming men were accorded respect because of their farm work this was not the case for women:

> Those women who do enter farming via marriage have to actively engage in the construction and re-construction of their self in the community to gain respect. They are cognisant of the community narrative, which requires them to become visible through involvement in social activities or volunteer work. They are required to perform a version of femininity to be afforded moral worth and respect. (p. 56)

Alston (2006) found that in areas affected by drought, women resisted dominant discourses related to self help and self reliance but "rural societal structures, the farming culture, and now even the policy environment place restrictions on their liberty and ability to act on their resistances" (p. 169).

There are inherent tensions between these discourses that are difficult to reconcile. Grace and Lennie (1998) claim that there is a tendency for discourses to conflate rural women with farming women. As a result, nuances related to varied experiences of rurality are not well understood. The literature synthesis in phase one of this study identified tension between adherence to a strong gendered rural identity that fosters a culture of stoicism and self reliance, and resistance to societal expectations of coping with adversity (Harvey, 2007). Many rural women reject feminist interpretations of themselves as disempowered (Alston, 1994) or victims (Grace & Lennie, 1998) and

take pride in self reliance and the ability to cope with adversity (Harvey, 2007). In a feminist analysis of farm women, Alston (1995) argued that feminists have alienated farm women through a "false universalism" (p. 27) that does not recognise the unique circumstances of women on farms where women see "the exploitation of the farm family unit by agribusiness and state policies in the marketplace, as well as the current disastrous returns, as a more immediate oppression and threat which overrides their own oppression as women" (p. 27).

The findings of this study suggest a different interpretation of the tensions rural women experience in identity construction. The grounded theory focuses on the attributes of identity that underpin women who flourish. Tensions in relation to identity arise through positioning oneself in relation to others and with reference to societal expectations of women's roles and responsibilities. Finding a niche meant that identity tensions were resolved at least temporarily. The essential elements of a satisfying niche were self pride, respect from others and sense of self beyond roles of a wife or mother. Finding a niche was a dynamic process. A safe, supportive environment and adequate resources were necessary to enable women to adapt and develop a new niche when circumstances changed.

7.2.4 Control as a dimension of flourishing

The study findings identified control as central to the capacity for flourishing. Control was conceptualised within the broader social and environmental context of a woman's life. Attributes of control were pragmatism, autonomy, agency, equanimity, the exercise of power and a sense of wellbeing. Interpersonal skills, opportunities for work and education, social networks, health and welfare services and financial

resources could facilitate a sense of being able to manage challenges. The *exercise of control* was different from *being in control*. Exercising control enabled women to manage the challenges of everyday living. This positioned control within chronological time. The experience of being in control existed within the context of a woman's life and involved a sense that problems in life were manageable and that a woman had the capacity to make changes to improve her situation. Being in control, therefore, existed in the context of a women's life story. Germain and Gitterman (1996) describe this as "individual time" (p.22) which comprises "experiences, meanings, and outcomes of personal and environmental factors over the life course" (p. 22) which are reflected in "self-constructed life stories or narratives" (p.22).

The relationship between control as a psychological construct and control in relation to the social and environmental conditions of women's lives is unclear. Control as a psychological construct has been identified as important to the wellbeing of Australian women irrespective of where they live and their life circumstances. In a study of older Australian women, Smith, Young and Lee (2004) found that personal characteristics of optimism and hardiness contributed significantly to variations in how women rated their overall health even after taking into account socioeconomic status, social support, physical illness and access to services. The concept of hardiness was measured using a 14-item sub-scale of the Health-Related Hardiness Scale (Smith et al., 2004). The scale items published in the article contain statements relating to attitudes and beliefs about health. However, Smith, Young and Lee (2004) caution that "psychologists need to consider the extent to which psychological variables such as those measured here are anything more than reflections of social and physical

circumstances" (p. 749). This suggests that social and physical circumstances may play a role in whether women are optimistic and have a sense of control.

The relevance of concepts related to control and hardiness have been explored in relation to rural and remote women's health in Canada. Leipert and Reutter (2005) conducted a grounded theory study of how geographically isolated women in northern Canada maintained their health. The authors found that three strategies, *becoming hardy*, *making the best of the North* and *supplementing the North*, were important in developing resilience to the harsh environmental conditions and risks associated with where they lived. Hardiness involved "an increased feeling of confidence and the ability to carry on in spite of adversity" (p. 56). Leipert and Reutter's (2005) study extends the concept of hardiness beyond psychological attributes of self-efficacy and optimism to include spiritual beliefs. The attributes of becoming hardy in the study were taking a positive attitude, following spiritual beliefs and establishing self reliance (Leipert & Reutter, 2005). Leipert and Reutter (2005) drew a strong link between the social and environmental conditions of women's lives and hardiness, "[f]actors that influenced the development of hardiness included women's personalities, motivation, education, and economic resources, as well as the availability of social support" (p. 57).

The concept of control as it is conceptualised in this study has received very little attention in the literature related to rural and remote women's health in Australia. There are few empirical studies which explore the concepts of control and hardiness in the rural context. Unlike the findings of this study, Allan, Ball and Alston (2010) found that study participants who were dependent on government support payments lacked a sense of control in relation to their health and had a "view that 'there's nothing you can

do' to affect health outcomes" (p. 93). In a study of women's experiences of drought, Alston (2006) argued that women's sense of agency in responding to the consequences of a severe drought was compromised by societal factors and unjust social policies. Beyond agency, which was identified as an attribute of control in the study theory, there is little evidence to support the importance of control in relation to remote women's health and wellbeing.

Many Australian studies have focused on the ability of rural and remote women to endure hardships including drought, ill health and isolation. This ability is often associated with well documented attitudes of stoicism, self reliance and self sacrifice amongst rural women (Alston, 2006; Coakes & Kelly, 1997; Edwards, 2005; Greenwood & Cheers, 2002; Kelaher et al., 2001; Lee, 2003; Rogers-Clark, 2002; Stehlik, Lawrence, & Gray, 2000; Wendt & Hornosty, 2010). The literature synthesis conducted at the commencement of this study found that coping with adversity was a key theme in the literature related to rural and remote women's health (Harvey, 2007). Women identified self-reliance and the ability to cope with adversity as a strength and a source of pride (Alston, 2006; Greenwood & Cheers, 2002; Rogers-Clark, 2002). Grace and Lennie (1998) argue that the "women as saviour" (p. 365) discourse may be counterproductive for rural women because they may be co-opted for economic rationalist agendas and not receive the services they need.

The concept of control in the study theory and the strategy of becoming hardy in Leipert and Reutter's (2005) study resonate with the concept of control of destiny in the public health literature (Syme, 1998; Wallerstein, 1992). Control of destiny is a broader concept than the psychological construct of control (Wallerstein, 1992). Control of

destiny refers to the level of control an individual has in relation to their social and physical environment (Wallerstein, 1992). Control of destiny involves having both the personal skills and access to resources, including supportive relationships to achieve a healthy life (Syme, 1998). The types of personal skills required for control of destiny are analytical ability and problem-solving skills that can be applied in a variety of contexts (Syme, 1998; Tsey, Whiteside, Deemal, & Gibson, 2003). Control of destiny has been found to be relevant to achieving health across all social classes (Syme, 1998; Tsey et al., 2003) and consequently is regarded as a key strategy for health improvement at a population level (Tsey, 2008; Tsey et al., 2003).

7.3 Summary

In this chapter, the study theory was discussed in relation to Australian and international literature relating to rural and remote women's health and wellbeing. This included the literature synthesised in phase one of the study and empirical Canadian literature. The study findings were discussed at a macro and micro level. At a macro level, three aspects of the study findings were discussed. These were the contribution of the study theory as a process for achieving health, conceptualising holistic health as flourishing and the importance of context in the study theory. At a micro level, the findings of the study affirm the relevance of a sense of belonging to remote women's health and wellbeing. They also extended the literature in relation to the importance of connectedness to health by delineating a process for making connections in remote areas. The study findings challenge current discourses in relation to rural identity for women. The study findings highlight the lack of attention to the dimension of control in the rural and remote women's health literature and suggest that the concept of control of destiny used in the public health literature is relevant to this topic. In the next chapter, I

summarise the thesis, draw conclusions about the study findings, discuss the delimitations of the study and make recommendations for future research.

Chapter 8: Summary and conclusion

This study was undertaken to develop an understanding of the health and wellbeing of women in remote areas and how it is achieved. While there is continuing concern about the social disadvantages and poor health outcomes of rural and remote health populations as a whole, the apparent good health and wellbeing of women living in rural and remote areas has received relatively little attention in the empirical literature. This study sought to address this by developing a grounded theory of how women in remote north-west Queensland achieve health and wellbeing. In this chapter, I summarise the thesis by providing an overview of the chapters. I draw final overall conclusions from the data and findings presented in Part Two of the thesis and from the discussion in the preceding chapter relative to the problem statement in the introduction to the thesis. I discuss the implications of the study for health practitioners working with women in remote areas, noting factors which delimit the study and make recommendations for future research.

8.1 Thesis overview

I began this thesis by presenting two varying accounts of the health and wellbeing of rural and remote Australians. Measures of health which relate to death and disease management, such as life expectancy, chronic disease, injury and health risk, indicate that people living in rural and remote areas have poorer health and are at greater risk of ill health than people living elsewhere in Australia. Climatic extremes, economic restructuring, restricted access to services and social disadvantage can further compromise rural and remote health. National surveys of women present another

account of rural and remote health, which is that women are in good health. The study was undertaken to explore this anomalous account of rural and remote health.

I described how the research topic was generated through my experience as a health promotion officer in a comprehensive primary health care service in north-west Queensland. My disciplinary background in social work was central to the decision to focus on the health and wellbeing of remote women. Social work, health promotion and comprehensive primary health care have complementary values and principles which underpinned my approach to the study of remote women's health. A social view of health, human rights, social justice and respect for others provided the disciplinary perspectives which informed the selection of critical theory as the theoretical lens for the study design.

In Chapter 1, I described the research process from design to implementation. I presented a detailed account of the process of developing the study design. The plethora of methods and approaches to qualitative research and the emergent nature of the methodology can be unsettling for the novice researcher. In the literature, I found very few examples of the process of iterative decision making involved in qualitative research design that could guide me and instil confidence in the process. Throughout the design and conduct of this research I kept a methodological journal in which I recorded my ideas, inferences, decisions and references to the literature. I continued the journal throughout the conduct of the research as a documentary record or audit trail which, in the thesis, others could examine to assess the quality of the research. The journal proved invaluable in writing this thesis. My account of the methodological

exploration up to the commencement of field work was published in the International Journal of Qualitative Methods (Harvey, 2010).

This was a woman-centred, grounded theory study which proceeded through three phases. I wanted a flexible yet rigorous methodology for the study of meaning that was sensitive to context and would also generate a theory so I chose Charmaz's (2006) constructivist grounded theory. Phase one consisted of a synthesis of selected empirical, qualitative studies relating to the health and wellbeing of women in rural and remote Australia using meta-ethnographic methods (Harvey, 2007). I chose to conduct a synthesis of literature rather than a conventional literature review for three reasons. Firstly, the timing of the literature review and its use in a grounded theory study is contentious (Charmaz, 2006). It requires a balance between having sufficient knowledge and experience to achieve theoretical sensitivity in relation to the data (Birks & Mills, 2011) while remaining open to new findings and not imposing extant codes and theories onto the data (Charmaz, 2006). I did not enter the study as a blank slate devoid of theoretical knowledge. However, I did not want to undertake an extensive literature review at the start of the study that might obfuscate new discoveries. A synthesis of selected qualitative studies was a method for conducting what Birks and Mills (2011) refer to as a "limited and purposeful review" (p. 22) of the literature at the commencement of a grounded theory study. Secondly, the meta-ethnographic methods used to synthesise the research were consistent with the constructivist paradigm which underpinned the study. Methodological congruence is one of the criteria for assessing the quality of grounded theory (Birks & Mills, 2011). Noblit and Hare's (1988) central argument in support of meta-ethnography as a means of synthesising interpretive studies is that it is not possible to aggregate uniqueness, as many conventional literature

reviews purport to do. Meta-ethnography is an interpretive process which leads to a deeper level of conceptual development (Britten et al., 2002). The logic and methods of meta-ethnography were therefore congruent with that of constructivist grounded theory. Thirdly, meta-ethnography strengthens the quality of analysis in constructivist grounded theory by providing a rigorous approach to developing the sensitising concepts which are the initial "vantage points" (Charmaz, 2006, p. 17) for conducting the analysis. I have interwoven literature into subsequent phases of the study (Chapters 6 and 7) and, consistent with a grounded theory approach, the substantive literature review occurs in the discussion of the findings (Charmaz, 2006). Phase two of the study comprised field work and data analysis. I focused on the flexibility, detailed planning and collaboration with local services required for conducting qualitative research in remote areas. I described rigorous methods of line by line coding, selective coding, category development, conceptual integration and theorising using constant comparison techniques enhanced through data immersion and theoretical sensitivity. Phase three involved developing an interpretive theory of how women in remote areas achieve health and wellbeing. I have discussed ethics and reflexivity as part of an overall strategy for addressing the quality of the study.

The findings of this study have been presented as a grounded theory of the capacity for flourishing. I have articulated the dimensions, attributes and properties of the theory and described the factors which enable and constrain flourishing. I assessed the theory's fit in relation to the data by using it to deconstruct and map three women's stories. I presented an analysis of each whole narrative using the theory to determine whether the theory adequately captured the central process of flourishing. Mapping three whole narratives also balanced the static and reductionist presentation of the

theory with a more dynamic and contextualised account of how it related to the stories of three women. As a consequence of the mapping, I made adjustments to the theory so that it more closely fitted the data. To assess whether the grounded theory offered a plausible theory of flourishing, I compared it to three others from the literature. I identified some congruence between the theory and these models but also some differences. Subsequently, I discussed the theory in relation to Australian and Canadian literature, highlighting the contribution of the theory to the knowledge in relation to remote women's health and wellbeing.

From the outset, my work has been subject to peer review through university confirmation and pre-completion seminars, an international conference presentation and publication in peer reviewed journals. These activities have marked key milestones in the development and conduct of this study. The first publication, completed with colleagues from the RFDS, documented health field days and presented the preliminary findings of a process evaluation (Harvey et al., 2006). This article was published prior to the commencement of the study. This paper argued that health field days could inform the development of locally relevant health promotion initiatives in other remote areas in Australia and internationally. The second publication was a synthesis of six qualitative studies relating to rural and remote women's health and wellbeing which were published in nursing, rural health and sociology journals between 2001 and 2006. This study found that there were tensions between a sense of belonging and social and geographical isolation and between adherence to and resisting a gendered rural identity. The study concluded that further research was needed to understand the way in which rural and remote women's health and wellbeing was shaped by societal expectations of the role and responsibilities of rural women and by the rural environment (Harvey,

2007). The third journal article reviewed contrasting discourses in relation to rural women. The paper argued that the structural analysis, practice frameworks and skills provided by the disciplines of social work and health promotion could assist in the development of a broader conceptualisation of rural women's mental health (Harvey, 2009). The fourth publication documented the methodological decision-making involved in the design of the current study (Harvey, 2010). The preliminary findings and an early version of the grounded theory of the capacity for flourishing were presented at the International Social Work in Health and Mental Health Conference in Dublin Ireland in 2010. It is my intention to submit four further articles for publication. One article will provide an overview of the study and present the grounded theory of the capacity for flourishing. A second article will present an analysis of the three narratives contained in Chapter 5. A third article will follow on from the methodological article already published. It will present the methodological decision making involved in selecting constructivist grounded theory as the final method of analysis and how this decision shaped the methods used in field work. A further article will discuss the implications of the study for rural and remote social work and health promotion practice.

8.2 Conclusions

I have concluded that the concept of flourishing is highly relevant to understanding remote women's health and wellbeing through the development of a grounded theory of the capacity for flourishing. Flourishing denotes a dynamic, holistic, contextualised and optimal state of health and wellbeing. With its deep philosophical roots in Aristotle's concept of a good life (Draper & Thompson, 2001), flourishing captures each of these elements. I found that while many of the women in the study

conceptualised ‘health’ as the absence of disease, their stories also referred to an optimal state of wellbeing which involved a sense of fulfilment, contentment and welfare. This concept transcended definitions of health as physical, mental and social wellbeing in terms of the WHO’s documentary framework for health promotion. For women in this study, health was embedded in a broader set of relationships between a woman and her social and physical context. Consequently, if the environment was supportive, even women with chronic disease or other illnesses were able to experience a good life within the constraints of their illness. Because optimal health is a goal, the concept of flourishing shifts the discourse in relation to remote women’s health beyond surviving and coping to maximising health and thriving. This includes acknowledging goals in relation to financial independence, education, paid work, positive relationships, social inclusion, personal safety and disease management. Too often in the literature, the personal goals and aspirations of rural and remote women are discounted on the basis of geographical isolation while role expectations are inflated.

I have concluded that a dynamic, multidimensional, integrated and contextualised theory of health and wellbeing as the capacity for flourishing grounded in women’s experiences is useful for understanding remote women’s health. Australian and Canadian studies have identified various social and structural factors which influence rural and remote women’s health. However, this area of research has lacked a conceptual framework for understanding how health is created out of the interaction between women and their environment. The conceptual model of the grounded theory crystallised the experience of flourishing and integrated this with factors which enable and constrain the capacity for flourishing in the remote context. The model proved to be a useful tool for mapping and analysing the stories of individual women and for

demonstrating the changes in the capacity for flourishing over time. At a population level, an integrated, multidimensional theory of the capacity for flourishing can help to understand the binary, and sometimes oppositional, descriptions of remote women's health implicit in the problem statement at the start of this thesis.

I have concluded that there is a need to move towards a more holistic, contextual and health promoting approach to remote women's health. An underdeveloped knowledge base of how remote women achieve health has limited the range of strategies selected to promote their health. Current approaches to promoting remote women's health are based primarily on a disease model of health and, consequently, strategies for health promotion focus on illness prevention. This study found that social, economic, cultural and environmental factors also played an important role in the capacity for remote women to flourish. The action strategies contained in the *Ottawa Charter for Health Promotion* together with social work skills in working with individuals, families, groups and communities can provide a way forward in taking action to promote remote women's health and wellbeing.

I have concluded that social work and health promotion theories have much to offer research in relation to the health and wellbeing of remote women. The health promotion theory of salutogenisis and a critical perspective of ecological theory in social work provided the theoretical framework for the dimensions of flourishing and the factors which enable and constrain it. Much rural health research, including that related to remote women has a pathogenic approach to health. This involves working retrospectively to identify risks to health and then managing or eliminating the threats to health (Becker et al., 2010). This approach is the basis for curative and preventive

approaches to promoting women's health. The starting point for a salutogenic approach to health is the health potential of each individual (Becker et al., 2010). It involves working prospectively to create those conditions necessary to maximise health (Becker et al., 2010). Both salutogenic and pathogenic approaches are necessary for a comprehensive approach to promoting remote women's health. A critical perspective in relation to ecological theory complements salutogenisis. Curative and preventive approaches to health focus on the body. From an ecological perspective, women and their environment are complementary and interdependent parts of a whole (Germain & Gitterman, 1996). A critical ecological perspective opens up the social and political aspects of women's lives for examination in understanding health and how it is created.

I have concluded that constructivist grounded theory has attributes which make it well suited to interdisciplinary studies aimed at developing a better understanding of the process by which remote women achieve health and wellbeing. Finding ways to conceptualise and study the relationship between the social context in which people live their lives, rural location and health and wellbeing have proved problematic (Dixon & Welch, 2000; Judd et al., 2001). By inductively generating theory from field data, constructivist grounded theory has the capacity to capture the complexity of remote settings and help to build an evidence base which can inform rural and remote health policy and practice. With its relativist ontology and subjectivist epistemology (Mills et al., 2006a), constructivist grounded theory is particularly suited to disciplines such as social work and health promotion, which have a commitment to social justice.

8.3 Implications for health practitioners

The idea for this research developed out of my experience as a health promotion officer working in a comprehensive primary health care service in remote north-west Queensland. As I outlined in Chapter 1, the values and perspectives of my disciplinary background in social work played an important role in how I perceived health and wellbeing and why I came to focus on the needs of women. The critical lens I adopted at the outset of the study was chosen in order to open up the social and political dimensions of women's lives for analysis. In the absence of this orientation, interpretive social science can entrench the existing social order (Ife, 1997). Consequently, the study findings and conclusions have implications which may be of interest to social work practitioners and other service providers working with women in remote areas.

The findings of this study challenge assumptions often made in relation to remote women. The theory of the capacity for flourishing may be useful in working with women, either individually or in groups, to generate discussion about health and wellbeing, assist women to evaluate their health and identify gaps and opportunities for improving health and wellbeing. Exploring with women the capacity for flourishing may open up for discussion goals, needs and aspirations which women may not have had the opportunity to reflect on or articulate. The findings of this study affirm that social networks can enhance health by helping women to remain resilient to adversity. However, there was not a one size fits all approach to social support. Women were very specific about the types of connections they wanted to make, how to make them and when they wanted to make them. Exploring these preferences with women may help to ensure that practice modalities match women's needs. The findings of this study also challenge assumptions that close-knit communities in remote areas are an alternative to

organisational support. This study found that timely, appropriate organisational support was valued by women, particularly during times of crisis, changed family circumstances or ill health. Exploring with women gaps in services and barriers to utilising existing services may help to increase opportunities for organisational connectedness. This study found that a sense of belonging played an important role in the capacity to flourish. However, the need to belong can result in social exclusion as well as social inclusion. By being sensitive to this issue, practitioners can help to identify and work to address social isolation. This study found that maintaining a sense of self, pride, receiving respect from others and finding a niche were attributes of identity. Assumptions about stoicism, the capacity to endure hardship and healthy rural lifestyles may prevent practitioners from hearing women's stories and responding to their needs. Challenging assumptions in relation to rural identity involves resisting stereotypical portrayals of remote women while respecting the diversity of women in remote areas.

This study found that a sense of control was critically important to the capacity for flourishing but that it has received very little attention in the rural health literature. The synergies between social work and health promotion provide the opportunity for interdisciplinary collaboration in addressing control as a determinant of health (Whiteside, 2004). Health promotion can benefit from the power analysis of social situations undertaken by social workers (Ife, 1997) while social work can benefit from the research on the concept of control of destiny undertaken in health promotion and public health (Syme, 1998).

8.4 Delimitations of the study

In the design and conduct of this study, I have sought to diligently adhere to the tenor of Charmaz's constructivist interpretation of grounded theory (Charmaz, 2006) and to the more broadly stated tenets of grounded theory research described by Birk and Mills (2011) as researcher expertise, methodological congruence and procedural precision. However, there are delimiting factors which circumscribe the transferability of the study findings to other contexts. These factors relate to the process and context for the study.

The study was undertaken in a geographical location of north-west Queensland. Although the sparse population and distance from goods and services may be similar to other remote areas, it has distinctive physical, climatic and land use characteristics. For example, some field work locations had high and reliable rainfall and may not have been affected by drought to the extent of other remote areas in Australia. The study area did not include areas where the predominant economic activity was agricultural production.

The study participants had particular characteristics. The age distribution of participations is concentrated in the 45-65 year age bracket. Over 65 percent of participants were within this age group and none of the participants were aged under 25 years. Consequently a delimiting factor is that the data was gathered from mainly mid-age women. All of the participants were recruited while I was travelling with the RFDS. Consequently, it can be inferred that all of the participants had at least one organisational connection. There may be women who had fewer organisational and social connections who were not accessible for this study. Indigenous women and

women from non-English speaking backgrounds participated in the study. The grounded theory may not resonate with women whose experiences are different from study participants, for example, lesbian women and women with disabilities.

One of the properties of the grounded theory is that it is dynamic and changing. Yet, because of distance, practical issues associated with travel in remote areas and time constraints outlined in the chapter related to the research process, I interviewed participants only once. I did not have the opportunity to refine the analysis by going back to earlier participants to follow-up leads during data gathering and analysis. Asking participants to reflect on their lives, analysing whole narratives and purposefully sampling for women with a range of health experiences helped to address this delimitation.

My grounded theory was not fully developed until after I had left the field and I had undertaken two complete phases of analysis. For the same practical reasons associated with travel in remote areas and time referred to in the previous paragraph, I was unable to return to the field to collect further data. I used the process of theoretical sampling and recoding of existing data when new conceptualisations arose to ensure that the cyclical process of inductive and deductive reasoning continued after I left the field.

8.5 Recommendations for future research

This study has contributed to understanding remote women's health by developing a grounded theory of the capacity for flourishing. The research was approached from a social justice perspective which views optimum health as a basic

human right. Qualitative and quantitative research which utilises the concept of flourishing could advance understanding of remote women's health within a social justice framework.

In this thesis, the study theory was positioned in relation to literature from the disciplines of geography and public health which has a person and environment focus in relation to health. It is recommended that future research explore the relevance of the concepts discussed to remote women's health. This research could explore the usefulness of the concept of place in understanding the capacity for flourishing. The study findings suggest that a relational geographical perspective may be useful in understanding the relationship between place and the health and wellbeing of remote women. Future research could explore the relevance of the concept of control of destiny utilised in the public health literature to remote women's health.

The transferability of the theory could be explored in future research. The grounded theory related to the experiences of predominantly mid-age women in remote north-west Queensland, Australia. Further research could explore the relevance of the grounded theory in other contexts and with participants with different demographical characteristics. Further research involving young women could contribute to a more nuanced understanding of the capacity for flourishing. The literature synthesis in phase one of the study found that there were very few published studies relating to the health and wellbeing of Indigenous women. Further research could explore the relevance of the grounded theory to Indigenous women in other remote contexts. Because of the similarities discussed in the thesis, the transferability of the grounded theory to other

remote contexts both within Australia, Canada and in a cross-national study could be explored.

Other research designs could explore properties of flourishing identified in this study. This study focused on the generation of theory from data obtained from field work. One of the delimitations of the study was that logistical constraints prevented returning to the field to collect more data. Other research designs, including ethnography and a longitudinal design, could explore the dynamic property of flourishing over time through prolonged engagement with women in remote areas.

This study arose from reflecting on practice undertaken to promote the health and wellbeing of women in remote areas. It is recommended that intervention studies be conducted to explore the utility of the grounded theory in social work and health promotion practice with women in remote areas.

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Appendix A: Summary of six qualitative studies for literature synthesis

Author/year	Location of study	Study years	Participants	Theoretical/philosophical orientation	Methodology	Key themes by authors from original data
de la Rue and Coulson (2003)	Queensland	2001	Five women aged 78-88 yrs who had been widowed at least 2 yrs, not suffering from any major illness or disability, either living on a rural property or had done so for most of their lives	Social constructionism, socio-environmental theory	Qualitative methodology In-depth interviews Life history methods	-Living on the land -Presence of a connectedness to and intimacy with living on the land -Self-perception of health -Self-perception of wellbeing
Greenwood and Cheers (2002)	South Australia	No year stated	15 women living on isolated pastoral properties who had children or were pregnant, seven women from an isolated mining town	Phenomenology	Qualitative methodology In-depth interviews Focus group	-Aloneness and bush women -The paradox of communication and community -It's a women's role
Rogers-Clark (2002-2003)	Queensland	No year stated	Nine women who had been diagnosed with breast cancer (excluding cancer in situ) at least five years ago, had completed any medical treatment and lived in rural south west Qld	Feminist	Qualitative methodology Narrative analysis In depth interviews	-When you're out in the bush….you're miles away -Here, you speak to everybody -Balance in the bush -Living in the bush…it makes you strong

Alston (2006)	New South Wales	2003	120 farm families, small business proprietors, service providers and community members including 37 farm women from which the three case studies are drawn	Feminist	Qualitative methodology Semi-structured interviews Focus groups Case study	-overwork -secondary status -stress - health impacts - perceptions in relation to coping -gendered expectations in relation to health
Edwards (2005)	South Australia	No year stated	7 women who identified as same sex attracted 1 woman who provides counselling and support to same sex attracted women	Not stated	Qualitative methodology Guided interviews	-Identifying and naming difference -Keeping same sex relationships invisible -Invisibility and self-censorship -Invisibility and -intensifying distress -Difficulties in help-seeking in rural areas
Kelaher, Potts and Manderson (2001)	Queensland	No year stated	90 Filipina women living in rural and remote Queensland	Not stated	Quantitative and Qualitative methods Semi-structured interviews Focus groups	-Economics -Attitudes to health -postnatal depression Conflict with teenage children -community perceptions

Appendix B: Key themes derived from reciprocal translation of studies synthesized

	de la Rue and Coulson	Greenwood & Cheers	Rogers-Clark	Alston	Edwards	Kelaher, Potts and Manderson
Isolation		Not being able to participate in farm activities Separated from loved ones Not being able to share experiences Loneliness In touch with the 'outside world' but not each other Lack of intimacy Dealing with danger Communicating with others Missing the company of other women Family separation	Geographical isolation from professional support services Lack of privacy and confidentiality constrain sharing of experiences and feelings Feeling physically different	Geographical isolation from professional support Not being able to share feelings	Feeling different Lack of social networks Concealing difference Isolation enforced by Fear of rejection and ostracism Lack of intimacy Distance from support services	Lack of contact with family overseas Lack of local support networks Physical and social isolation due to lack of driving skills

	de la Rue and Coulson	Greenwood & Cheers	Rogers-Clark	Alston	Edwards	Kelaher, Potts and Manderson
Belonging	Spiritual underpinning to life Inner peace		Inner peace Spiritual connection to the land A sense of intimacy with others		Feeling comfortable with where you live Having a public persona that conforms to social norms	Need to negotiate different cultural norms Concerns about negative public perceptions of Filipina culture
Coping with adversity	land and rural lifestyle as protector health a resource for living learn to live with whatever comes along	Coping alone Financial constraints No relief meeting expectations of coping compromising own health resistance - escape reaching a crisis finding help elsewhere inevitability of coping feeling unprepared responsibility for others	Financial constraints Lack of options for choice of professional support Practical support from family and friends a 'given' in rural areas Learning to live with adversity Coping alone	Doing paid work to support family monitoring and prioritising health of others over self compromising own health in order to 'cope' coping as an imperative due to lack of alternatives and support resistance – escape, seeking independence coping with an uncertain future opportunities foregone strained personal relationships	Lack of privacy constrains help seeking Reaching a crisis Finding help	Lack of support services for mothers and babies Strong Filipina cultural networks developed Taking responsibility for settling in Lack of confidentiality constrains help seeking

	de la Rue and Coulson	Greenwood & Cheers	Rogers-Clark	Alston	Edwards	Kelaher, Potts and Manderson
Rural identity	'woman of the land' as positive identity	Being able to cope Being organised Being responsible	Being physically and mentally strong Being self reliant Fulfilling expected roles Being positive	Self reliance identified as a strength Self reliance as source of pride Societal expectations of rural self reliance Public self reliance/ private embarrassment at social circumstances Being able to do farm work Being responsible Looking after family, raising children Involuntary separation to educate children Housework Doing farm finances Off farm paid work when required to support family Coping despite ill health/injury	Constrains acknowledging and naming difference Denial and conformity to achieve acceptance Meeting community expectations Constraints of a shared public identity Fear of exposure and harassment for being different	Clash between rural Australian and Filipina cultural values

Appendix C: Field work planning spreadsheet

Location	F 1	F 2	F 3	F 4	F 5	F 6	F 7	F 8	F 9	F 10	F 11	F 12	F 13	F 14	F 15	F 16	F 17	F 18	F 20	F 21
Date of Field trip																				
Consent forms and info sheets																				
RFDS approval to fly signed off																				
Check batteries																				
Test digital recorder																				
Send email to confirm interview																				
Confirm attendance with RFDS																				
Confirm that flyer sent out																				
Complete travel form with JCU																				
Pack bag																				
Complete travel form with JCU on return																				

Appendix D: Researcher checklist for field trips

Items to be packed for field trips

- Green field work folder –Informed consent forms and information sheets
- Field work journal
- Digital recorder
- Tape recorder
- Spare AA batteries
- Spare AAA batteries
- Tapes 120 minutes (2)
- Water bottle
- Ginger tablets
- Sunglasses
- RFDS security tag
- Pens
- Sunscreen
- Sunvisor

Checklist before field trip

- Photocopy informed consent forms and information sheets for green folder
- Check batteries on digital and tape recorder
- Test digital recorder
- Pack bag
- Send email to confirm interview if appropriate
- Confirm attendance with FD coordinator and assistant base manager
- Confirm that flyer has been sent out
- Complete travel form for JCU

Appendix E: Researcher checklist for overnight stay

Obtain approval from HP team leader	☑
Check aircraft seat availability and request inclusion on roster	☑
Book accommodation	☑
Obtain written approval to travel from RFDS	☑
Distribute flyers to Health Promotion, Social and Emotional Wellbeing, and Nursing staff rostered	☑
Email Director of Nursing and send flyers for display	☑
Week before - reconfirm with RFDS staff and Director of Nursing	☑
Complete JCU approval to travel and minimum resources approval for accommodation and meals	☑
Pack Green field work folder –Informed consent forms and information sheets Field work journal Digital recorder Tape recorder Spare AA batteries Spare AAA batteries Tapes 120 minutes (6) Water bottle Ginger tablets Sunglasses RFDS security tag Pens Sunscreen Sunvisor Clothes etc Camera Cash for expenses Diary	

Appendix F: Health Field Day Flyer

JAMES COOK UNIVERSITY

WOMEN'S HEALTH AND WELL-BEING

We want to hear your story

Telling your story as part of the study may help health service providers and others to better understand and respond to women's needs

FOR MORE INFORMATION

Please contact

Desley Harvey

Mob:

0424657980

Email:

desley.harvey@jcu.edu.au

Mail:

c/- Department of Social Work and Community Welfare, James Cook University, PO Box 6811, Cairns 4870

Some research has shown that women living in rural and remote areas describe themselves as healthy and coping well with day to day living. Other studies tell a different story.

To better understand the experiences of women living in north-west Queensland, a study is being conducted by Desley Harvey of James Cook University. Desley has worked in remote areas and is interested in hearing from women about their lives and how they stay well. The study is called *Women's Ways.*

If you are over 18 years of age.....

we want to hear from you!

Participation in the study will involve an interview with Desley. Interviews are confidential and steps will be taken to protect your privacy. Participation in the study is voluntary.

Appendix G: Information for Pilot Interview

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

INFORMATION SHEET FOR PILOT INTERVIEW

Women's Ways: understanding how women in remote areas achieve health and well-being

ADMINISTRATIVE DOCUMENTATION HAS BEEN REMOVED

Some research has shown that women living in rural and remote areas are generally healthy and coping well with day to day living. However, women living outside major urban areas face a number of challenges in staying well and other studies tell a different story. The aim of this study is to better understand the experiences of women living in remote parts of north Queensland and how they stay well. It is expected that this research will add to the knowledge base in this area and may provide information that will assist health service providers and others to develop services and policies that better meet the needs of women living in remote areas.

The study involves talking with women living in remote areas of north Queensland about their experiences in relation to health and well-being. Prior to these interviews, I would like to conduct a pilot interview to help me frame the questions I intend asking the study participants. Participation in the pilot interview is voluntary and you can choose not to participate or to withdraw at any time. Before commencing the interview, I will ask you to sign a letter consenting to your participation.

The interview will last approximately one hour. I will ask you about your experiences of living in a remote area and how you stay well. The purpose of the interview is not to collect data and so it will not be recorded. At the end of the interview, I will ask you for feedback about the questions themselves, whether there is anything else I could have asked and any other general comments about the interview process. I am happy to discuss with you a convenient location for the interview.

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

To protect your privacy any thoughts or comments you provide will be used for this study only. Any information you provide will not be disclosed to the RFDS.

Conducting the pilot interview is an important part of the research and your assistance would be greatly appreciated. If you would like to participate in the pilot interview, please

Kind Regards

Desley Harvey
PhD Candidate
James Cook University

Appendix H: Revised interview schedule following pilot interview

Introduction

Hi I'm Desley. I am in Cairns now but I used to work out this way in health. I'm really interested in knowing more about life out here and how women like yourself stay well. I am hoping that what women say might be able to help the people who provide services out here and others to better understand and respond to women's needs. The talk we are having today is confidential so your name won't appear in the study and what you say can't be linked to you personally.

1. CONTEXT

- How did you come to be living here in …….
- Can you tell me a bit about your life out here?
- What are some of the things that you enjoy doing? Can you tell me about a time when you were doing this?
- What is it like living in this community? Can you tell me about a time that illustrates what it is like?
- Is there anything missing for you in your life here?

2. STAYING WELL

Can you tell me about the times you would describe yourself as being well?

- What was happening in your life?
- Who was there?
- What was that time like for you?
- How did it make you feel?
- What was most important to you in staying well at that time?
- Who/what was helpful to you in staying well?
- Is there anything else that you needed at that time?

3. MANAGING CHALLENGES

Can you tell me about times that were more challenging for you?

- Is there a particular occasion that you can recall?
- What was happening in your life?

- Where were you?
- Who was there?
- How did it make you feel?
- What was that time like for you?
- What was missing for you?
- What got you through?
- What would have been helpful at that time?

4. MOST IMPORTANT STRATEGIES FOR STAYING WELL

- If you had to summarise for someone the experience of living in a remote area for you, what would you say?
- What would you say are the best ways for staying well?

5. CLOSURE

Is there something else that you would like to talk about that we haven't touched on?

What would be a good way to let communities out here know about the results of this study?

Is there a topic or issue you would like more information on?

Appendix I: Information sheet for participants

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

INFORMATION SHEET FOR PARTICIPANTS

Women's Ways: understanding how women in remote areas achieve health and well-being

Who is doing the study?

ADMINISTRATIVE DOCUMENTATION HAS BEEN REMOVED

Why do the study?
Some research has shown that women living in rural and remote areas are generally healthy and coping well with day to day living. However, women living outside major urban areas face a number of challenges in staying well and other studies tell a different story. The aim of this study is to better understand the experiences of women living in remote parts of north Queensland and how they stay well. It is expected that this research will add to the knowledge base in this area and may provide information which will assist health service providers and others to develop services and policies that better meet the needs of women living in remote areas.

What will I be asked to do?
The study involves talking with women living in remote areas of north Queensland about their experiences in relation to health and well-being. Women attending Rural Women's GP Service clinics or RFDS field days are being invited to become research participants. It is expected that interviews will last approximately 1-2 hours. If you agree to participate, an interview will be conducted by me either at your home or at some other location convenient to you. The interview will be conducted with you on your own. With your consent, the interviews will be recorded and transcribed.

What about my privacy?
I am happy to answer any questions you have about this process before we begin. Of course, participation in the study is voluntary and you have the right not to participate, or to withdraw at any time. Your thoughts and comments are valued and any information you provide will be used for this study only. Any information you provide will not be disclosed to the RFDS and your health records will not be accessed. To protect your privacy, the final report (thesis) will not refer to you by name, nor will it contain any information that could identify you. Interview transcripts will be allocated a

code as an identifier and the codes will be stored separately from the interview transcripts. Study transcripts will be stored securely at James Cook University, Cairns or at my residence.

If I want to talk over the interview with someone who can I contact?

A summary of the research findings will be compiled on completion of the study and can be sent to you on request.

Your participation in this study is greatly appreciated.

Desley Harvey
James Cook University
Cairns

Appendix J: Informed Consent

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

INFORMED CONSENT FORM

PRINCIPAL	*Desley Harvey*
INVESTIGATOR	
PROJECT TITLE:	*Women's Ways: understanding how women in remote areas achieve health and well-being*
SCHOOL	*Arts and Social Sciences*
CONTACT DETAILS	*Department of Social Work and Community Welfare* *James Cook University* *PO Box 6811 Cairns 4870.*

JAMES COOK UNIVERSITY
TOWNSVILLE Queensland 4811 Australia Telephone: (07) 4781 4111

Participant Consent Form

Desley Harvey of James Cook University is conducting a study to better understand how women in remote areas achieve health and well-being.

By signing below I agree that I have read and understood the information package and in particular confirm that (please tick the box):

What I'll be asked to do

- ☐ My involvement in this research will include a 1-2 hour interview at a location convenient to me;
- ☐ I consent to my interview being tape recorded and transcribed;

Confidentiality

- ☐ I understand the steps that will be taken to protect my privacy and confidentiality;

Information about the study

- ☐ I have had my questions in relation to the study answered satisfactorily;
- ☐ I understand who to contact should I become distressed as a result of my participation in this research;

Voluntary participation

- ☐ I understand that my participation in this research is voluntary;
- ☐ I understand that I can stop taking part in this study at any time and may refuse to answer any questions;

Results of the study

- ☐ I understand that it is intended that the results of this research will be published in a PhD thesis and in academic journals;
- ☐ I can request feedback about the results of the study;

Ethics

- ☐ If I have any questions regarding the ethical conduct of the research, I can contact Tina Langford, Ethics Officer. Research office, James Cook University, Townsville Qld 4811. Phone

Name: *(printed)*	
Signature:	**Date:**

Appendix K: Methodological memo

Revisiting the quota sample

27 March 2009

I have now completed 4 interviews and am feeling much more confident with interviewing and recruiting to the study. My sole focus has been on recruiting women at RFDS field days and I am sometimes asked does it have to be field days? My proposal referred to women at RWGP Service clinics and field days so I feel that I have to address why I have focused on field days, particularly given that they have a dirt strip and therefore are much more likely to be cancelled because of rain. The proposal also referred to a two stage sampling strategy – three farm and three non-farm women initially.

Upon reflection I think the reasons for this are a combination of logistical, methodological and researcher bias. It is the field days that I know most about and that was the basis for the study. The lives of these women, some of whom I know from my times as field day coordinator are the ones I am interested in, rather than women in towns. They are therefore women that I personally feel comfortable with because I have been to (most) field day sites before and am familiar with how the day works. It seemed to me that these women also represent an extreme case – they are the most isolated, compared with women in small towns who may have greater access to services. Field days are also scheduled every fortnight and so I have access to regular opportunities to recruit. Many field days are visited twice a year, so I have the opportunity to return later in the year to follow up. I also like to field day format. I have an opportunity to spend time with women informally over lunch or a cuppa, and get to know them. It is therefore an opportunity for prolonged engagement in the field. It also demonstrates respect for women and an understanding of their isolation by going to where they are rather than meeting them in a clinic setting. Field days also have a broader approach to health and this may open up the discussion rather than focusing on medical aspects of women's health.

This leads me to one of the most important factors I think which is personal contact. The field day coordinator encouraged me to start coming out on field days and not to be concerned if no-one contacted me in response to the flyer. The early interviews have also reinforced for me the importance of personal contact which is what women lack. One women said to me that she meant to call me in response to the flyer but didn't get round to it. Even after I give a brief outline of the study at the commencement of the field day, women don't immediately respond. On two occasions (so far up to FF4) it is after I have an opportunity to chat informally with women over a cup of tea or at lunch that they offer to participate. This preliminary conversation also provides them with an opportunity to get to know me and I share information about myself.

The literature does suggest that there are differences between farm and non-farm women. I guess the field days have provided me with the opportunity to interact with a woman from a small mining operation and may in the future include women from roadhouses or very small settlements.

Appendix L: Case summary example

FF18 Case Summary

Kay

Kay is aged in her sixties and was born in a regional coastal city. She returned to this remote town, married a local and has lived here for the last 48 years. She has worked as a cleaner for eighteen years and enjoys it. Her husband, son and daughter-in-law all work in the town. Her husband is very knowledgeable about the history of the town. She has a grandchild who is a toddler who she sees every day. She is a member of the hospital auxiliary and was a member of the school Parents and Citizens Association when her children were at primary school.

Kay says that she loves living in the remote town. Her explanation for why this is so seems to attribute this to the fit between her personal characteristics, her family and the bush lifestyle which she describes as peaceful and quiet. Kay says that she enjoys her own company and she and her husband are happy to spend a lot of time at home. When she arrived as a young woman, she didn't think she could live here because all of her friends were on the coast, but she says that she has grown to like it. She thinks that a positive frame of mind is important and sometimes countered a negative comment with a positive one – for example – she describes herself as a lucky diabetic. Although she found sending the children away to boarding school heartbreaking she says there are a lot of advantages in having a smaller school. Similarly in health care, although there are many services that she has to travel to access, she says that the local hospital is fantastic and the comments she made suggested that she valued local health staff. However, she did recount one instance when she sought a second opinion from a doctor in a larger town in relation to one of her children. Kay seemed reassured that if she was very ill, she would be flown out by the flying doctor. Although Kay travels seven hours by road to the coast for breast screening, diabetes, heart and treatment for her leg but she couldn't think of anything else that would have been helpful over the years in staying healthy.

Kay's stoicism was evidenced by the fact that it became clear later in the interview that she was actually in some pain with her leg. She seems to take responsibility for managing these situations by exercising control over decisions related to her health – such as having a private doctor when the children were small and refusing another cortisone injection.

The way Kay spoke of the advantages and disadvantages of living in a remote area seemed to be based on the view that it was a lifestyle choice and there was no point in complaining. She is content with her family. She speaks to her daughter in another town every day. Kay socialises with the people she works with and seems well connected in the community through her volunteer activities and her husband's interests.

Kay's understanding of health was based on individual responsibility. She says that she knows about eating well and exercise from watching the television. Despite all of her health

problems, health seems to have a lower priority that other aspects of her life. Most of all, Kay valued time with her family and did not seem to dwell on her own health problems.

Interestingly, Kay kept pointing out that other woman may have different experiences. Kay considered herself lucky. She thought that women on stations would have a much busier life and others without family support might find the travel for health care more onerous. It seems that family and friends create an alternative network for health care that is particularly important where distance is involved.

Appendix M: Example of open codes

Acquiring a family history

Arousing suspicion of local women

Battling through each day

Becoming aware of nature

Being a willing helper

Being an absent mum

Being freed from anxiety

Being strong for others

Bringing the old home with you

Classifying everyday as challenging

Coming to a healing place

Contemplating leaving the land

Declaring an injustice

Deskilling

Discarding worry as harmful

Disclosing chronic pain

Disliking a past self

Drifting along

Eroding of relationships

Fading networks

Feeling constrained by seasons

Feeling crazy with pain

Appendix N: Example of focused codes

Being comfortably alone

- Accepting self
- Acknowledging others worse off
- Having a passion
- Resisting expectations
- Seeking solitude

Living in a spiritual way

- Accepting absence of church
- Believing in a higher power
- Contemplating origins of faith
- Prescribing simple solutions
- Valuing time to reflect
- Witnessing a faith in others

Managing loneliness

- Beating loneliness with busyness
- Creating a friendly environment
- Experiencing self pity
- Feeling the worst loneliness
- Prioritizing special friends

Settling in

- Delaying aspirations
- Planning to succeed
- Encountering wild life

Appendix O: Analytical memo

Holding in

22 January 2010

In a previous memo I have discussed the process of becoming reconciled to remote living. Participant one described a process of 'holding' in ("I don't think that a younger person could have held in like I have") and I think that becoming reconciled is part of the process of holding in. Holding in has the connotation of straining, of exertion, of being constrained and mentally tense. It is a way of managing strong feelings (anger? disappointment?) that might challenge the status quo. Holding in occurs when there has been an abrupt change of lifestyle in moving to a remote area that involves a loss or letting go of a valued lifestyle (a job, holidays, own car). Priorities change, control is forfeited, previously valued possessions are dispensed with, personal aspirations are delayed and a commitment is made to managing challenges and doing without what you can't have - like adequate power and water. There is a process of adjusting to the new lifestyle by learning the ropes, adjusting expectations (you can live in a garden shed) and determining what aspects of the previous life are portable and can be used in the remote lifestyle. Living a spiritual life is something that can still be lived in a remote area, but the method of expression might be different – for example rather than churchgoing, spirituality involves having a spiritual experience through nature. Maintaining valued personal contacts such as family is also something that can persist in a remote area by using technology to keep in touch. Participant one explains that it is the same for anyone who has family living away, for example in a different state. Holding in is sustained by a commitment to a higher purpose (a marriage) that enables day to day problems to be put in perspective and managed. Part of the process of holding in seems to be setting limits. Participant one says that she only does inside work (in the home) and doesn't do outside work such as mechanical work. She gives a warning to younger women "They fence, they do cattle work and drive trucks. It's because they're the sort of people they are – not all of them do that but the ones who are willing. It's the same anywhere, a willing horse you know. And you know there can be exploitation. I've seen that. But the woman, you know you have to be very assertive. And you have to stand up for yourself you know". It is very interesting that she goes on to talk about how women can exercise power at home because she says it is very lonely or men without a partner in a remote area. This is where women in remote areas derive their power even though they may appear to be disempowered in the public sphere.

The process of holding in changes when the tension or strain is released in some way. This may occur when children grow up and responsibilities lessen. Participant one uses the term release and says " now the kids have grown up and I've started, I'm being released in another way you know. I do all the correspondence and that has been good for me". Being released involves being able to give effect to needs and aspirations that have been subjugated through focusing on being a wife and mother and living in a remote area.

Appendix P: Analytical memo

Control and its importance to wellbeing

18 February 2010

I am writing this memo following the coding of interview 8 as the concept of 'control' is recurring. Women use the word control themselves. What does it mean and why does it matter? It seems that having a sense of control over decisions that impact on daily life is an important aspect of positive wellbeing.

At one level this seems to convey the fairly simple idea that control means being able to decide what you do, when you do it and how you do it. In support of this:

- # 7 says I "do what I want to do when I want to do it".
- # 8 says " You know like I can wake up today and go right am I going to clean the house or am I going to do the garden or am I going to do some baking , I suppose or even muster some cows".
- #3 says "It's a lifestyle where you can – you're not, even though you're busy you're not on a schedule. You make your own schedule "
- # 4 says "you have a lot of control over like time-wise. You just have to say right I want to do this now and that later and there's nobody sort of saying to you well you have to have this done by twelve o'clock or whatever, so you've got a bit of autonomy sort of thing".

At this level control means control of time and daily scheduling of tasks.

However, other quotes add to the complexity of the concept and suggest a deeper level of control that relates to identity and the capacity to flourish or feel fulfilled. For example:

- #6 had experienced hardships in her city life as well as in her current life at a X . What makes her current life more satisfying she says is that "Sydney was altogether different because I didn't have control of my life then, now I have control of my life. I do what I want to do. If I don't like something then it doesn't get done or if I don't feel right about something I will fix it so that it's right because everything comes from the heart. So I have to feel good".
- #4 says "in a sense it limits you in a way because there's limited access and activities or whatever but in another way it actually allows you to be whatever you want to be. There's a limit in a positive way but you're not limited in a negative way like you can - there's not so many rules and regulations and guidelines you know, you can do things your way and totally individually."
- # 8 compares her experience of having a career that is compatible with living on a grazing property to those of other women who have not been in a position to do this and have been relegated to a more subordinate role: "I guess I count myself pretty lucky and a lot of women have said to me you're lucky because you've had your own thing, you've done something, you've achieved something you know, we just feel like we came out here and tread water I suppose but they don't realize it's massive support for a person that runs a very diverse business, they put food on the table, they

> have children and they teach them a lot of them – that's a big thing. Yeh and I think probably they would have loved to have had something for themselves and I'm lucky because the career I have I can do out here. I'm not a hairdresser who has given up hairdressing to move to the country".

It seems that control is not an outcome and it is not absolute. The data suggest that control does not mean control over everything, or that you able to do everything your own way. Rather, it suggests to me that exercising control involves:

1. Being able to makes changes if you are unhappy so that you achieve a more satisfying state of being. #8 says: " I guess I've sort of always felt like I've been in control of my life if, you know I decided I wanted to go to uni and my parents were very supportive and as much as mum would have loved me to get married and have kids straight after school you know if I've been unhappy I just change and do something else and so it's good to have my business because I'm in control of that and sometimes with the property decisions are made that I probably wouldn't make"……it just helps that you know you can get away and just do your own thing and you're in control of that sort of thing".

2. Being able to define an area of your life where you are able to exercise control. For example older women distinguish between inside work and outside work. Scoping their domain in this way enables them to clearly define an area where they have a sense of being in control. # 1 says " I had an older car and I knew nothing about a car. That's a man's job as far as I'm concerned. I don't want to change a tyre." And further: "everybody's got their position. Everybody's got their own job". # 2 says: "I don't do any outside work. My day is usually sort of in the house and doing the books, answering the telephones, paying bills, doing accounts that type of thing. Doing general housework, cooking the meals serving them". In fact # 2 issues this warning: " it's very difficult for younger people though especially younger women. Because what I see they really take on a man's job. You know I see they work as hard as men and they've got to teach children and do all the housework. They've got way, way too much to do".

3. Acknowledging that there are areas of your life where you may not be able to exercise control and accepting that. For example, # 8 talks in detail about how she has had to adjust to being part of a family business where she doesn't have much power " I'm the last to join this family so I have to be – you know I'm right down the bottom, so I can't be too outspoken". It seems that one way she has reconciled herself to this is to maintain her own business where she does have sole control and also, keeping in mind: " the big picture at the end I think and just thinking, yeh having our own block and probably more importantly the picture of being a family that gets on." Interestingly, for somewhere who identifies control as being so important to her wellbeing, the decision to marry meant forfeiting significant control in terms of where she was going to live and also not being able to make changes: "as much as I don't want anything else, I love being on the land, I don't know anything else but just the fact that I knew you know, I couldn't change my mind, I had to, once we got married that was it." She struggled also with the change of identity which she anticipated would follow her marriage into a large, well known grazing family: " I guess I've always been independent and the

thought of – I thought I might lose that independence and X is a very big family name ….I think I counted I'm the seventh like X woman, whether that's ones that haven't married or ones that you know have married into the X family". She attributes maintaining her business as having an important role in not losing her sense of independence following her marriage.

I am thinking that having a sense of control actually means being able to live in a way that is consistent with your values and which enables you to live a meaningful life. It involves balancing areas where you are able to exercise control with those where you do not have control. For some remote woman, achieving this balance may involves adjusting, (sometimes lowering) expectations of their lifestyle, delaying personal goals and aspirations, forfeiting some areas on control and some valued aspects of their pre-remote life (cars, holidays, jobs), defining the space where they are able to exercise control and redefining their identity, a process which # 4 refers to as like being:'broken in'.

For other women however, the balance tips in favour of accentuating new found gains rather than forfeiting a valued past. For example, being freed from past financial stresses, acquiring a degree of control of daily life that wasn't available in the pre-remote life, developing new friendships, pursing new interests or passions, raising a family, acquiring an interest in nature and having a sense of belonging to a community who share similar values.

What controls means is that women have arrived at a way of thinking about themselves - their identity – who they are and what they want out of life that enables them to be in the position of exercising control within the space of a remote area. This means that for women who are struggling in life, wellbeing is not only a matter of being in a position of doing whatever they want. Rather, it involves adjusting their thinking and having strategies that will enable them to have a lifestyle which they find personally fulfilling. Women have dreams – like having a cook or fulltime home help, a fulltime job, having mains power (for one woman this means to be able to switch on a fan whenever she wants, for another it means having a freezer), and having an adequate water supply. Some of these are not achievable in a remote context. Women acquire strategies for becoming reconciled to their dreams through strategies such as substituting (gas and solar for electricity), accepting environmental limitations, comparing themselves to others less fortunate, minimizing risks and fears, valuing close personal relationships, relying on skills acquired in earlier experiences of remote living and sometimes leaving to acquire new skills and returning to a valued lifestyle.

What are the resources which women appear to need in order to exercise control? Financial security, information about their rights and knowledge about their health, local services (eg RFDS child health nurses), having basic needs like power, water and housing met, food safety, love and support from either family, friends or both, physical health at a level that enables them to do what they want to do, mental strength to address challenges like fire, floods and loneliness, meaningful activity and personal skills like assertiveness, confidence and self esteem as well as basic skills like driving, and the flexibility to undertake a variety of tasks and roles – gardener, bookkeeper etc.

What happens when some or all of these resources are not available? Can these resources all be acquired? Some women suggest that it takes a certain type of woman to be able to live in a remote area. One who can be what I refer to as ‘comfortably alone’. # 5 says: “you’ve probably got to be someone that’s prepared to be by themselves, cause when the kids are little they still go away and muster and sometimes I used to be you know I had been up to six weeks just with one baby by myself. But you’ve got to be able to go fishing and push a pram or lump a baby down the creek or wherever you want to go. Yeh. You know you’ve got to be able to live with yourself”.

Appendix Q: Analytical memo

Control and its relationship with power

18 March 2010

This memo came about after I began entering codes for # 8 in NVIVO. It was interesting the way in which # 8 talked about control. She said that having control of her life was very important to her but then seemed to be doing the opposite by losing control of important areas of her life - for example about where she lives (this decision was arrived at through a succession planning meeting) and whether she could change her mind if she didn't like it (a capacity which she had said was very important to feeling in control) as once she decided to marry she knew that she would live on the land – it wasn't negotiable. Also, once she became part of a family company, she found herself often in the position of having no or little say in decision-making despite her academic qualifications and experience. I couldn't really understand how she could reconcile her ideas on control with her current lifestyle – it looked like ceding control to others. How could she exercise power in such a situation? Wouldn't becoming part of a family company in which she describes a hierarchy in which she places herself on the bottom mean she becomes powerless? She talks about focusing on the goal of being a family that communicates and gets along, of deriving benefits like being allocated their own property - but is that enough? Wouldn't that entrench her sense of powerlessness? Apparently not.

To try and understand how she manages to function in this environment, I have done some reading on 'power'. Laverack (2005) citing Wartenberg (1990) distinguishes zero-sum power which is about domination and resistance and involves having 'power-over', from 'power-to' which involves "power-from- within", or one's personal power, an inner energy that might include self knowledge, self-discipline and self-esteem; and 'power-with' in which power – over transformatively increases other people's power-from-within". Laverack says 'power-with' describes a different set of social relationships, in which power-over is used carefully and deliberately to increase other people's 'power-from-within'. Wartenberg argues that this helps to explain the apparently contradictory situation where women have lack power in a male-dominated society yet still have power . They may hold a great deal of power in one aspect of their lives (for example in the home) but possess very little power in other aspects of their lives (for example business). This idea of power seems to be consistent with Ife's (1997) explanation of post-structuralism and power – that it is not about power being given or taken – but rather about the **exercise** of power. According to Laverack, power-with involves "the person with the power-over chooses not to command or exert control, bit to suggest and to begin a discussion that will increase the other's sense of power-from-within".

Relating this back to #8 I think that it is not a matter of her ceding power or becoming powerless in a family business situation but rather a matter of how she chooses to exercise power in that situation. I think that she identifies the source of her own power is her knowledge and experience with cattle. She doesn't try to insist that the cattle be managed in a way that she says, but rather has taken the approach of looking for ways that she is able to exercise power – one of these is through defining an area where she does have control – she

is in charge of cattle in a particular location, another is by using power-with – where she is prepared to use her power to enable others to gain power. She says of another family member: “that’s why here’s here, to learn, to get that experience”.

Interviewee #1 also talked about the power remote women have at home. Whereas #8 identifies her knowledge and experience as a source of power, interviewee#1 seems to suggest that the willingness to stay in a remote area and persevere is itself a source of power.

Appendix R: Integrating memo

Connecting – an integrating memo

22 July 2010

This includes

Functioning as a community

Experiencing the community as hostile

Exercising control at a macro level

Connecting with place

Connecting with…

Experiencing a guilty pleasure

Being isolated from family and friends, services and towns seems less important than making connections. This is because definitions of isolation vary and it can be both enabling (one woman described a 'stabilising solitude') and constraining.

I have identified social connectedness (connecting with other people), organisational connectedness (being aware of or linked to local services and community organisations), spatial connectedness (connection with a particular place) and connecting with self (having an interest or passion).

Social connectedness involves more than being in close proximity to others. In- laws, though close by may not satisfy the need for connection. Having at least one close connection to a friend or a partner was a minimum. For many women this was in addition to a partner. A genuine closeness involves shared values and mutual support not merely being part of a group such as a play group. While most women emphasised the need for female friends, one woman said that she no longer thought this was the case and that sharing with female friends actually detracted from her relationship with her partner. For this woman, however, it was important to be friendly with neighbours - they had curry nights and fancy dress nights. Another older woman talked about being part of a friendly community. Interestingly she said that young women were urging them to get together more and socialise and she commented that this would never have happened in previous years. I wonder whether this was for practical reasons. Transport was so much more difficult or because there were other avenues – the invisible group of people who comprised the VHF radio network. Remember that what some women value is fewer people so being part of a large group is not necessarily what is sought. One woman said that she felt burnt out by being around people all the time.

What is lacking in many cases in incidental contact - meeting people locally – this may occur where there is a road house where people collect their groceries. One woman commented that men met each other incidentally through their work but this was not the case for women who often relied on school networks and volunteering. When those networks cease – an opportunity for social interaction is removed. Because of the lack of incidental opportunities for social interaction, socialising often meant 'making an effort' and travelling long distances.

It is the nature of social activity that can also vary. Opportunities to get together to eat and drink or even for morning tea abound. One woman said that socialising revolved around alcohol and that there were so many opportunities to do this and local people were so friendly, that she and her husband avoided some of these occasions. For her, socialising had previously involved being involved with a local cinema group. She now took up opportunities to socialise through doing educational courses, working part-time and teaching yoga at a local town.

In times of crisis, someone to talk to, other than family, can be the type of support a woman needs. While family can be supportive, belonging to and living in close proximity to a large extended family can have its constraints particularly where they work together. One woman described herself as being at the bottom of the ladder while the somewhat strained relationships between mother-in-law and daughter-in-law can be distancing despite being in close proximity.

I think that what this indicates is that women are quite specific about the type of social support they need and that 'social support' needs to be carefully unpacked in determining a woman's needs. Questions of who with, and to do what need to be explored.

What drives social connectedness – necessity or the characteristic of friendliness in rural people? That some women experience the community as hostile while others don't suggests that a close knit community which welcomes newcomers cannot be assumed. Scepticism about newcomers can take time to overcome. Marrying a local helps in gaining acceptance. For those without family connections, without the financial capacity to gain positional status in the community, or whose cultural and racial background is different, it can take time to gain acceptance in the community if at all. Jealousy and competitiveness can be divisive.

Others suggest that the reasons for the apparent friendliness and cooperation of remote people is more pragmatic. There are so few people you have to get along. There are no people other than those where you live. You can't join a group. This may be less restrictive for those who are technologically savvy. Despite the differences people have, they need to get on simply for survival reasons. You may be broken down by the side of the road one day and need your neighbours help or you may need that person to help you fight a fire some time. This is mitigated to some extent by values of self reliance where, as far as possible, people see it as their responsibility to plan ahead so that they are not overly reliant on others.

Organisational connectedness involves being aware of and linked in with local services. These included the RFDS, local primary health care service, family support services, Remote Area Family Service, church, school, Country Women's Association, Agforce and

community organisations. Women valued local services, particularly the personal contact and the opportunity to discuss women's health issues with a female general practitioner. One woman also saw this as the opportunity to advocate for better services for men. However services such as alcohol and drug services and domestic violence were less accessible or non-existent while child health services were valued but infrequent.

Spatial connectedness refers to a connection with a place. This relates to the natural environment, an affinity with animals, plants and nature that can have a spiritual element. Culture can also underscore spatial connectedness through living on country. This relates not only to the physical environment but to the geography such as water, vegetation, animals, population distribution, climate. I'm not certain whether this exists in the city. It has an ecological context. That you someone how fit into the functioning of this system. It is not only a geographical location. This can be so strong that negative aspects of remote living, like access to services can be reinterpreted positively.

Connecting with self means finding an interest or passion beyond social roles of wife mother. This relates to identity. I am reminded of Cuomo's (1998) statement that flourishing was about how you wanted to be as a person. Can you be that person is a remote area? I think that Cuomo's (1998) idea of non-instrumental valuing is relevant. This means valuing someone as a human being and not only in relation to yourself.

Appendix S: Grid for mapping narratives

Dimensions and attributes

	Alyce	**Nancy**	**Belinda**
CONTROL			
Pragmatism	Medium	Medium	High
Autonomy	Low	Low	Medium
Agency	Low	Low	High
Equanimity	Medium	Low	High
Exercise of power	Low	Low	High
Wellbeing	Low	Low	High
BELONGING			
Deep connection with place	High	High	High
Shared values	Low	Low	High
Interpreting lifestyle positively	Medium	Low	High
Contentment	Low	Low	High
Preferred state	High	High	High
CONNECTING			
Motivation	High	High	High
Mechanisms	Low	Low	High
Opportunities	Low	Medium	Medium
Satisfying needs	Low	Medium	High
IDENTITY			
Maintaining sense of self	Medium	Medium	High
Pride	Low	Medium	High
Receiving respect	Low	Low	Medium
Having a niche	Low	Medium	High

Enabling (E) and constraining (C) factors

	Alyce	**Nancy**	**Belinda**
INDIVIDUAL			
Attitudes and beliefs			
People	E Medium	E High	E High
Environment	E Medium	E High	E High
Spirituality	E High	E High	E Low
Knowledge and skills			
Self	E Medium	E High	E High
Place	E High	E..High	E High
Health	C Low	C High	E Medium
Self management skills	C Medium	C Medium	E High
Interpersonal skills	C High	E Medium	E Medium
Physical and emotional health	C Medium	C Low	E Medium
CONTEXTUAL			
Money	C high	C High	E Medium
Health and welfare services	C High	C High	E Medium
Social networks	C High	C Medium	E High
STRUCTURAL			
Gender	C High	C Medium	C Low
Race	E High	C High	E High
Location	C High	C High	E High