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Title: Curling and Rural Women's Health in Canada: A National Photovoice Study

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Purpose: Purposes of the Study were to:

1) Explore effects of curling on the health and community life of rural women;

2) Determine how health, sport, and recreation can be understood within the contexts of rural gender and community change; and

3) Assess the utility of photovoice, an innovative, participatory qualitative research methodology and method, in advancing research with rural women.

These purposes were set for the following reasons. Sport and recreation play important roles in rural life in Canada. Determinants of health such as physical activity and social inclusion are key to the health of rural residents and essential for rural community life (Kulig & Williams, 2012). More than 28% of Canadian curlers live in communities with fewer than 10,000 people (Canadian Curling Association, 2008). Yet, rural women have few opportunities to experience the social and health benefits of sport and recreation, as rural communities tend to favor men and boys in sports, to the exclusion or minimizing of women and girls, for example in sports such as hockey. In addition, little research has been conducted on the significance and effects of sport and recreation for rural women (Morrow & Wamsley, 2013).

Rural communities in Canada are becoming feminized aging communities (Leipert, Leach, & Thurston, 2012). In these rural communities, few health and recreation resources exist (Mair, 2007), and rural people are less healthy and have shorter life expectancies compared to urban residents (Canadian Institute for Health Information, 2006; Kulig & Williams, 2012). Thus, it is vital that research focus on rural women and recreation to enhance understanding and nursing practice regarding sport and the health of rural people in general, and rural women in particular.

Methods: The methods of this study were guided by two methodological approaches: rural ethnography, and photovoice. Rural ethnography, in its exploration of ways in which the world is experienced and understood in the everyday lives of people, acknowledges the centrality of gender, power, process, and complexity in rural life (Hughes, Morris, & Seymour, 2000). Photovoice, with its novel use of photographs and oral and written methods, elicits rich data about contexts and social and health-related experiences (Wang & Burris, 1997). Thus, both of these methodologies were suitable for this study.

Sample and Setting: Fifty-two women and girls, ranging in age from 12 to 75 years with an average age range of 50-60 years, in seven rural communities in Nova Scotia, Manitoba, Ontario, and the Northwest Territories participated in the study. Inclusion criteria were that participants self-identified as present or past female members of rural curling clubs. Curling experience ranged from one to 16 or more years with most participants having several years of curling experience. Rural was defined in this study as populations living outside the commuting zone of areas with more than 10,000 residents (du Plessis, Beshiri, & Bollman, 2002).

Data Collection: Prior to beginning the study, ethical approval was obtained from Western University, the University of Manitoba, and Dalhousie University. Then, in a camera orientation session, participants were provided with cameras and log books and asked to take photos and record data that depict roles that curling clubs play as sport and community places for rural women and how curling and curling clubs influence the health of rural women. After two weeks the cameras and log books were retrieved, and copies of the photos were made for the participants and the researchers. These photos were returned to the women in focus group settings, where each participant selected two photos to title and discuss. Further data collection occurred as the researchers observed in rural curling rinks and engaged in conversations about physical and socio-cultural aspects of the rink, such as the roles of women and others, how the rink is used by women, men, children, and the community, and the effects of use on the social lives and health of rural women. These researcher observations and perspectives were recorded in field notes and included in the data of the study.

Results: Study participants in the four provinces took 955 photographs, recorded in 52 log books, and participated in two group interviews in their rural location. All of the data from these sources were analyzed by the researchers with some analysis also done by and with the participants. Results reveal that curling enhances physical and mental health and resiliency, facilitates vital social and community connections, supports rural community life, and provides a valued and visible way for women to support rural community life. Photovoice was revealed as a significant enhancement to this research in its facilitation of the recruitment of participants of varying ages and backgrounds, and in the provision of rich, evocative, and insightful data, analysis, and findings. Narrative and pictorial data will be used extensively in the presentation to illustrate these findings.

Conclusions: This research significantly enhances understanding of how gender and recreation intersect to influence rural women's health, social capital, rural community change, and community development and sustainability. Important recommendations regarding nursing and other support and enhancement of girls' and women's sport and curling in rural communities will be offered based on the findings of this study. Recommendations regarding the utility of this research for nursing education, for example regarding learning about research methodologies and methods and rural nursing practice possibilities, are also evident and will be addressed in the presentation. Photovoice methodology significantly enriched recruitment, data collection, analysis, and dissemination activities, and its utility and suggestions for further rural and women's health research to enhance substantive, methodological, and nursing education and practice understandings will be offered.

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