

Rural Experiences of Stress

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The recent release of the Canadian Institutes of Health Information (CIHI, 2006) report highlighted the poor health of people in rural areas. This finding carries important implications for the rural population, but how do we get beyond population health data to reveal the underlying factors that contribute to higher rates of suicide (especially for young people) and shorter lifespan? Examining stress levels would appear to be a good place to start looking when investigating the sources of rural health problems. However, various population-based studies, such as the CIHI report, show either no significant differences between rural and urban stress or lower reported rural stress. This seems to be a paradox since countless studies have documented the connection between high stress and poor health. As part of the CIHR funded NET grant entitled Women's Health in Rural Communities (WHIRC), we are developing a measure of rural stressors that is designed to help reveal the common and unique sources of stress for rural residents.

Although the public health implications of mental health problems, such as high levels of stress, are significant, very little is known about mental health for rural populations (Patten, 2001). The available Canadian literature focuses on either qualitative reports (e.g., Dolan et al., 2005; Rural Communities Impacting Policies, 2003) or large population-based studies (e.g., Shields & Tremblay, 2002). The qualitative studies are invaluable in that they contribute a rich context for the impact and diversity of societal and ecological changes in rural life, but are difficult to apply to the development of specific treatment and policy recommendations. The large scale studies are useful tools for impacting policy, but fail to account for the influence of different cultural, social, and geographical factors on health (Philo, Parr, & Burns, 2003).

Our measure, based on an extensive review of the existing research, reports, and websites, has revealed several themes relevant to rural stress. The categories of rural stressors that we have identified include:

Relationships: lack of mates to choose from; lack of new people with whom to form new relationships; reliance on existing networks for support; aging of support networks; family health issues; caregiving responsibilities; parenting stress.

Individual: lack of anonymity/privacy; reliance on others; isolation; not feeling valued by society because of occupation, location or group.

Health: limited access to physical and mental health care services (Canadian perspective); lack of appropriate physical and mental health care services; distances required to travel for physical and mental health care; higher rates of certain precursors of physical and mental health problems (e.g., obesity, smoking, family violence, anxiety, depression, anger).

Work: seasonal work; limited job options; high risk occupations; ecological restructuring; government imposed policy regulations and changes; traveling long distances for work; being away from the family for work.

Education: need to leave area for training and/or education or limited training and/or education choices in area; diminished social capital for training and/or education as teachers and volunteers leave the area.

Recreation/leisure: lack of options; expensive; transportation.

Community: impact of decreasing community size; increasing urbanization; aging of community.

Transportation: require own transportation or that of others – no public transportation.

Finances: lack of continuous income; lower overall income; single-earner families; dependence on government programs.

There are other important factors that may influence the experience of stress for rural individuals. In particular, being a woman, belonging to an identifiable minority group, education, income and age may also be implicated in both the sources of stress and also in perceived stress levels. In addition, there are many aspects of rural life that may serve as a buffer against the themes we have identified, particularly social support. An individual's general satisfaction with their life may also play a role. Our measure will be applicable to all rural residents not only those involved in farming or other primary industry as is the case with existing measures of rural stress.

Our survey on rural stress includes the newly developed Rural Experiences of Stress Questionnaire based on the emerging themes as outlined previously, as well as perceived stress scales, life events checklist, a measure of depression, anxiety and stress, social support measures and an extensive section on employment, family health and other potential sources of influence on stress.

We are presently refining the Rural Experiences of Stress (RESQ) measure through consultations with experts on rural health. The next step will be to conduct community focus groups evaluating the content and format of the measure and the survey package. The RESQ survey will be administered via telephone interview with a rural sample in Nova Scotia in the Winter of 2007. If you would like to learn more about the project, please contact Cyndi Brannen, Cyndi.brannen@iwk.nshealth.ca (902-470-7521) or Octavia James, Octavia.james@iwk.nshealth.ca.

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