

'PLACE' IS MORE THAN A PHYSICAL LOCATION: A BROADER ENGAGEMENT OF 'PLACE' TO FURTHER UNDERSTAND NURSING PRACTICE

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INTRODUCTION

The aim of this paper is to embrace the concept 'place' and to progress the international and national discussion about 'place', health and nursing. 'Place' is a familiar term, associated with a location and assumed by the user and recipient that it has a meaning that is understood by both. In this paper, I argue that 'place' is more than a geographical location or site where health care can be accessed and practised. Indeed, 'place' for the purposes of this paper builds on the traditional conceptualisation of 'place', as a geographical 'location' and further extends the social and human to non-human relationships representative in 'place', as 'locale' and a 'sense of place'. Further, focus on the relationship between 'place' and space, is discussed in relation to social geography. In contrast, consideration is provided as to how the discipline of nursing has employed the concept 'place' throughout the previous thirty years. The relationship between space and 'place' from both social geography and nursing suggests they are connected despite their different perspectives and in so doing can enhance both disciplines' contributions to the growing body of health and nursing practice. It is in this paper that the concept, 'place' resurfaces along with its relationship with nursing.

Background

'Place' is everywhere. There is little understanding of the word 'place' and the interactions it can have with people (Cresswell, 2004). The English word "place is used in everyday life, while being associated with a number of meanings" (Cresswell, 2004, p.1). In general terms 'place' is considered a location or physical site, for example "this is my place, is not your place, you and I come from different places" (Cresswell, 2004, p.2). 'Place' is important because it is central to the social world. 'Place' occurs when meaning, naming or the feeling of connection occurs with that 'place'. 'Places' are what are made of spaces when linking the human interaction with the environment (Cresswell, 2004). The concept of space is not fixed and it undergoes constant dynamic and political change. Neither is it a receptacle to be filled, rather space has the ability to enhance change (Massey, 1999). Space and place can be considered meaningful for as Thrift (1999) explains they weave together in order to maintain each other. Social geography's conception of the weaving of space and 'place' and nursing's engagement with 'place' are further revealed in this paper:

The meaningful relationship between 'place' and space

When space and place work together, they are more dynamic than working separately. Reflecting back to the seventeenth-century, concepts related to Newtonian and Leibnizian thinking assists in understanding these two concepts (Agnew, 2004). 'Space and place' are relational; space cannot exist without 'place' (Agnew 2011). Space can be viewed as abstract; modern and global, space is representative of movement, in opposition to the rootedness

associated with place, which is understood as specific; local or traditional (Agnew, 2004 Escobar; 2001). Space is associated with a location, for example, having an address, while 'place' is about living at that address. 'Place' therefore conjures up a sense as nostalgia, in contrast to space, which is progressive and radical (Agnew, 2004) which is where a Newtonian view of space becomes active. In opposition to this opinion is the Leibnizian view, which considers the power of what occurs in place, and it is this that makes space appears active, space is always in motion and constantly being made, space is were change occurs.

To further add to the growing debate about 'place' Agnew (1987) a political geographer developed a 'place framework', which I have engaged with to situate nursing practice.

'Place framework'

Agnew (1987) outlined three fundamental elements of 'place' as a meaningful location and he developed a framework (referred to as a 'place framework') in which to improve a deeper understanding of 'place'. Agnew's (1987) three fundamental elements of 'place' include 'location', 'locale' and a 'sense of place' and are further elaborated on.

'Location'

'Location' from Agnew's (1987) perspective includes physical settings or structures. Cresswell (2004) has indicated that the most understandable and "common definition of a place [is as] a meaningful location" (p.7). Meanings associated with 'place' become part of an individuals' understanding of who they are and identify with. 'Location' can also be viewed similarly to 'landscape'. Landscape, is referred to a section of the surface of the earth as viewed from a particular position (Cresswell, 2004). Defining landscape in this way "refers to the shape – the material topography – of a piece of land" (Cresswell, 2004, p.11). Landscape is a way of looking at the land and dates back to the Renaissance when landscapes were painted and viewed from a distance (Cresswell, 2004). Landscape is generally observed from the outside and is not a place where people reside; landscapes are a viewed experience and not a lived one. In this sense, this is how place and landscape are presented as being different.

'Locale'

'Locale' is associated with the development and maintenance of social relationships in which 'place', as 'locale' makes up the second aspect of Agnew's (1987) 'place framework'. 'Place' as 'locale' is where social relations and the meaning of 'place' are made or developed both within and beyond the 'location'. According to Agnew (1987) social relations are more complex than considering them only as interactions between people and which he terms human interaction. These relations are effectively between people and their relationship to a specific geographical context. Relationships between geographical contexts and 'locale' demonstrate how identities are constructed, where human activities occur in 'place' and where meaning is made. Meaningful places assist people to make connections and to develop a sense of who they are in relation to a geographical location. As Hollaway and Hubbard (2001) explain "[t]hese meaningful relationships associate the formation or make up our identities"(p.71). Meaningful relationships can be further extended to encompass a 'sense of place' as represented by Agnew's (1987) third element of his 'place framework', a 'sense of place'.

'Sense of place'

According to Agnew (2004), 'sense of place' is about understanding meaning through subjectivity, belonging and attachments, which are identified and established as an emotional association that people have to 'place' as 'location' where attachments are being established alongside feelings and emotions (McKinnon, 2011; Cresswell, 2002, 2008; Massey, 1995;). An attachment to 'place' establishes a strong commitment to the physical location and a 'sense of place' may develop (Nagel, 2011). A 'sense of place' usually involves or is associated with a community, which, according to Vanclay (2008) is termed 'homeogeneity' and refers to as belonging and cohesion. Individuals have an emotional need to identify with often personal and intimate places and hence 'construct' these places for themselves on the basis of repeated experiences. 'Sense of place', also includes the particular sounds, smells and sights related to specific locations that are represented as a nostalgic experience (McClinchey & Carmichael, 2010). Places are known and cared for from within 'location' as what Tuan (1974) calls 'fields of care' in which people demonstrate a love of place and an emotional attachment develops (England, 2011).

'Sense of place' helps explain how identities are established, which occurs through the attachments, performance and emotions, associated with place (Cresswell, 2008, 2004; Butz & Eyles, 1997; Agnew, 1987). According to Tuan (1974), to develop a 'sense of place' requires the ability to know the place personally and which the individual responds to emotionally. This intimate knowledge is gained over a long period of time through extended encounters with the 'location'. These extended time periods invest the individual with a deep 'sense of place', which makes place an extension of the individual (Holloway & Hubbard, 2001). The following section elaborates on 'place' in comparison to nursing conceptualisation of 'place' as nurses engage in the provision of health care.

'Place' as constructed in nursing

The literature associating 'place' and nursing practice was initially identified as far back as Florence Nightingale (Andrews, 2002, 2003). In 1859 Nightingale published the *Notes on Nursing: What it is and what it is not* (Nightingale, 1969) in which she discussed the requirements necessary to improve patient health care. Nightingale discussed the merits of cleanliness, the environmental necessities of clean air, effective ventilation, warmth and light, together with the nurses' proximity to patients. She brought to our attention the potential for the environment to be a contributing factor to a person's health and was one of the first nurses in the world to take notes on patient's health issues and then to discern links between health and environment (Nightingale, 1969).

Further research undertaken by Liaschenko (1996a) has explained the importance of understanding 'place' in nursing. Liaschenko's (1996a) argument revolves around the fact that nursing practice occurs in numerous sites and locations for example, the hospital setting, or the client's home, workplace, schools, long-term facilities, health centres, local shops and sporting events. Amongst these sites of practice there is generally no differentiation in the literature as to whether these sites are urban or rural locations, which is an important aspect to consider in the provision of health care. Thomas (2013) has demonstrated the importance of 'place' knowing, in which health and illness can be understood in relation to 'location' and sites of practice. Understanding 'place' from Thomas's perspective focuses on the knowledge generated by community residents about their own interpretation of factors that could affect their own health. This engagement builds on the work by health geographers Kearns and Moon (2002) who consider the importance of understanding 'place' in relation to health, illness and the availability of health care services in local regional communities in New Zealand.

There are four categories emerging from the nursing literature associated with the dual concept of 'place' and nursing practice (Carolan, et al., 2006). The first refers to situatedness representing the connection and feeling in 'place'. The second links situatedness with creating a healing environment in which relationships between clients and the nurse develops. The third is extended to conceptualise the nurses' practice as disembodied or displaced and linked to proximity. This in turn reflects the fourth category, which focuses on involving issues of workplace, power and gender and the connection these have with 'place'. The principal nursing categories representative of 'place', include, situatedness; creating a healing place and proximity as mentioned above connect with social geography's engagement of 'place' in which 'place' and situatedness and 'place' and proximity are further expanded on. Jones and Ross (2003) have studied the context in which nursing practice in rural locations occurs, and express that:

[r]ural nursing practice is shaped by its situatedness. Distinctive settings determine nursing roles and responses-which differ according to the health needs and health service provision in particular rural communities...

(p. 18)

Therefore it is implied that 'place' can be identified as location; site; context, or 'situatedness' and can impact on the nurses' ability or the way in which the nurse identifies and performs their practice. Lee and McDonagh (2010) have also connected the concept of situatedness to the shaping of nursing practice in rural locations, and have expanded Malone's (2003) study on the nurses' personal and professional proximity of the nurse-patient relationship in 'place' or location.

Malone (2003) proposes that there are four areas to consider in relation to nurses' proximity and these include, the physical proximity, the narrative proximity, the personal proximity and the moral proximity. The physical proximity, is associated with the nurse practising in physical nearness to the client, including the concepts of touch and physical caring (Peter & Liaschenko, 2004; Malone, 2003). Physical presence benefits the development of the nurse-client relationship. Relationships associated with nursing are twofold. Firstly, nursing occurs in a physical location, and secondly, the development of a professional relationship is a necessary component of the work of nursing (Liaschenko, 1997; Christensen, 1993). The nurse-client relationship is a fundamental component of nursing and necessitates a nurse's full, psychological and spiritual presence as explained by Osterman and Schwartz-Barcott (1996), whilst creating a specific 'place' of caring. Indeed, for the nurse-client relationship to be effective the nurse is positioned physically to understand the client's needs and to act on those needs. Proximity associated with the nurse-client/patient relationship, relates to nurses understanding of their moral responsibilities and how they enact their moral selves towards the patient/client (Peter & Liaschenko, 2004). Narrative proximity engages the nurse and client together through effective communication in which social relationships are further developed and the facilitation of health care is provided. Personal proximity focuses on understanding the client, and moral proximity refers to advocating on behalf of the client.

Proximity with patients can also be extended to the concept of nursing presence with patients or clients and extends the caring elements so important in nursing. Peter (2002) states that the presence of nurses has a profound effect on the experiences clients relate to, in conjunction with establishing 'place' as the therapeutic essence of healing as comprising presence, co-presence, moral agency, and the therapeutic and interpersonal relationships with clients, families/whanau, work colleagues and communities.

DISCUSSION

Traditionally, the profession of nursing has not routinely engaged with social geographers' concept, 'place'. By engaging with Agnew's (1987) 'place framework' and the nursing literature promotes different but complementary piecing together of this concept to further understand nursing and the provision of health care. Agnew's (1987) 'place framework' is the pivotal aspect in which to unite nursing's and social geography's engagement with 'place' aligned with 'location', 'locale' and 'sense of place'. The notion of place and nursing practice was initially recognised by Nightingale in 1859 (Nightingale, 1969) with reference to nursing sites of practice as the 'environment' in which patients' experienced and received health care. 'Place' associated with nursing has generally focused on the site or location of practice, which bears a resemblance to either a hospital setting, or the client's home (Liaschenko, 1996). Sites of practice or the environment can be aligned with the first element of Agnew's (1987) 'place framework', 'location'. The environment has continued to be of interest in nursing and was initially expressed by Jones and Ross (2003) and more recently by (Lee & McDonagh, 2010), as situatedness.

Situatedness extends the nurse's relationship and partnership between the patient, client or community and can be considered as the nurse/client proximity as suggested by Peter and Liaschenko (2004). The development and continuing relationship between the nurse and patient/client that is an essential component of nursing practice further aligns with the second element of Agnew's (1987) 'place framework', 'locale' where social relations develop both within and beyond the 'location' or sites of practice. For example, situatedness has been associated with the shaping of rural nursing practice, and is associated with the notion of creating a healing environment that is a specific 'place' of caring the client/patient associates with and feels a sense of belonging. Creating a healing environment has a profound effect on the experiences clients relate to, in conjunction with establishing 'place' as the therapeutic essence of healing (Peter, 2002) through subjectivity, belonging and attachments. These identifying features, establish an emotional association that people have with 'place' as 'location' and where attachments are being established alongside feelings and emotions (McKinnon, 2011, Cresswell, 2002, 2008; Massey, 1995). An attachment to 'place' establishes a strong commitment to the physical location and a 'sense of place' may develop (Nagel, 2011). A 'sense of place' aligns with the third element of Agnew's 'place framework', in which the nurse takes into consideration the clients' 'sense of place' as the therapeutic relationship and partnership develops between the nurse and client in 'place' (Ross, 2016).

'Place' therefore, becomes a meaningful and dynamic attribute in nursing practice. The concept of 'place' is a central component of geography, which Liaschenko, considers as the geography of nursing. Liaschenko (1997; 1996a; 1996b; 1994) has considered geography as a useful way through which to talk about the depth of the nurse-patient relationship in location and to which this author concurs in this paper. 'Place' therefore, is necessary to re-engage with, understand and respond to in relation to nursing practice as discussed within the nursing literature over the past thirty years.

CONCLUSION

In this paper I have engaged with the concept 'place' as progressed by nursing and social geography which has proved to be a valuable asset. The conceptualisation of 'place' is everywhere, and according to Cresswell (2004) there is little understanding of the word 'place' and the interactions it can have with people. However, 'place' is important because it is central to the social world, and 'place' occurs when meaning, naming or the feeling of a connection occurs with that location. When space and place work together, they are more dynamic than working separately and therefore the weaving of space and 'place' and nursing's engagement with 'place' have been revealed in this paper, and will in future discussions, enhance this dialogue.

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