Whispers on the Wind: The Small Quiet Voice of Rural Health and Welfare Practice

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Abstract

The rural health, social work and welfare literature includes work on the provision of services in rural and remote settings, the challenges of addressing those communities' needs, and the issues of the funding and staffing of service provision agencies. Rural sociology addresses the social, political and economic factors impinging on contemporary Australian rural life. What is missing from the discussion is extensive exploration of practitioner experience – the voices of the workers are largely unheard, particularly with regard to personal and professional role boundary issues. Health and welfare workers are confronted daily with ethical dilemmas arising from engagement in dual and multiple relationships within their communities. Numerous practitioners have presented anecdotes from their work, some small studies have been undertaken, and a few larger studies have been reported. These examples, which whet the appetite with regard to how these workers experience the boundary issues of rural practice, provide an introduction to the phenomenon that is Australian rural practice. This paper seeks to stimulate discussion about the experience of living and working in rural communities, and how ethical practice is achieved. It considers some of the published reflections of workers in this context, and gives voice to some previously unheard practitioners.

Setting the Scene

Over the past thirty years rural health and welfare practice has established a place in the professional literature. American author Leon Ginsberg had one of the earliest articles regarding rural social work practice published in 1971 in the Encyclopaedia of Social Work (Zapf 1993). In the intervening years there has been steady growth in interest in the phenomenon of professional practice specifically in the rural context. The major lines of inquiry have been the social, political and professional practice arenas. There have been, for example, studies concerning practice issues (ethics, boundaries, continuing education, and supervision), rural sociology, the politics of rurality (including gender), economic factors and their role in government policy, and the reality of life in rural areas. Significantly less work has explored around the subjective experience of professionals living (often with their families) and working in rural communities. What little work has been published includes that which pays attention to the factors that facilitate not only surviving, but thriving in effective enjoyable professional practice and satisfying personal family life. These factors include professional autonomy, positive regard in the community, clean air, pleasant environment, low cost housing, and few traffic problems. The existing literature also calls attention to factors that challenge

health and welfare professionals, for example, visibility in the community, lack of privacy, relationships and role boundaries, professional isolation, lack of educational opportunities, and safety

issues for workers and their families.

The rural health, social work, welfare and sociology literature includes work on the provision of services in rural and

remote settings (for example, Alston 2002; Martinez-Brawley 1990), the challenges of addressing community needs (for example, Cheers 2000; Zapf 1993), and issues of funding and staffing of service provision agencies (for

example, Munn & Munn 2003; Sjostedt 1993), in Australia and overseas. The social, political and economic factors impinging on rural life have been explored, adding to our knowledge of the processes at work in the rural experience.

Numerous practitioners have presented

anecdotes from their work. Some small studies have been undertaken (for example, Green & Gregory 2004; Krieg Mayer 2001), and a few larger studies have been reported (for example,

Dollard, Winefield, & Winefield 1999; Lonne & Cheers 2000). These studies, which whet the appetite with regard to how social and welfare workers experience rural work, provide an introduction to the phenomenon that is Australian rural health and social welfare practice. What has been missing

from the discussion to date is extensive

exploration of subjective practitioner experience. The voices of the workers go

largely unheard.

Over the past 5 years, researchers at the

University of Ballarat (Australia) have been undertaking projects focusing on rural practice issues. The findings of this research have been disseminated

through journal articles and conference

papers, and have elicited a positive response from the field. Issues arising from the projects include worker and family safety issues for rural workers (Green, Gregory, & Mason 2003), confidentiality (Green & Mason 2002), educational preparedness (Green 2003a), key challenges for rural social workers (Green 2003b), and rural and remote practice (Green & Gregory 2004). Such research contributes to our

understanding of worker experience in rural and remote Australia and raises further questions for consideration.

Practitioners Speaking Out

One such question concerns a theme common to all of the projects' findings: that of the personal and professional role boundary issues inherent in the lives of rural practitioners. The latest project considers this theme. It is a qualitative study undertaken through the University of Ballarat with the support of the Australian Research Council and four industry partners: Ballarat Health Services, Child and Family Services (Ballarat), Grampians Community Health Centre, and Wimmera Uniting Care. This is not a comparative study with that of metropolitan practice, and it does not acknowledge a deficit model of rural practice. That is, it does not perceive rural practice as the 'other', but rather supports the notion of it being distinct (Krieg Mayer 2001). The study accepts that practice in the rural context is a specialist field of health and welfare practice: 'Rural practice is not a poor relation of sophisticated urban practice. Rather, it requires highly skilled professionals to work in the intricate political and social environments of small communities.' (Green & Mason 2002, p. 42)

Over the past three years, seventy rural Victorian (Australia) health and welfare practitioners, both employees and employers, have participated and talked about their lives, the challenges and rewards of contemporary rural

Australian practice, and the perceptions they have of role boundaries. They have participated in focus groups and interviews with enthusiasm and generosity. This topic is something with which rural practitioners can identify and about which they can express expert opinions. It is essential that we provide opportunities for their voices to be heard (Cheers 1992; Lonne 1990). This project offers such an opportunity. It facilitates open and public discussion of what is often unspoken – the challenges presented by living and working in rural communities, at times in contentious roles. The outcomes will inform workers, educators, employers, communities and funding bodies to ensure that discussions around elements of rural life and work are enriched by the knowledge and experience of people for whom it is the reality. Exploration of these issues improve our understanding of the experience of professionals living and working in rural communities; inform our education, planning and employment decisions; and improve access to health and welfare services for rural Australians.

The Whispers on the Wind

Themes of ethical practice including confidentiality and conflict of interest are among those emerging from the data in this study, as are themes around privacy and visibility in rural communities. Participants have been quick to point out that visibility and privacy are issues for all who belong to rural communities, not just those engaged in health and welfare service delivery. However they have commented that the ethical questions that arise as a result of these issues confront them daily. This is consistent with existing knowledge about rural practice, and the ethical dilemmas which arise from being engaged in dual and multiple

relationships within rural communities (Green & Mason 2002; Healy 2003). Successful resolution of these dilemmas

may be a defining factor in rural practitioners' longevity either in those geographic settings or in this specific field of practice.

This article presents the voices of two participants in this study who are rural Australian social welfare practitioners, verbatim and at length, from the transcripts of semi-structured interviews

conducted in 2004. The passages selected have been edited for easier reading and are lengthy. The excerpts are from transcripts of interviews – discussions with practitioners, their words describing their life and work. One is female, the other male, and both are in their thirties. They each have (different) degree level social welfare qualifications; one worker having completed their professional qualifications while they were in their twenties, and the other only recently. Both workers have lived in the areas in which they work for most of their lives. One lives and works in a large rural centre, the other in a smaller rural community.

The major themes arising from these examples centre on the inherent privacy and visibility issues within the multiple roles and relationships in rural communities, and some of the ethical issues engendered by such roles and relationships. Personal and professional

role boundaries are a constant reality in the lives of this cohort. Rural practitioners' lives are a continuous negotiation and renegotiation of boundaries, the properties of which change according to the situation. This supports the proposition of 'personal/professional confluence' (Denshire 2002, p. 213), that is that the notion of discrete personal/professional entities is illusory (Denshire 2002), and that the boundaries are not only elastic, but fluid and permeable.

These examples were selected from

many because of their richness of detail,
and the way in which they exemplify the ambivalence of participants generally towards their rural experience.
Participants in the study are well aware of the challenges of everyday life, while simultaneously acknowledging that the benefits outweigh the disadvantages, for them, for now.

Voice 1

The first passage demonstrates some of the challenges of privacy and visibility faced by this worker on a daily basis. The worker acknowledges that these challenges are not exclusively around their personal visibility and privacy, but also around the visibility and privacy of other community members. The participant talks about the difficulty involved in doing something as simple as celebrating a birthday, the visibility issues that arise in a rural community, and the fact that work related knowledge about people occasionally intrudes on a worker's other roles and relationships: *I guess I'm classed as a jack-of-all-trades here, and that's a huge weight to carry around all day – and all night. And I have a friend with whom I was discussing this issue the other evening – that it's a very relevant time for me – its my birthday and I honestly couldn't think of where to go out in town, to celebrate ... And this town just didn't cut it because again, if we do go out midweek for an evening meal or something in one of the local hotels (which is all there is for an evening meal here), my friend has parents coming up and asking her when they can book their children in for child care, and children are coming up and sitting at our table, and waving, and drawing on our napkins; or I have somebody coming up to ask*

me how to get continence pads cheaply, or how they get their travel forms, and whilst it can sound ok to put some verbal boundaries in and say 'look come and see me tomorrow', it never goes away – because there are 2000 people and you'll nearly bet that another one of them will come up the next time. We were both commenting that it is very claustrophobic and uninviting to go out around here, and just be so known. When you're seen out somewhere, there's just this amazing '...look there they are! I'll just ask them if I can ...'. So try as you may, like 'please come and see me tomorrow', the next time round it will be a different family, a different person, who will approach you. So we talk about that, that there's no relief from that. There would not be a day it wouldn't happen; there wouldn't be an evening it didn't happen, and that's difficult. And I find the one night we do go out socially... After 8 years, and probably having 150 clients a month, you can imagine over a 12 month period, that's over 1000 people of some kind or another that come through my office door. Therefore I've probably worked closely with over half of the population in this area in the last 8 years ... that leaves them very vulnerable to my sense of knowing about them, and it leaves me very vulnerable to them that they also know about me. So that's twofold.
The worker spoke at length about the visibility experienced in the community and the resultant lack of privacy for practitioners. This quote continues with the worker talking about the impact that having knowledge about people can have on workers in their personal lives: *I find this year particularly challenging since I've had a lot of grief and loss in my own life. I may be working with a woman, who's just been having lots of cancer*

treatments for example, and I might go out for an evening meal, and I'll feel bright and bubbly and ok. We'll be sitting out and she might be sitting with her family a table or two away. Now whilst maybe not many other people in the room may know this lady's situation – I will and I'll feel myself just not having the ability just to be who I am – just me – because already I have someone sitting beside me at another table who I know is really really unwell and doesn't want people to know about that. So she's already there, and she's in my life, so it's your meal, and you have your friends around and you're trying to be bubbly, but it's still there. I'm thinking 'oh my gosh...' you know? So the interpersonal relationships you form with people at work are ... at your front door, or out your window, every minute ... I mean I'm privileged, and talking to you now in a reflective way, I have a great job. I love what I do but it is really just so full on!

Some of the facts of this worker's rural life and work are vividly described in the foregoing passage. They are acknowledged matter-of-factly and accepted. Other voices in this research

project echo these sentiments: the workers live with the reality of their rural existence, acknowledging the challenges and celebrating the joys of living and working in a rural setting. Other authors have also reported similar experiences to those of this speaker, particularly with regard to small communities with relatively low population densities, and the challenges of visibility for all members of the community. For example: 'For the past fifteen years, I have lived in a rural community with a population of 170, part of a shire of around 17,000. I have spent the immediate past six years as a counsellor/psychotherapist, and estimate that I have probably seen professionally about 1000 individuals out of the total population of the shire.' (Monson cited in Crago, Sturmeay, &

Monson 1996, p. 65) The interviewee demonstrates that the realities of personal/professional confluence (Denshire 2002), or the fusion of personal and professional lives (Lynn 1993) are part of the everyday lived experience of this group of workers.

Voice 2

The second passage is from another interview transcript where the worker is talking about some of the ethical considerations implicit in daily life. The worker describes the strategies used to

resolve these dilemmas. There is also discussion about the value of feeling as though you belong to the rural community in which you live and work, the value placed on relationships within

that community, and the implications for ethical practice:

The first thing is that fact that always, or regularly, you're going to run into people in a professional setting that we know in our private lives. I think it happens a lot and I know some workers get very concerned about it. My attitude is probably one of saying straight away: 'We know each other from somewhere, do you feel comfortable?' Or after I've made my own assessment, saying 'Well, look I don't think this is going to be a conflict of interest ... it's just that we've had some contact outside ... what do you think?' And when I feel it's not going to impair my ability to act as a professional in working with them. So I have no problem with that. I know that on some occasions, I've said to patients and families that I've worked with that it would be best if someone else works with them, because of the nature of the information that's going to be discussed, as it might be quite personal or very close to home. Also having my family involved here, with their own issues, and making sure that other workers are involved with them. There was a critical time when we had concerns about a young baby

and I had the chance to just be 'family' and not 'the social worker'. So that was being realistic. I've always encouraged people too that we need to be providing an objective professional assessment. So if the contact with someone here that you know, or if the contact you've had outside, is going to impair a professional response then it shouldn't occur. So I guess getting back to confidentiality, if I do work with someone that I know from outside, I say to them: 'Look, what happens here remains within the building or between us. It may be recorded in the file for purposes of professional assessment by other staff but essentially it stays here in this room. It stays within the building or within this organization; it's not discussed. I do not let anyone else know this.' And my experience is that I get respect for that from people...

This worker appreciates the positive responses they receive to the openness

and respect they offer service users.

The

speaker goes on to talk about the value

of belonging to the community in which you work:

Everybody knows you're going to run into people you know. You go to the bank, you run into someone you played sport with, or they're the teller, or in any shop you can run into someone. Sometimes in this work people appreciate a familiar face. That sort of thing I guess as I said is part of being a community. And people experiencing the joys of being part of a community in that 'there's someone I know. I know I can trust that person and what they tell me.' I think as workers we're more attuned to confidentiality – and we should be, but we've also got to approach it sensibly, and acknowledge that in a small community, you're going to run into people you know. So it's setting the ground rules straight at the start.

So it's like this: 'What's discussed here, what we discuss now, I do not discuss with you later in a public setting, or with anyone else. That information is private and confidential to this circumstance or context.' And I think we need to say that, if it happens. I mean if it was a neighbour or someone who lives across the road, and that's the sort of thing that happens, for sure. I've had a neighbour in here, and there's been an acknowledgement that I'm wearing two hats, my personal one and my professional one. It can get tricky but I think people probably are not concerned, thinking that if they know you anyway and trust you, they're not concerned that you're going to run around and tell people their business. Maybe it's because you already know them and you've already got that friendship or rapport going, you know, that sort of understanding of where someone's coming from. And they understand where you're coming from.

In this second passage the speaker demonstrates the importance and complexity of ethical practice within the

context of multiple relationships in small

rural communities. This supports the statement that: 'The ongoing nature of multiple relationships with neighbours, family members and professionals may complicate social workers' ethical deliberations.' (Healy 2003, p. 275)

The

strategies employed to ensure living and working ethically are based on professionalism, self-awareness and respect. Another point stressed by the second speaker is that of belonging to the community. A sense of belonging has been defined as 'the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment' (Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier 1992, p. 173). This has been demonstrated to have a significant

effect on mental health and social functioning (Hagerty, Williams, Coyne, & Early 1996). Feelings of belonging to the community reinforce the importance of ethical practice. This speaker's acknowledgement of the 'joys' of being part of a small community appears to bear this out.

Where to From Here?

Practitioners in this study identify personal and professional role boundaries as not insurmountable challenges. These workers are aware of the visibility and privacy issues and the ethical implications of their multiple roles, and have developed appropriate strategies to manage the personal/professional nexus. Ethical decisionmaking may indeed be enhanced by the multiple personal and professional relationships, or extra-ethical factors, that are part of rural community life (Healy 2003).

It is only through listening carefully to the personal subjective experience of this cohort of workers that some significant issues can be identified and addressed. There are issues around service provision, with its challenges of agency recruitment and retention of staff. There are issues around considerations of personal and professional support for the numbers of rural Australians who happen to be engaged in health and welfare practice. And there are issues around the benefits of health and welfare service delivery in enriching and enhancing rural community life, and around the challenge to professional education to provide access to the most meaningful preparation for practice in this field of practice.

The whispers on the wind remind us that everyone has a story to tell. This study has garnered only some of these stories. Others yet to be heard include those of workers who have moved on - either back to the city, or to other rural areas to ply their trade. Further research to consider their experience would enhance our understanding of rural practice, and while their reasons

would be many and varied, they too would provide valuable insights into rural practice.

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