
The development of 'expert-ness': Rural practitioners and role boundaries

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ABSTRACT. Health and welfare practitioners have reported challenges in their personal and professional lives brought about by the realities of dual and multiple relationships in small communities. This paper reports the findings of a qualitative grounded theory study of 70 such practitioners living and working in rural Victoria, Australia, with regard to the development of worker expertise in dealing with personal and professional role boundary issues.

The research findings suggested that this group of rural health and welfare practitioners dealt with personal and professional boundary issues through a process of sensitive decision-making and strategic behaviour that became increasingly intuitive over time. Participants often adopted elastic and fluid boundaries using their personal experience and local knowledge to inform their professional judgement. These findings have implications for practitioners, for employers, and for educators.

Background

A major component of health and welfare practice is the management of personal and professional role boundaries. "Boundary issues occur when practitioners ... establish more than one relationship with clients, whether professional, social or business" (Reamer, 2001, p. xi). The reality of living in a small community means that all members of that community are expected to engage with each other in a diversity of ways (Cheers, 1998; Lynn, 1993). Boundary issues arise between practitioners, between and among client/practitioner/community, as well as between and within the personal and professional roles of an individual (Munn & Munn, 2003). Some advocates for strict adherence to role separation and rigid boundaries suggest that this offers protection for practitioners, their families and service users alike and is essential to professional practice (Kagle, Giebelhausen, & Northup, 1994; Reamer, 2001). It has been stated categorically that dual or multiple relationships inherently involve boundary violations (Kagle et al., 1994), but this assertion fails to acknowledge the fact that many professionals live and practice in small communities where such contacts are a way of life (Lynn, 1990;

Martinez-Brawley, 1990). Some authors suggest that flexibility and blurring of boundaries can be desirable, are realistic in terms of rural practice, and may contribute to worker satisfaction and longevity (Cheers, 1998; Green, Gregory, & Mason, 2006).

For health and welfare workers role multiplicity, particularly in the rural context, means a fusion of personal and professional lives (Lynn, 1993). The likelihood of overlapping multiple roles within one professional role is increased in communities where there are few practitioners and many demands: "... the Dept. of health (sic) social worker is withdrawn and it isn't only his/her client load that is not serviced. It may also mean the refuge loses their traumatic incident debriefer, the child protection worker loses her clinical supervisor, and the sexual assault team loses their key emergency counsellor" (Sturmey, 1996, p. 63).

Rural practitioners, agencies and the literature indicate however that role boundary issues can be a major challenge for health and welfare professionals. Role boundary issues concern therapeutic, social and business relationships, confidentiality and visibility in the community. In rural communities relationships overlap and intertwine. For example, a Community Nurse may play football with his

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client's sons; a troubled adolescent may be a client of the Youth Worker whose partner is the young person's schoolteacher; a Social Worker may meet socially a man who uses services offered by her employing agency; the family who moves into the house next door to a Child Protection worker may have been subject to Child Protection intervention. All these connections and others raise questions about appropriate professional behaviour while considering the reality of rural professionals desiring a social personal life with its intimate relationships, friendships and casual contacts (Cheers, 1998; Green, Gregory, & Mason, 2003; Martinez-Brawley, 1987). Given that boundaries blur and roles fuse, how do professionals in small communities manage these issues in their day to day lives? This study considered how human services workers become expert in providing ethical service delivery within such an environment.

Becoming 'expert'

The process of becoming 'expert' was described by Dreyfus, Dreyfus, and Athanasiou (1986) as comprising five steps ranging from 'novice' to 'expert'. They demonstrated the difference between 'knowing how' and 'knowing that' by using examples such as riding a pushbike and flying an aeroplane. 'Know-how' came from practice and experience; 'knowing that' related to the rules implicit in skills acquisition. Under normal conditions, the 'expert' no longer needs to problem solve, but rather behaves intuitively. Under novel conditions the 'expert', instead of problem solving, critically reflects on what has been successful in the past. Fook, Ryan, and Hawkins (2000), support the Dreyfus et al. (1986) model, but suggest three adaptations. They include a formal pre-study stage; a differentiation between 'experienced' and 'expert' in the fifth stage commenting that experience does not necessarily equate with 'expert-ness'; and some other dimensions that they assert are context and value based. These are particularly useful as they appear in a Social Work or human service practice context.

The current study

This qualitative grounded theory study was conducted in rural Victoria, Australia over four years. It was funded by a Linkage grant from the Australian Research Council, and four Industry Partners: Ballarat Health Services,

Child and Family Services, Grampians Community Health Centre and Wimmera Uniting Care. Seventy participants, the majority of whom were employees of the Partner Agencies, were engaged in a focus group, an interview or both. Of the 70 participants, 57 were women, 47 indicated that they had lived in rural areas for 20 years or more, and 52 were aged 40 years and over. Formal educational qualifications were held by 64 of the participants, with 49 of those people holding qualifications appropriate to welfare practice.

All focus groups and interviews were facilitated by the primary author in settings negotiated with the participants. Focus group proceedings were recorded during each session on large sheets of paper and participants were asked to verify the information on those sheets. These data were later transcribed by that author verbatim from the sheets. All interviews were tape recorded, the tapes later transcribed by that author, and verified by participants.

The distinguishing characteristics of a grounded theory methodology include: simultaneous data collection and analysis, the creation of codes and categories developed from the data, the development of theories to explain behaviour, writing memos (analytic notes to prompt further sampling and explore emerging categories), theoretical sampling to develop the theory and check the emerging categories, and a literature review which is ongoing throughout the process (Charmaz, 1995). Grounded theory methodology was particularly relevant to this project, as with its underpinnings in symbolic interactionism, it focuses on people's subjective experience of their interactions with others, the meanings they make of that experience and the impact of those meanings on their future choices and behaviour. Using grounded theory meant that the content of each episode of data collection informed the following episode in a process of constant comparative analysis.

Practitioner experiences of role boundaries

Participants gave reasons such as professional ethics and confidentiality to justify their need for the separation of their personal and professional selves. They readily accepted responsibility for the establishment and maintenance of personal and professional boundaries while at times conceding some reciprocity in the transaction. This was couched in terms of their perceived

responsibilities as professionals to protect the interests of their clients. Where responsibility was accepted, participants suggested that the final onus still lay at the feet of the worker as the professional in the relationship. This notion finds support in the professional literature, particularly as it applies to ethical practice (Congress & McAuliffe, 2006; Galambos, Watt, Anderson, & Danis, 2005). One interpretation of the acceptance of that responsibility was that participants were very aware of the power imbalance inherent in their therapeutic relationships and sought to acknowledge that by accepting ultimate responsibility, as exemplified by the following participant quotes:

'The worker has the responsibility to make the call and set the limits.'

'The responsibility for establishing and maintaining boundaries lies with the worker ... the reality is that people will at times challenge these and workers need to respond appropriately.'

Another reason given by participants for maintaining personal and professional role boundaries was that of the protection of their family members, including their own self-care. The protection involved aspects of physical safety as well as privacy for the participants, their friends and family members. For example, participants said:

'I'm protective of the family too, in the sense that some of the families I deal with have a strong history of violence, drugs, criminal activity and things like that, so I have to be very protective.'

'I suppose it's not been until later in my life ... probably when I was younger it didn't really worry me too much, but now I find that because of my family I need to be protective of them, and I've become much more aware of the boundaries.'

There is support in the literature regarding conflictual fields of practice such as Child Protection (Horejsi, Garthwaite, & Rolando, 1994; Littlechild, 2005a). The need for considering the physical safety of practitioner and family was also supported by another small study undertaken in rural Victoria (Green et al., 2003). Participants in that study reported incidents of harassment and violence towards themselves and their family members in their rural communities (Green et al., 2003). Such findings have also been documented in the US

by Horejsi, Garthwaite and Rolando (1994). For most participants in the current study, this was a consideration, but not a major consideration. This cohort demonstrated awareness of the issues, but it seemed that they felt that the perceived risk was greater than the real risk. Some participants spoke of issues of physical safety but had developed protective strategies with which they were satisfied, for example:

'Strategies for health and happiness [counting them on fingers]: silent number, mobile phone, sense of humour, being careful which clients you take on, sharing an office [with a supportive colleague], and having a ready-made strategy for those inevitable incidental meetings.'

Once participants had developed strategies with which to cope with work-related safety issues, they simply got on with their lives, and implemented the strategies as the need arose. In other words, they identified the risk, developed and/or implemented some strategies, and then proceeded with their normal lives, reviewing and implementing strategies when necessary in response to situations of higher risk. The participants in the current study reported living their lives in this way without too much anxiety. This may indeed be different in fields of practice where statutory obligations and conflictual roles are more the norm as has been shown in previous research (Green et al., 2003; Horejsi et al., 1994). Participants in the current study were employed by non-government organisations. The majority of participants were engaged in roles that they and their communities may have perceived as if not benign, at least mostly non-threatening. The flexibility of personal and professional role boundaries was a necessary factor in participants' perceptions. One participant said:

'I think boundaries are something that workers have to deal with all the time. A lot of our work is in aged care and it may be that you're seeing families outside in the community. And normally ... that can be a positive thing, like an acknowledgement of someone in the street and 'how's your mum?''

Participants accepted responsibility for the development and maintenance of personal and professional role boundaries, and having that responsibility were able to make decisions

about the laxity or otherwise of the boundaries at any given time, in any given situation. Elastic, adaptable boundaries that could be employed either rigidly or loosely were another key factor in the process of sensitive decision-making and strategic behaviour that constituted managing the personal and professional nexus in participants' rural contexts.

Participants who chose to commute from their homes to their workplaces in different geographic localities (e.g., from a farm out of town, or from another nearby town) talked about having the most rigid of boundaries in that they deliberately sought to distance themselves physically from their working environment. One participant commented:

'I have two totally separate lives in a way. I have one that is a totally professional life from eight-thirty till five, five days a week, when I'm in this area. This is where I work, and people see me and recognise me as the Social Worker. When I'm at home, people probably don't even know that I'm a Social Worker. I'm just me ... and it's totally different, and the two paths don't really cross at all.'

This group of commuter-participants, whether they had initially chosen this configuration of their lives or not, reported that the resultant separateness was a positive and desirable attribute of their situations. They had removed themselves from the mutual environment, and their perceptions were that they had only professional responsibilities in their relationships in their work communities. A participant said:

'... I am happy to work outside of the area I live in because it allows me to keep my personal life personal. And it allows me to concentrate on providing a professional service because that's all I'm doing in those communities.'

Participants who lived in the communities in which they worked employed boundaries of varying elasticity and behaved in ways that sustained those boundaries. This came about as a result of participants' decisions about their reciprocal relationships. The decisions were made in the context of multiple roles within their rural communities, for example:

'I'm clear about boundaries but they swing and you have to make snap decisions as to

how you deal with it, or whether you'll deal with it.'

Similarly, another participant explained:

'When we lived in town I would probably say that about every six months people I knew would turn up on our doorstep with some sort of situation that they thought I could resolve. And where they deemed we had a personal relationship, and that it was okay ... if you've been empathetic and assistive, people will actually take that as a more personal relationship than a professional one. And they feel comfortable, and that it's appropriate to access you, and we've had to re-establish that no, that's not the case.'

While participants gained information on all levels about people and place from their relationships, other people in their communities similarly gained information about the participants. The reciprocity inherent in this process is part of rural life with its strong ties and mutual dependencies. Commuter-participants had two sets of strong ties: those in the community in which they lived, which were mainly personal; and those in the community in which they worked, which were mainly professional. Participants reflected on their practice and also on the ways in which they structured their personal and professional lives to maintain a balance that was comfortable. It appeared that they valued levels of comfort not only for themselves but for their communities.

Reflectivity and expert-ness

The ability to reflect on oneself and one's behaviour has relevance here in two ways. First, participants reflected on their previous experience and framed their future behaviour in response to *that reflectivity*, for example:

'Probably when I first moved here I didn't know anybody so I'm reaching out to people and setting up networks. And for a new worker to come into a town where you don't know anybody, you can feel very lost, and not have any supports for a while... I think that's a lot in a small town, you have to always be working on your credibility and who you are. And that takes time.'

In health and welfare practice, but particularly in Social Work, much value is placed on one's practice being 'reflective'.

Practitioners reflect on their practice experience in terms of the relationships among theory, research and practice. The results of that reflection inform their future practice and development as professionals.

A second way in which reflectivity has relevance concerns how participants became 'expert' at managing the role boundaries between their personal and professional relationships. Decision-making sensitive to the rural context appeared to have become more fluid over time as participants had acquired local knowledge and skills, and developed relationships to inform that process. A participant commented:

'So I'm aware of how I'm part of community, in ways that even with my knowledge and understanding of process, I'm still very vulnerable to feeling very out of it. It's quite hard. I mean, I've found the past few months hard socially. But at the same time I say: 'Well, just hold fire. Just give it time.' I'm not going to rush this; I don't go down the pub; I haven't joined any clubs yet ... I'm just trying to be comfortable with me, in my own space, and letting things evolve ...'

Participants acquired experience, the notion of which: "... does not refer to the mere passage of time or longevity. Rather it is the refinement of preconceived notions and theory through encounters with many actual practical situations that add nuances or shades of difference ..." (Benner, 2001, p. 36). Participants attained strategies through formal and informal means to enable them to cope with situations as they arose with regard to personal and professional role boundaries. One participant said:

'I do some socialising with colleagues but mostly outside of my work group. This differs with the length of time in town: the longer you've been here the less likely you are to socialise with work colleagues.'

Participants in the current study had become 'expert' at managing their personal and professional role boundaries. Through a reflective process of 'knowing that' through learning the rules of rural living, and 'knowing how' through their subjective experience, participants' behaviour and interactions with others and their environments became increasingly intuitive over time. The resultant flexibility in their personal and professional role

boundaries meant that life for them was enjoyable and fulfilling, for example:

'I think the longer you're here, the more it happens because there becomes a lot more interconnection of clients and friends and your social life ... When you've been there longer you start realising that, yes, you can have your boundaries very clear, but there's things that happen outside of that and there's very little you can do about it, unless you want to start eliminating some of your friends, your network. And then you'd end up with none.'

When confronted with situations that challenged their expertise participants generally invoked more rigid boundaries. This was achieved through a process of critical reflection on their intuitions, for example, by asking themselves what had worked previously in similar circumstances, as one participant said:

'Once you've figured out a few tricks yourself at the beginning of living in the country, then I think you've got yourself set up to be able to respond to anything that anybody might say, because you really have to. ... you just learn a few different [phrases and strategies] and then once you've got them, well that's it.'

Fook et al. (2000) suggest that: "... expertise lies more in the ability to translate skills, rather than holding the domain specific substantive knowledge in the first place" (p. 245). Similarly, it was through the development of expertise or rather 'expert-ness' that the participants in this study became settled and comfortable in their everyday dealings with personal and professional role boundary issues. Their comfort evolved over a period of time, through repeated exposure to incidents and interactions, and a constant process of reflection.

Conclusion

This cohort of health and welfare professionals managed their personal and professional role boundaries in two key ways. By making decisions and choices sensitive to their rural context and all of their relationships, and utilising behavioural strategies that continually evolved, these workers were able to live and work comfortably in their rural communities. The choices and strategies were informed by

accumulated local knowledge and other people's responses to participants in interaction. Participants' decision-making and use of strategies became more fluid over time. As they gained experience and confidence in their particular rural settings, the process became less onerous and more intuitive. Participants became 'expert' at managing their multiple roles and relationships in their rural localities, and the boundaries between their personal and professional roles in turn became more flexible as the workers' 'expert-ness' evolved.

The findings of this study have significant implications for rural practice. Practitioners may remain optimistic and strategic throughout the settling in period through understanding the processes involved. Employers may find strategies to support their recruitment and retention of professional staff. Finally, there are also implications for educational institutions in their preparation of practitioners for satisfying lifetimes of practice in rural health and welfare services.

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