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An Assessment of the Strengths and Needs of Rural Social Workers in the Northwestern United States

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Abstract. Although rural social work continues to be on the fringe of social work practice in the United States, a committed group of practitioners work to update and expand upon current knowledge (Lohmann & Lohmann, 2005). Studies have been carried out across the country as to the state of rural social work practice, the unique barriers and strengths that come from this line of work, as well as the problems that lead social work to be necessary in rural areas (Daley, 2015; Lohman & Lohmann, 2005; Mackie et al., 2016). Though well-researched in the United States, examination of rural social work practice in the geographic region of the Northwest continues to be developed.The current study conducted an online exploratory needs assessment asking rural social workers in Oregon, Washington, Wyoming, and Idaho to give input regarding perceived professional and community based strengths and needs. The findings will be used to describe responses as well as to guide and provide continued support to rural social workers in the Northwest.

Keywords: rural social work, rural social workers, strengths, unique barriers, Northwest

Introduction

Although rural social work continues to be on the fringe of social work practice in the United States, a committed group of practitioners work to update and expand upon current knowledge (Lohmann & Lohmann, 2005). Studies have been carried out across the country as to the state of rural social work practice, the unique barriers and strengths that come from this line of work, as well as the problems that lead social work to be necessary in rural areas (Daley, 2015; Lohman & Lohmann, 2005; Mackie et al., 2016). Though well-researched in the United States, examination of rural social work practice in the geographic region of the Northwest continues to be developed.The current study conducted an online exploratory needs assessment asking rural social workers in Oregon, Washington, Wyoming, and Idaho to give input regarding perceived professional and community based strengths and needs. The findings will be used to describe responses as well as to guide and provide continued support to rural social workers in the Northwest.

Literature Review

In the United States, 83% of land, 76% of counties, and 25% of the population is considered rural (Templeman, 2002; Fluharty, 2002; Child Welfare Information Gateway, 2012; Riebschleger, 2007). Campbell et al. (2002), define rural as a population of less than 500 people per square mile. Additionally, counties with a city smaller than a population of 50,000 are considered "nonmetropolitan" (Child Welfare Information Gateway, 2012). Rural counties can be identified as non-metropolitan counties. In 2014, the estimated number of people living in rural counties in the United States was approximately 46 million (United States Department of

Agriculture, 2015).

Throughout most of the 20th century, rural areas of the United States saw a vast decline in population as people moved to urban areas in search of economic, social, and intellectual opportunities (Johnson, 1999). Rural America in the 1990's saw a population influx, with nearly 2.5 million people moving from urban areas to rural counties (Templeman & Mitchell, 2002, p. 758). Most recently, from 2010 to 2014, there has been a decline in population within rural areas (United States Department of Agriculture, 2015). These ebbs and flows in rural population are an identifying feature of rural areas and a constant reality rural communities face. The published literature indicates that population in rural counties continues to decline and that these areas have lower educational rates and higher poverty rates than urban counties (McGranahan & Beale, 2002; United States Department of Agriculture, 2015). Moreover, rural communities have experienced an expansion of racial and cultural diversity, in particular, a significant increase in Hispanic residents in rural America (Fluharty, 2002).

Rural communities possess unique qualities when compared to dense urban populations. Campbell et al. (2002) report that "population density, distance from larger groups of people, and inaccessibility to urban areas due to geographic considerations are characteristics that define rural areas" (p. 325). Ginsberg (1998) notes that rural communities experience both similar and unique problems compared to their larger metropolitan counterparts. Fluharty (2002) reports poverty, and childhood poverty in particular, is higher in rural areas. However, social work and human services in rural areas are often structured based on urban program models (U.S. Department of Health and Human Services [DHHS], 1999; Arons, 2000; Templeman & Mitchell, 2002). While urban services tend to be more comprehensive, more specialized, and easier to access, those in rural regions are just the opposite (Mackie et al., 2016; National Association of Social Workers [NASW], 2002, p. 5). Moreover, rural counties are typically characterized as having fewer resources with regard to power and wealth as compared to larger metropolitan cities (Fluharty, 2002). Such factors highlight the importance of understanding the distinct needs that encompass rural areas.

Rural communities can be considered at-risk due to numerous challenges including; substance abuse, stigmatized social status, high rates of poverty, underemployment, and fewer educational opportunities (Child Welfare Information Gateway, 2012; Riebschleger, 2007). Additionally, social and geographic isolation can be a disadvantage for people in rural areas in accessing social services. Despite the significant barriers people in rural areas face, rural communities find, adapt, and utilize resources in creative ways to meet their needs (RUPRI; Child Welfare Information Gateway, 2012). Strengths of rural communities include "strong family values, voluntary helping networks, active faith organizations, intergenerational thinking, family-friendly business policies, resourcefulness, resilience, and an internal versus external focus" (Templeman & Mitchell, 2002, p. 769). Thus, rural communities face unique challenges and adapt to them by utilizing informal community networks to meet their needs. According to the Rural Policy Research Institute (RUPRI) in 2007 34.6% of Idaho residents, 22.3% of Oregon residents, and 12.4% of Washington residents lived in non-metropolitan counties. Idaho contains 32 non-metropolitan counties, Oregon contains 25 non-metropolitan counties, and Washington contains 22 non-metropolitan counties. In the Northwest region of the United States, rural population trends show a decline, which is consistent with the national trend (Hough, 2005). In

Oregon the split between the urban and rural areas not only represents a difference in population, but in education, employment, and poverty rates. Rural areas of Oregon have lower educational attainment, lower employment rates, and higher rates of poverty (Crandall & Weber, 2005). Despite an in-depth literature study of the rural Northwest, little was found on the demographics of the rural populations in this region. This lack of focused literature represents the fact that the rural regions of the Northwest are often overlooked and unexplored.

Rural social work practitioners typically practice from a generalist perspective due to the wide variety of client issues they encounter. They require personalities that have strengths, creativiy, flexibility, patience, and the confidence to make decisions quickly and independently (Snyder et al., 1985; Neale, 1982; Whittington, 1985; Johnson, 1980, Lohmann and Lohmann, 2005, pps. 11-12). Rural social workers often live and work in the community they serve, and as a result, their lives may be subject to more examination and less privacy than urban social workers (Munn & Munn, 2003). Moreover, social workers in rural areas work with informal community resources, higher rates of poverty, and limited resources (Riebschleger, 2007). Some unique aspects of rural social work are professional isolation as well as finding and retaining qualified professionals (Templeman & Mitchell, 2002). Munn & Munn (2003) suggest that due to professional isolation, "supervision is essential for all workers in rural communities, especially new workers and those who operate as lone workers" (p.25). Research has found that while rural social work practice differs from that in urban areas, much of the training remains the same (Lohmann and Lohmann, 2005, p. 5). What is different is that clients and practitioners in rural areas face unique challenges those in urban areas may not. Due to the unique aspects of practicing social work in rural areas, it is important to conceptualize the strengths and challenges of being a rural social worker.

Rural social workers possess unique strengths and specialty skills as practitioners. In Riebschleger's (2007) focus groups with rural social workers, participants identified benefits of living and working in rural areas including:

> 'home-cooked meals' and 'less traffic' to 'reasonable housing' and 'quality of life'. More than half said rural social work practice provided benefits of 'more independence,' 'more autonomy,' and 'seeing clients make progress'. (p. 209)

Riebschleger (2007) also found that rural social workers were innovative, flexible, and creative in finding solutions to meet their client's needs. Another strength rural social workers possess is utilizing relationships and informal support networks to assist clients in accessing services (Munn & Munn, 2003). Additionally, rural social workers practice with the understanding of connectedness which aids in the management of intersecting personal and professional roles, addressing geographic fragmentation, and professional isolation (Riebschleger, 2007).

While rural social work comes with many benefits and special skills, social workers also experience challenges of living and working rural. Munn & Munn (2003) identified several challenges facing rural social workers including "centralized decision-making, living and working in the community, identity, distance and competitive tendering" (p. 31). Riebschleger (2007) reported that focus group participants identified the most challenging aspect of rural social work is heavy workloads and high expectations of services. Further, rural providers often

cannot offer an array of services as compared to urban providers (RUPRI). Isolation from support systems and resources can be particularly strenuous for social workers and can have long-term implications on professional longevity (Munn & Munn, 2003). Specifically, accessing resources for social workers such as trainings, meeting with administrators, Internet access, and quality supervision may be challenging in rural areas (CWIG, 2012; Munn & Munn, 2003; Riebschleger, 2007). Another challenge of rural social work is living and working in a small community. Rural social workers often experience overlapping relationships with clients and may have found it difficult to maintain privacy within their community (CWIG, 2012; Riebschleger, 2007).

Methodology

Using a mixed methods approach, the authors conducted an exploratory study, pertaining to the strengths and needs of rural social workers in the states of Oregon, Idaho, and Washington. Quantitative and Qualitative data was gathered via an online survey and methods include convenience and snowball sampling. The Rural Social Workers Network (RSWN) and schools of social work within the aforementioned states were used as a resource to disseminate surveys and gather data.

The RSWN is comprised of rural social work practitioners in the states of Oregon, Idaho, and Washington and was developed through a partnership between NASW Oregon, NASW Idaho, and Pacific University of Oregon. A total of 1,300 Rural Social Work Network participants were sent a postcard invitation to participate in monthly professional development teleconferences provided by the network. Rural Social Work Network teleconference participants were then emailed an invitation to take the survey and were encouraged to share it with their rural social work colleagues. Additionally, prior to taking the survey, participants were provided informed consent, outlining the purpose, risks and benefits of participation. The survey was also posted on the RSWN Facebook page and the websites of the National Association of Social Workers (NASW), Idaho and Oregon chapters. Field directors from 20 schools of social work located in the states of Oregon, Idaho, and Washington were invited to share the survey with practicing rural social work colleagues and students in the field. A total of 55 social work practitioners from Oregon, Idaho and Washington completed the survey.

To conduct the online survey and begin assessing the strengths and needs of rural social work practitioners in Idaho, Oregon, and Washington, the authors used Qualtrics software. The survey included 43 questions addressing personal and professional demographics. An array of workforce development related topics such as the strengths and needs of continuing education, peer and supervisory support, employment and networking opportunities, and resources was included. Both nominal and likert scales were used to gather demographic data and measurements pertaining to the aforementioned domains.

Demographics

The majority of the respondents (87%) are between the ages 18-54; 13% of the respondents are ages 55 and older. Respondents consisted of 50 (91%) females and 5 (9%) males. Given that social work is predominantly a female-based profession, the numbers reflect

trends within the profession. Of those who chose to disclose their ethnicity, 46 (87%) reported being White/Caucasian, 4 (8%) reported being Hispanic or Latino, 2 (4%) American Indian or Alaskan Native, and 1 (1%) Asian or Pacific Islander.

The majority, 38 respondents (70%), hold an MSW degree and are not members of the NASW. Only 30 (56%) respondents identified as being members of the NASW. Of those who are members of the NASW, 53% are from Oregon while 41% are from Idaho.

Data from this sample shows that 29% of participants report 0-3 years of social work experience, 29% have 4-9 years of experience and 42% have 10 or more.. In terms of employment, 85% of the respondents are currently working and 15% are not currently employed. Of those employed, only 39 (71%) report working full-time, 8 (15%) report working part-time, 4 (7%) reported being non employed and looking for work, three (5%) respondents reported being not employed and not looking for work, and one (2%) respondent reported being retired.

Our sample includes 22 (50%) respondents who currently practice social work in Idaho, 18 (41%) who practice in Oregon, and 4 (9%) who currently practice in Washington.

A significant difference between Oregon and Idaho practitioners within primary practice settings is the absence of rural social workers in Oregon schools. Nearly a third (27%) of respondents who practice social work in Idaho stated their primary practice setting is within a school.   There were no Oregon respondents who reported practicing social work within a school setting. Additionally, 23% of respondents from Idaho are practicing in the area of adult mental health, whereas only 11% of respondents from Oregon declared this as being their primary practice. A final significant difference is that 18% of Oregon practitioners declared hospice as their primary practice setting, whereas zero practitioners in Idaho practice in the hospice field.

Findings

Community resources, professional support, and ongoing development of skills and expertise through professional education endeavors, cannot be overstated when it comes to the pivotal role they play in rural social work practice. Following are key findings identified by rural social work practitioners participating in this study.

Community Resources in Rural Areas

The majority of respondents, 67%, reported overall dissatisfaction with community resources in their geographic area. Additionally, the majority reported high levels of dissatisfaction when it comes to medication resources, medical care, and mental health. For instance, 60% of respondents stated they were dissatisfied with appropriate resources for medication in their geographic area. Additionally, 52% of respondents stated dissatisfaction with appropriate resources for medical care in their geographic area. Significantly, 86% of respondents stated dissatisfaction with appropriate resources for mental health care in their geographic area. However, the majority of respondents report high levels of satisfaction with the services provided by the agency in which they are employed. Overall, 79% of the respondents stated they were satisfied with the services provided to clients by their agency in their geographic area. An exception to this, 100% of respondents in the age group 55-64 were very dissatisfied or

dissatisfied with the services provided to clients by their agency in their geographic area. On a positive note, 83% of survey participants agreed that as rural social workers, they feel a strong sense of community.

Ongoing Professional Education Modalities

Research participants were asked to provide information pertaining to frequency of use for various continuing education modalities. The majority of research participants indicated that continuing education needs are often met through in-person workshops. When asked frequency of using in-person workshops a total of 49% of respondents stated they often use in-person workshops to fulfill their continuing education needs. Conferences were indicated as being used often by 35% and 22% indicated often using online courses to fulfill continuing education needs. Less frequently used as modalities for continuing education endeavors were live webinar and classroom courses. For instance, 55% of survey participants indicated they never or rarely use live webinar and 78% indicated they never or rarely used classroom courses as continuing education modalities. Even less frequently used are correspondence courses by mail, DVDs, and discussion groups.

Quality. The majority of respondents ascribed high levels of quality when asked to rate continuing education courses. 93% stated the quality of education courses participated in have been good to excellent.

Barriers. Survey participants were asked to indicate their top three barriers in accessing continuing education. The majority of respondents stated that financial cost, distance, and professional workload pose the greatest barrier to accessing continuing education. For instance, 52% (33) indicated financial cost is one of three primary barriers. Additionally, 43% (27) indicated that distance is one of three primary barriers and 34.9% (22) indicated that professional workload is one of three primary barriers.

Of less significance in posing a barrier to continuing education was technology, lack of support from employer, no courses offered in geographic area, continuing education not meeting participant needs, and personal life obligations. There were no respondents who indicated lack of personal interest as being a barrier to accessing continuing education.

Professional Support

Work environment. The majority of research participants, 65%, indicated that they receive adequate guidance from their workplace supervisor. In addition, 62% report they have a supervisor who is not a professional social worker. While 70% of respondents agreed that the practice of professional social work is supported at their place of employment, 100% of respondents 55 and older either strongly disagreed or disagreed social work is supported at their place of employment. The majority of participants, 84%, indicated that they are not in a supervisory role at their workplace, and 40% (18) of the replied respondents stated they were not interested in providing supervision for licensure.

Seventy percent of respondents from Idaho strongly agree they receive assistance on

ethical practice issues from their workplace colleagues, whereas 53% of the replied respondents from Oregon strongly agree they receive such support. Washington respondents did not contain a large enough sample size to look at this question effectively. All respondents 55 and older strongly disagreed that they receive adequate guidance from their supervisor while other age range groups were primarily satisfied in this area.

Professional Networking and Connectivity

Satisfaction with professional networking opportunities was low among survey participants, 71% of participants indicated dissatisfaction with professional networking opportunities in their geographic area. Additionally, 60% indicated that as rural social workers they do not have access to community partnerships available to their urban counterparts. However 65% indicate that they interact on a professional level with other social workers at minimum, on a weekly basis and 98% indicate that peer support from other social workers is very important to them. Additionally, 63% reported that they find interagency cooperation is supported. The top preference for accessing potential professional peer support was online chat room.

Discussion

Community Resources in Rural Areas

As noted in the literature review, rural providers across the nation find providing a diverse array of services to clients to be a challenge (RUPRI). The finding in this study found no difference in the Northwestern region of the United States. The largest dissatisfaction was with appropriate mental health services provided in the area. When surveyed about services in their own agency on the other hand, mental health providers did not agree.

The vast majority of participants are satisfied with the services their agencies provide. This seems contrary to the overall dissatisfaction with services provided in the region. There are a couple of possible reasons for this result. One possibility is that practitioners are proud of the services they provide and have firsthand knowledge of positive results that occur even though they experience challenges when making referrals to other services in the region. The other possibility is that the services provided are not as satisfactory as providers believe, but because it is important to feel good about the work you are doing, providers notice what is positive about services and are unknowingly unaware of what is not successful to clients. Additionally, there was an age split in this result, as 100% of those over the age of 55 reported being very dissatisfied or dissatisfied with services provided by their agency. The interesting contradictions in the data in this section point to the need for further study on this topic.

Ongoing Professional Education

Mental Health Providers in the Northwest suggested that the three main barriers to accessing continuing education were financial cost, distance, and professional workload. It is interesting to note that technology and availability of continuing education in the area were not listed as barriers, which may point toward an increase in technology in rural areas. As late as

2012, studies have pointed to the need for better Internet access in rural communities (CWIG, 2012; Munn & Munn, 2003; Riebschleger, 2007). Follow up in this area would need to be done in order to validate whether access has improved in the Northwest region of the United States.

While respondents stated they were satisfied with continuing education options in their area they did note that courses were costly and often required lengthy travel. Surprisingly, most practitioners suggest they receive continuing education through in-person modalities. A follow-up would show more in-depth data as to whether continuing education is reimbursed by the work place as well as how far social workers travel to attend those in-person forms of continuing education.

The type of continuing education that social workers report difficulty finding is that which provides training to supervise for licensure. Thirty-six percent of respondents stated it was difficult to gain access to required continuing education units to be eligible to provide licensure supervision. Forty-seven percent of replied respondents were not sure. Forty-seven percent of respondents from Oregon stated it was difficult to access required continuing education units to be eligible to provide licensure supervision, whereas only 30% of the replied respondents from Idaho answered similarly. It is noteworthy that 40% of respondents report they are not interested in providing licensure supervision to other social workers. This finding also requires follow-up regarding the reasons for low interest as well as lack of access to continuing education for supervision.

Data states that the majority of social workers in rural areas of the Northwest are not supervised in their professional setting by social workers, but by a supervisor with another mental health degree. This poses an interesting question to the profession. If a practitioner with a different degree supervises social workers, is it possible that the social work perspective may be watered down? It is important to follow-up on this finding to discover whether practitioners believe this is happening. In addition, why is it that a high percentage of social workers have no interest in pursuing supervision of others? If it turns out to be simply a matter of difficulty finding education required, it seems the solution may be fairly easy.

Professional Support

Respondents suggested that peer support is very important to them, but there are not as many networking or partnership opportunities available as they would like. The findings in this area were strong as high levels of social workers reported they were not satisfied in this area. Sixty percent of workers felt they did not have the same kind of support as their urban colleagues. This contrasts with the finding that 83% of those surveyed felt they had a strong sense of community. This may suggest that while rural practitioners in the Northwest have a strong social community, their professional community is in need of support. This finding is in line with other rural literature addressing the same issue. As stated in the literature review, Munn and Munn (2003) report that professional isolation can eventually lead to leaving the profession. Anecdotal evidence shows it can also lead to less professional and quality services being delivered to clients. Perhaps lack of professional support can lead not only to lack of quality services, but also eventually burnout of the professional rendering them. Again anecdotally, it seems that social workers with a well-developed professional network are less likely to suffer

burn-out and more likely to provide high quality services if there is a consistent flow of information coming from and going toward the professional (permeable boundaries). Just as it is a social worker's job to support clients in building informal networks that survive beyond the formal services, it is important for professionals to do the same for themselves. This study shows that while social workers receive professional guidance from supervisors at their place of employment, it does not compensate for lack of a professional community. One hour a week with a supervisor it seems simply cannot be compared to a peer network.

Future Work

As noted throughout the discussions section, several components in study require further investigation in order to better support those working in rural social work in the Northwest. A study outlining the nuances of strengths and needs that came out of this data would be helpful. Possibly of most interest to the profession of social work is the need for research regarding what percentage of social workers are being supervised by practitioners from other mental health professions. If findings from this study are generalized to other locations, then the core values of the profession may be at risk in certain regions of the United States. If this is the case, what is leading social workers away from assuming supervisory positions?

Limitations

Within the attained data, Idaho and Oregon seemed to be well represented and Washington is underrepresented. There are over 1,000 rural social workers in the Northwest region of the United States of which this study only examines approximately 60. The sample size is not large enough to generalize the findings to even the rest of the region. Despite the size limitation, the study reveals noteworthy strengths and needs in the area that can be followed up on in future research as well as in more direct support.

Conclusion

The Northwest region of the United States, in particular Oregon, Idaho, and Washington have large populations in rural areas. As is typical in much of the rest of the United States, those populations are neglected and population centers such as Portland and Seattle are given the focus. Social workers in rural areas suffer similar obstacles and benefits as the clients they serve. This exploratory needs assessment maps out some of those areas. It offers aspects that are the same as social workers around the country. For instance, professional isolation, lack of adequate mental health, medication, and medical services, as well as barriers to accessing continuing education resources are themes that are similar to the rest of the country. In addition, it is unique in several ways. Social Work practitioners in the Northwest, as compared to those in rural areas around the country, do not report a lack of technology in accessing continuing education and do not report long commutes to and from places of employment.

Oregon and Idaho social workers also experience some differences in reporting in the survey. Of importance is where rural social workers are practicing. Idaho social workers work more often in schools, while rural Oregon social workers are more likely to work in hospice

agencies. Additionally, social workers in Idaho are more likely than those in Oregon to use NASW's ethics consultation services though more Oregonians are members of NASW.

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