

Rural Review

Journals

Eisenhart, M.A. & Ruff, T.C.

The meaning of doing a good job: Findings from a study of rural and urban mental health centers in the South.

Journal of Community Psychology, 1983, 11, 48-57.

Differences between rural and urban mental health centers were explored via the development of a conceptual model which related to the organization and utilization of staff. It was hypothesized that these differences impacted rural and urban staff members in the areas of job satisfaction and staff retention. Data which contributed to the conceptual model were obtained through unstructured observations and open-ended interviews at various rural and urban mental health centers.

The mental health centers were officially organized hierarchically. It was noted that staff positions were closely related to educational training and professional degrees in urban centers. Rural job qualifications allowed for flexibility in training or degrees, and substantial experience could be substituted for both.

Differences were noted at the operating level in that rural centers tended to be more *family like* while hierarchical operations in urban centers followed an official organizational plan.

Both settings essentially were alike in the official pattern of staff utilization. However, differences were found in the operating pattern of staff utilization. Rural staff members often were called upon to perform a wider range of services which often were unscheduled. Urban centers had a greater number of services available so that specific client referrals could be arranged, thus allowing staff to conduct their activities in a more routine manner. Rural workers often dealt with clients in their own homes, while urban staff performed in office settings on a day-to-day basis. Additionally, rural staff spent more time than their urban counterparts in community development and local involvement.

Standards for good job performance also were quite different depending upon the setting. Staff in rural settings must be generalists, adaptable to schedule changes, willing to be part of the centers' *family* membership, and able to demonstrate being committed to the facility/community. Doing a good job for urban practitioners meant efficiency in specialized positions, demonstrating a commitment to academic discipline/professional growth, being able to carry out specific assignments, and showing the ability to work within the bureaucratic structure when providing good service to clients.

According to this model both types of staff members should be able to match their perceived needs of job satisfaction with standards of performing a *good job*. This can be defined through a facility's organizational pattern and staff utilization.

The authors suggested that a broader conception of organizational factors be utilized when investigating job satisfaction/staff retention in rural and urban mental health centers. These factors were elaborated upon in order to promote further research with this conceptual model.

Summarized by
Bruce Reed

Piercy, F., Hovestadt, A., Fenell, D., Franklin, E., & McKeon, D.

A comprehensive training model for family therapists serving rural populations.

Family Therapy, 1982, 9 (3), 239-249.

Described was a comprehensive training model which related to rural community family therapists. Components of the training program included a three-phase clinical skills program embedded within a theoretical orientation to family therapy and rural intervention strategies. The three phases were (1) immersion experience (developing clinician/family therapist), (2) rural externship, and (3) field consultant experience. Supervision experiences were an integral component of this program and included (a) a team approach to live supervision and (b) a traditional consultative supervision.

This training model described a variety of community activities in which trainees, were engaged. The purpose of these activities was to facilitate trainees' understanding of the rural community within which they were to work.

This paper also discussed internal and external evaluation procedures which were to promote feedback and contribute to effective functioning of the overall project.

The authors indicated that a research study is being conducted which will compare the training effectiveness of this model's immersion experience phase (team approach to live supervision) with traditional internship programs (weekly delayed supervision). The research focus is to determine which approach most effectively prepares family therapists to work in rural settings.

Summarized by
Bruce Reed

Ritchie, P.L.

**The rural mental health worker as public servant:
Challenge or conflict of interest.**

Canadian Psychology, 1982, 23 (1), 41-44.

This article noted that psychologists in public service face potential ethical dilemmas. These situations can be produced by differences between professional standards and bureaucratic regulations.

Problems of the dual role as service provider to clients and covert representative of the state were discussed. It was suggested that little training has been provided for managing conflictual situations between bureaucratically formulated guidelines and ethical psychological standards.

Of particular concern was the ethical vulnerability of rural service providers who invariably fulfill an assortment of formal and informal roles. Additional areas of potential conflict often include advocacy issues of the rural community or of certain rural subgroups.

Proposed solutions to these problems included: (1) professionally oriented training programs to address these specific issues and (2) introduction of civil service amendments to allow recognition of clinicians' ethical responsibilities.

Several case examples were presented which served to highlight the potential differences between ethical issues and practical problems faced by rural mental health professionals. It was suggested that professional associations, regulatory groups and government collectively organize a mechanism which could function as an ombudsman in cases of conflicting standards and expectations.

Summarized by
Bruce Reed

Scheidt, R.J. & Windley, P.G.

Well-being profiles of small town elderly in differing rural contexts.

Community Mental Health Journal, 1982, 18 (4), 257-267.

The authors presented gerontological research which dealt with subjective states of well-being experienced by rural dwelling older residents. Of particular concern were the variations in states of well-being based on nine town size/rurality categories.

Results from a standard structured interview with older residents produced five factors relating to well-being: mental health, activity, security (confidantes), contact with friends, and contact with relatives.

Similarities among groups were found on indices of mental health, activity, and contact with friends. Several important differences were noted. Small town/low rurality residents had a higher number of contacts with relatives but less activity and lower availability of confidantes. This suggested that contact with relatives compensated for the low probability of socializing with confidantes. Residents of large towns in moderately rural areas revealed higher activity scores and a greater availability of confidantes. Larger towns may provide a greater opportunity for activity and increase the likelihood of socializing with confidantes.

Overall, the study suggested that gerontological research would be more representative if the town size/rurality dimensions were utilized as opposed to a *less systematic unidimensional approach*. The need for professionals to be sensitized to qualitative differences in subjective states of well-being, based on town size and rurality, was noted.

It was suggested that placement of service sites and types of intervention goals for older rural individuals would be more effective when context-specific similarities and differences in subjective states were known.

Summarized by
Bruce Reed

Smith, B.L. & Huff, C.R.

Crime in the country: The vulnerability and victimization of rural citizens.

Journal of Criminal Justice, 1982, 10, 271-282.

While a considerable body of knowledge of urban crime has been accumulated, the authors noted a comparative neglect of rural crime issues. The National Crime Panel victimization survey techniques were revised in order to be more appropriately applied to rural settings.

The following rural victimization experiences were of particular concern: perceptions, fears and responses of rural residents to the crime problem. Differences and similarities were reported between urban and rural victimization rates and subjective experiences. Patterns of victimization were similar in both rural and urban settings. Rural victimization rates were found to be higher than previous research reported. Rural vandalism against households was higher than commercial burglaries in the same setting.

Overall, rural residents perceived less increase in community crime when compared with the U.S. in general. Both urban and rural respondents perceived crime to be worse outside of their communities, but, only rural residents expressed less fear of walking alone in their neighborhood at dark. Rural residents were found to be highly vulnerable to theft during visits to urban areas. Similar urban/rural perceptions of safety were noted: females and the aged felt more unsafe than males and young people in their own neighborhoods.

This study documented the similarity of crime patterns between rural and urban settings. It also suggested that rural criminal justice officials should initiate educational crime prevention programs in rural communities. Crime problems in rural settings were suggested topics for future research.

*Summarized by
Bruce Reed*