Time, terrain and trust: Impacts of rurality on case management in rural Australia

J. Dellemain[*], S. Hodgkin, J. Warburton

John Richards Initiative, College of Science, Health and Engineering, Latrobe University, PO Box 821, Wodonga, Victoria, 3689, Australia

ABSTRACT

There is a 'black hole' in our understanding of case management practice with earlier studies identifying this as a particular concern for rural contexts. Using grounded theory methodology, focus groups were conducted with Australian rural case managers to understand how the rural context impacts on the provision of case management services. Findings identified behaviours associated with lengthy rural travel, stemming from a demand for constant output; lack of familiarity with the rural landscape combined with the loss of mobile communication, led to early feelings of trepidation for some women accessing rural spaces; lastly, building inter-agency relationships are critical to successful collaborative work, yet are threatened by lack of trust and frequent turnover of rural programs. Further exploration of these themes, in the international context, would be of benefit.

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1. Introduction

Inquiry into the practice of case management in rural settings remains largely unexplored in the case management literature (Dellemain and Warburton, 2013). As a human service approach, case management supports people with complex needs (Moore, 2009), rendering it suitable to a broad range of health, community, policy and program applications (Gursansky et al., 2012). Though efforts have been made to define and articulate case management practice, many of these endeavours remain largely "descriptive" (Gursansky et al., 2012, p. 5). With the complexity of needs in rural Australia anticipated to grow over coming years, in response to an ageing demographic, service reduction and climate change; opportunities have emerged to examine more closely how rurality impacts on case management practice in a rural setting (Dellemain and Warburton, 2013). This paper draws on a study conducted in rural Australia aiming to fill gaps in knowledge about rural case management.

Though the definition of rurality in the literature remains vexed, studies typically refer to lifestyles, land use, topographical features, and remoteness or population size when they characterise rurality (Castleden et al., 2010; Yonge et al., 2013). No matter how it is

defined, there is general agreement that rural practice differs from urban work, due mainly to the challenge of delivering services across greater distances, with fewer resources to more dispersed populations (Lane et al., 2002; Standing Council on Health, 2012). There is an overall acceptance that rural populations face worse health outcomes and poorer access to support services than urban counterparts (Standing Council on Health, 2012), though what constitutes access, and how to measure it, remains poorly clarified (Russell et al., 2013). Rural poor health has been attributed to chronic disease, accidents, mental health issues, and choices regarding alcohol use and smoking, along with other social determinants of health (Standing Council on Health, 2012). Though much has been written about the broad challenges of rural service delivery, this content is often descriptive, and this current study sought to add greater depth in this understanding.

Despite its potential value to rural contexts, there has been inadequate exploration of the specific issues facing rural case managers, an observation made in an early review by Parker et al. (1992), and much later in a publication examining the Australian context (Dellemain and Warburton, 2013). We argue for a need to identify theory and practice in rural case management to reduce ambiguity, but more particularly, to optimise case managements' contribution to this spatial setting. As a step towards building on existing rural knowledge, we selected an in-depth and analytical, qualitative methodology, namely, constructivist grounded theory, to explore how rurality shapes case management practice. This methodology was chosen for its promise to provide a deep insight

* Corresponding author.
E-mail addresses: jdellemain@csu.edu.au (J. Dellemain), S.Hodgkin@latrobe.edu.au (S. Hodgkin), J.Warburton@latrobe.edu.au (J. Warburton).

into the practitioners' knowledge about working in rural places. Ultimately, we wanted to build case management knowledge from the perspective of those experiencing it. The study aimed to move beyond description to a more complex interpretation of what it means to do rural work.

2. Rurality and case management

There is a 'black hole' in our understanding of case management practice so that not enough is known about what case managers do (Gursansky et al., 2012; Simpson-Young and Fine, 2010), particularly its contextualisation to place (Dellemain and Warburton, 2013). In an earlier work, we identified there was limited attention given to case management as a rural practice, prompting questions about how case management practitioners experience the contextual issues associated with their rural work. For the purpose of this research, case management was defined as a staged process, beginning with client engagement, moving to assessment and intervention including links to external resources, and followed by review and termination (Moore et al., 2009).

A key strength of case management is its capacity to address multiple needs simultaneously, rendering it applicable to rural environments, characterised by complexity and scarce resources. Case management is used in aged care, family support, mental health (Gursansky et al., 2012), drought intervention and emergencies such as disaster and bushfire recovery (Camilleri et al., 2010; Rowlands, 2013). All of these are highly relevant to rural communities, vulnerable to an ageing demographic (Warburton et al., 2015), climate change and environmental threats (McKinnon, 2008).

Consistent reports of poor rural health has resulted in a proliferation of research to determine the reasons. A review of the literature reveals narratives about poor rural infrastructures, long distances, dispersed populations and individual stoicism (Alston, 2005; Castleden et al., 2010; Morley et al., 2007). Studies refer to older, declining populations and generic experiences of disadvantage, social and geographic isolation, and limited services (Davis and Bartlett, 2008; Winterton and Warburton, 2011). Some sources highlight the diversity of rural communities (Davis and Bartlett, 2008), a factor, celebrated in the old chestnut, "… once you've seen one rural community, you've seen just one rural community", though this assertion is qualified by the rejoinder, although rurality is "diversely manifest, it has elements of consistent identity and ambiance that resonate" regardless of the rural setting (Rowles, cited in Hash et al., 2015, p. xvii). Taking these considerations into account with regards to case management specifically, what is absent is a deeper understanding of how case managers experience rural service delivery, more particularly, how rurality impacts on their provision of services.

Despite the proliferation in rural literature, defining the term 'rural' has remained elusive locally and internationally, in spite of its outward simplicity. In the United Kingdom for example, Cloke (2006), talks of to the slipperiness of the term, arguing no sooner has it been wrestled into containment that it slips away, into a fuzzy world of geographical, demographic, economic and social identities. Bushy (2002) in the United States, aiming for a more global definition found descriptions about distance between service and population, geographic remoteness or population density, while others have highlighted instances where rural was reduced to a binary to urban (Cloke, 2006; Welch, 2000). Specific Australian rural literature contains similar challenges in defining rural, the importance of which is emphasised by Howard et al. (2016, p. 3) "[h]ow we define and understand the meaning of 'regional, rural and remote', is important as this is often how resources and health, workforce and welfare needs are assessed and allocated".

This study aimed to explore the construct of rurality in case management, by addressing the question, 'How is case management contextualised by rural place?' It began with the premise that case managers working in this field are ideal informants for building a deeper understanding about rural practice. It sought to move beyond simple descriptions, to a deeper understanding of this form of rural work, by utilising an in-depth constructivist grounded theory methodology. In this way, the intent was to highlight ways that the context of rurality, served to shape and influence rural case management practice.

3. Materials and methods

The project received ethical clearance from La Trobe University, Faculty of Health Sciences Human Ethics Committee (FHEC13/171). To ensure rigour for this study, and minimise any haziness about participant selection, we drew on the Australian Bureau of Statistics (ABS) Australian Standard Geographical Classification Remoteness Areas System (ASGC-RA) which categorises areas in relation to their physical proximity to an urban centre. Of the five categories available, the study was limited to two, 'outer regional' and 'remote' (Commonwealth of Australia (2012)). The category titled 'very remote' was excluded because case management experience in those locations, many of which comprise significant populations of Indigenous Australians with unique support needs, was potentially so different as to weaken the coherence of the findings from the data.

The study drew on an exploratory constructivist grounded theory methodology, selected for its ability to conduct a deep analysis of the problem from the ground up, and while staying true to the data collected (Charmaz, 2014a). Constructivist grounded theory is known as an interpretivist methodology, in that it considers the researcher an active contributor, alongside the participant, in the creation of knowledge (Charmaz, 2003). Such a relativist position conceptualises knowledge as being socially constructed from multiple realities and ideally explored from the viewpoint of those constructing it (Charmaz, 2003; Gardner et al., 2012). This design enhances rigour by including steps that keep a researcher grounded in the data, it resists researcher bias while simultaneously ensuring that the participant's voice is clearly heard (Gardner et al., 2012).

Prior to commencing this research, a literature review identified gaps in knowledge about rurality and case management. Though the timing of a literature review in grounded theory methodology has remained contentious (Dunne, 2010), the current review was used to grapple with the thorny concept of rural, articulate case management as a practice and sort through the iterations of grounded theory methodologies. Ultimately, we found a paucity of research into rurality as the context of case management practice, and this helped inform this current place-based research.

Data for this grounded theory research was collected using three focus groups of five to six participants, with two locations selected in New South Wales and one in Victoria, Australia. Participants were recruited using existing professional contacts along with snowball sampling techniques. Geographical areas were selected for both accessibility of location and capacity to reflect the experience of rural case management practice in 'outer regional' and 'remote' Australia. In each location, a local case manager invited case managers from within their wide rural networks, to be contacted about the study. Participation was voluntary and no incentives, apart from the provision of refreshments, were provided (See Fig. 1.).

Choice of a focus group methodology provided access to participants' subjective experience, and this technique has been used successfully in other rural grounded theory studies (e.g. Berends