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**Abstract** The complexities of professional ethics are best understood and interpreted within their sociohistorical context. This paper focuses on the experience of 20 rural psychologists from across Canada, a context rife with demographic and practice characteristics that may instigate ethical issues. Employing hermeneutic phenomenology, these qualitative research results are indicative of professional struggles that impacted the participants' experience of professional ethics and raised key questions about policy and practise. Concerns regarding competition highlight potential professional vulnerability, beget the idea of fostering general psychological practice, and question the role of professional bodies in addressing rural shortages. Dependency on government funding models and decisions highlights the benefits and medical cost-offset effect of psychological services' role in funded medical care. The controversial prescriptive authority debate for psychologists raises myriad concerns that are particularly salient to rural practitioners. These include changes to training and practice, with risks of psychopharmacology gaining prominence over behavioural health interventions. National inconsistencies in level of registration add to the growing shortage of practitioners. Finally, the results illuminate the need for advocacy to move beyond the literature and into public policy to increase public awareness, decrease the stigma of mental illness, and develop rural Canadian psychology. Although limited to this study, these results allowed for a fuller and more robust understanding of rural practice in consideration of professional ethics, which may inform policy, science, or ethical clinical practice.

**Keywords** Sociohistorical context · Rural practice · Professional ethics · Psychology · Canada · Policy recommendations

## Introduction

Rural practice in professional psychology is distinct, and the qualities that differentiate it from urban practice have potential to complicate the experience of professional ethics (Nelson 2010). Psychologists work in the business of relationships. As such, they are continually immersed in the complexity of human interaction and systemic professional considerations. The content and context of dilemmas influence ethical decision-making. Rural practice (although "rural" is poorly defined in the literature) represents a distinct context for practice. There is limited research and theory specific to the rural practice of psychology (and professional ethics for this setting), particularly for Canada. This is particularly germane in Canada where approximately 20 percent of Canadians live in small, dispersed rural communities.

Sinclair and Pettifor, in their introduction to the companion manual to the *Canadian Code of Ethics for Psychologists*, point out that "most of the time decisions come easily, but when there is conflict between principles or among different parties, decisions may be difficult" (2001, under "introduction". Ethical decision-making in psychology is complex, not only because the issues are always evolving, but also because there are multiple influences in most ethical dilemmas and ethical principles themselves can be in conflict. In considering potential influences, psychologists are required to be sufficiently familiar with ethical codes, regulations, legal boundaries, case law, and professional consensus (Barnett 2007). Many have also suggested that community consensus is required (Fisher, Fried, and Masty 2007). There are many occasions when ethical principles may conflict, and a deep and nuanced level of ethical reasoning also is required (Barnett 2007; Truscott and Crook 2004). Even experienced and knowledgeable psychologists may be unsure of how to proceed in some situations, or unsure of which of the conflicting principles should be given the most weight (Barnett 2007; Hadjistavropoulos et al. 2002). Informed decisions on what constitutes the best solution to an ethical decision require consideration of context, critical thinking, reasoning, thoughtful inferences and judgments, and problem-solving (Fisher, Fried, and Masty 2007).

Prior research indicates that rural psychologists face unique ethical dilemmas and work in settings not normally covered in professional training (Ridgeway 2005; Womontree 2004). The

wealth of data shared by the participants in the research presented here was another step in accumulating knowledge to facilitate an understanding of this phenomenon. An essential finding of this in-depth study of practising rural Canadian psychologists was the nature of the professional struggles that contextualize these psychologists' experience of ethics. This paper explores the participants' social context and professional struggles specific to their experience of professional ethics, providing a foundation for understanding the complex phenomenon of professional ethics in rural practice.

**Methods**

This research had a practice-oriented purpose and sought to better understand how rural psychologists practice ethically, given the distinct complexities they may face. This interpretive inquiry of professional ethics involved 20 rural psychologists from across Canada. Qualitative research was chosen to describe and explore phenomena in rich detail. Hermeneutic phenomenology (HP research method) was used for analysis and to present rich understandings that connect with prior research, highlight new considerations, and describe the phenomenon within the Canadian context. This method is situated within the constructivist–interpretive paradigm.

Institutional ethics approval for this study was provided by the Ethics in Human Research Committee of Charles Sturt University. Polkinghorne's (2005) four steps for selecting participants were employed. A potential pool was generated by advertising through the Canadian Psychological Association's Rural and Northern Psychology interest group, provincial rural psychosocial oncology groups, and word-of-mouth. Purposely selecting participants from the pool of volunteers was the second step and involved the selection of participants from a variety of national settings and with a range of rural practice types and duration. The third step involved screening interviews, and the final step was ongoing participant selection based on the likelihood of uncovering data that would confirm or disconfirm results. Pseudonyms were used for all participants and any identifying information was removed from any published analysis to ensure confidentiality for participants.

The multidimensional concept of rurality has not yet been adequately defined to the requirements of all users and may never be (Muula 2007; Stamm et al. 2007). Rural areas tend to be defined as areas that are not urban (Stamm et al. 2007), by population size (Zapf 2001), or by remoteness

(Charlebois 2006; Muula 2007). The difficulty in developing more adequate descriptors is due in part to the increasing diversity and ongoing economic and social changes in rural areas (Harowski et al. 2006). Perhaps this is why there are no consistent government or agency definitions of "rural" in Canada (du Plessis et al. 2001). One purpose of this research was to clarify the very nature of rural practice from the perspective of participants. Rather than begin with a static definition of rural, two processes were incorporated for participant selection. The first was participants who self-identified as "rural," knowing that they would be more intimately familiar with the distinct variables of the communities they serve. The second process, used as a flexible benchmark, was selecting participants from communities of fewer than 10,000 people that are also outside of the commuting zone of an urban centre, as recommended by Statistics Canada (du Plessis et al. 2001).

Twenty rural psychologists participated in this study over a seven-month period ending in January 2009. Participants came from eight regions of Canada and represented various areas of interest or specialization that included school psychology, clinical psychology, forensic psychology, and counselling psychology. Most provided therapy or counselling, assessments or diagnostic services, and consultations, and worked with a large age range of clients. Participants also represented a considerable range in their years of experience, from those who were provisionally registered to others who had been registered as a psychologist for more than 20 years.

Within a hermeneutic circle of interpretation, contextual issues are reviewed to provide a foundation for understanding a complex phenomenon. Those issues were the participants' current social context from their perspective and in relation to the literature. This information was sometimes provided spontaneously by participants. When it was not, they were prompted with the question: "What current factors in Canadian psychology make ethics relevant to rural psychologists?"

Thematic analysis of transcripts led to the identification of themes that were central to understanding the phenomenon of professional ethics for participants. Data analysis was initiated early in data collection through systematic processes designed to interpret broad meaning. Consistent with HP research, analysis relied primarily on data immersion and thematic identification and analysis (Creswell et al. 2007). Discrepant findings or disconfirming evidence were sought throughout the interviews as well as the analysis of the texts to combat confirmatory

bias and to ensure that there was not an overly simplistic interpretation of the data. Supervision and peer consultation was utilized to help clarify significance in participants' stories, to re-examine the analysis, and to consider the analysis in more depth (Polkinghorne 2005). Wanting an understanding more than a comparison, the experience of urban psychologists or that of other allied professionals was not explored. While acknowledging that similar ethical concerns in rural practice may be experienced by social workers, nurses, teachers, counsellors, and those in religious ministries, this research focussed on those professionals who are registered psychologists.

**Results**

For psychologists to practise ethically, they need to be aware of requisite ethical reasoning, knowledgeable about ethical, professional, and legal issues, and skilled at making ethically justifiable decisions (Schank and Skovholt 1997; Truscott and Crook 2004). There are numerous components that should collectively develop ethical practice skills for psychologists. These include training, ethics codes, ethical guidelines, decision-making models, peer consultation, and ongoing professional development. Codes of ethics assist psychologists in understanding and identifying with the rich history and professional culture of psychology (Schank and Skovholt 2006). Ethics codes for psychological practice are not human rights statements, professional standards of behaviour, or rules of conduct. Rather, they are sets of articulated principles, values, and standards for ethical behaviour and attitudes within a profession (CPA 2000; Pettifor 2004; Truscott and Crook 2004).

The Canadian Psychological Association (CPA) recognizes its responsibility to help ensure ethical behaviour and attitudes on the part of psychologists and requires that all psychologists in Canada accept and abide by the third edition of the *Canadian Code of Ethics for Psychologists* (CPA 2000; Truscott and Crook 2004). The CPA *Code of Ethics* is primarily a descriptive code that is based on four broad principles arranged in order of descending priority. These are, in descending order of significance: Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society. The first principle, given the highest weighting, corresponds to autonomy and to justice. The second principle embodies beneficence and nonmaleficence. The third principle embodies fidelity. Finally, the fourth principle corresponds to beneficence but includes aspects of social justice (CPA 2000; Truscott and Crook

2004). These articulated principles, values, and standards apply to all psychologists, whether they are scientists, practitioners, or scientist-practitioners, in all roles related to the discipline of psychology in Canada (CPA 2000).

The sociohistorical features that follow are indicative of the professional struggles of the research participants (Canadian psychologists) and how these impacted their experience of professional ethics in rural practice. Key sociohistorical considerations were: (a) competition and concern over the delivery of services, (b) the influence of government, (c) the prescriptive authority debate, (d) rural-specific registration and mobility concerns, and (e) insufficient professional advocacy.

**Competition**

The first sociohistorical consideration was a sense of competition. The CPA defines psychology as a profession that "studies how we think, feel and behave from a scientific viewpoint and applies this knowledge to help people understand, explain and change their behaviour" (CPA 2009a, ¶1). Services that are psychological in nature are not delivered exclusively by psychologists, and participants raised concern about non-psychologists offering substandard services. They discussed this within the context of insufficient public awareness. Participant stories reflected concern about how competition to provide services may affect rural communities, their clients, and also the profession of psychology:

> I have seen some bad services offered—anyone can call themselves anything (Donald).

> You have to assume that there's going be a certain percentage that have been tested incorrectly. We had a fellow not trained in neuropsychology, Master's level—not even registered … who did (in his mind) a neuropsychological screening and said this person never has to be tested the rest of his life. And so, you have to be able to withdraw that type of information from the files in a way that allows some sort of integrity of the work that we're actually doing. … You have to be stewards to your own profession (Ken).

Literature on the competency of allied health professionals is sparse, particularly about their work in rural practice (Lin et al. 2009; Nelson 2010). The CPA acknowledges that there are a range of mental health practitioners who "claim to treat mental health problems. Not all of them are well trained professionals in the mental health field" (CPA 2009b, ¶2–3). In public advice,

the CPA encourages consumers to seek regulated or licensed professionals to ensure that their psychological services are provided by someone who has met high training and practice standards (CPA 2009b).

A specific area of concern was the provision of psychological services by general physicians. Participants' stories reflected a perceived lack of psychological training for physicians and concerns about general physicians creating unfair competition:

> Private practitioners in psychology have the biggest competitor in the world, which is the provincial government. So, how do you even survive in private practice … if people can go drive an hour to a public clinic and get it for free? … How many people are going to their GP for counselling? And the GPs are billing and are the GPs trained for that? You know, it's a funded service. … I have a lot of concerns about how mental health is actually being paid for and cared for in the main health system (Esther).

> I think that the way that [the province's] health is going, with—in regards to having these primary health clinics that may involve psychologists … I just heard the minister of health speak about how psychologists are going to be welcomed into medical clinics. And so—because doctors are doing things that they don't need to be doing. We don't have a shortage of doctors. We actually are just using them for the wrong things, right? We don't need to send a depressed person to see a doctor (Lorna).

Literature on psychology in Canadian health care reflects these concerns nationally. A recent royal commission on national health care noted that psychotherapy is publically funded if provided by physicians. This commission also noted that psychologists have far more extensive training than physicians in this regard (Romanow and Marchildon 2003). Many Canadians "go to their family physicians for psychological reasons, either forcing family physicians to provide services that they are not optimally equipped for, or more often leading family physicians to prescribe medications as a short-term solution to a problem" (Dobson 2002, 68). Westra et al. (2006) have warned that this competition may negatively affect psychology as a distinct profession. Direct competition, and public awareness about potential inadequacy of other providers, is easily justified under the auspices of adequate service provision, but how does this impact autonomy in psychology? Psychological ethics are often predicated on respecting the client's right to self-determination (Truscott and Crook 2004). Also, within the CPA *Code of*

*Ethics*, under the principle of Respect for the Dignity of Persons, the value of general respect includes a behavioural standard to "demonstrate appropriate respect for the knowledge, insight, experience, and areas of expertise of others" (CPA 2000, 9). Finally, there is the ethical question of how scarce resources should be allocated in rural practice. Is competition feasible in a practice context where there are insufficient resources and few alternatives?

> Resource allocation conflicts are characterized by multiple constituencies, complex relationships, and myriad benefits and harms—which may or may not be apparent. All of these factors make resolving ethics conflicts related to scarce resources in rural settings both difficult and emotionally troubling (Gardent and Reeves 2010, 166).

The literature also speaks to how the profession of psychology may be fostering this competition to deliver psychological services. Rather than promoting general psychologist practitioners, as there are general physicians, psychologists specialize. This leaves general psychological practice to allied health professionals. As Albert Bandura warned:

> It is feared that as we give away more and more psychology to disciplines lower on the food chain, there will be no core psychological discipline left … psychology is the integrative discipline best suited to advance understanding of human adaptation and change. It is the discipline that uniquely encompasses the complex interplay between intrapersonal, biological, interpersonal, and sociostructural determinants of human functioning (Bandura 2001, 12).

Currently, the profession of psychology is not well integrated. Prominent Canadian psychologists have expressed concern that the profession has been lax to integrate new skills and knowledge. They advise that the profession needs to create a core discipline based on both research and practice in addition to development on specialities (Latham 2003; Seijts and Latham 2003; Sternberg 2004). Thomas Hadjistavropoulos, reflecting on his tenure as president of the Canadian Psychological Association, said: "It is important for psychologists across Canada to work together and talk to each other, proud of their traditions in both science and practice" (2009, 5). When they do not, or when there are insufficient psychologists, mental health needs will be met by other providers.

Rural practice conditions (such as lack of referral resources) often necessitate this kind of generalist approach (Australian Psychological Society 2004; Harowski et al. 2006; Helbok 2003; Sawyer, Gale, and Lambert 2006). Specialization tends to be impractical; rural service needs

require practitioners to be multi-skilled in dealing with diverse populations (McIlwraith et al. 2005; Perkins et al. 2007) and a greater range of illnesses and conditions (Essinger 2006; Gale and Deprez 2003; Hourihan and Kelly 2006). It has been suggested that a diverse general practice can cause concerns about competence, scope of practice, and appropriate training (Hays 2006; Helbok 2003; McIlwraith et al. 2005). This could contravene the CPA *Code of Ethics*' second fundamental principle, Responsible Caring, which embodies beneficence and nonmaleficence. Given the needs in rural practice, there may be value in employing a moral development model of ethical decision-making. This would allow rural psychologists to make their life experience become part of innovative ethical solutions that can be more sensitive to context (Lutosky 2005; Williams and Levitt 2007). Psychologists under this model rely on their judgment to deliver ethical psychological services (Williams and Levitt 2007) and balance the values of their clients, their own values and personal beliefs, and their professional ethical codes (Lutosky 2005; Williams and Levitt 2007). The moral development model is used by rural psychologists (Essinger 2006) and is likely to assist with decisions when balancing competency and the need for generalist practice.

**Government**

> When I went through graduate school, there was very, very little attention paid to the impact of the sociopolitical system on the discipline of psychology. And I think psychologists have to step up to their knowledge about that. … These big systems out there really affect how our discipline is able to work (Esther).

This quote captures another consideration: the influence of government on the provision of professional psychology. Many participants spoke to a desire for changes in health care funding systems:

> If somebody comes in for three days and they're, you know, they're tired or anxious or stressed, scores you get aren't going to be useful. … At one point there was this "closer to home" philosophy in [the province]. … They wanted professionals to live in the communities or the service to be provided within the community (Ken).

> There is this constant struggle … between the medical profession and the psychological profession. … In one small community … there was a poster from the Canadian Medical

> Association advertising that, if you wanted family counselling, go see your family doctor. What family doctors receive training in family counselling? (Albert).

The literature has provided consistent research demonstrating the efficacy of psychology and the medical cost-offset effect of psychological services. Psychologists, particularly clinical psychologists, have argued that they should be publically funded within health care (Dobson 2002). Despite this, there is little public funding for psychology and it is not recognized as an essential part of any of the provincial health systems (Arnett, Nicholson, and Breault 2004; Dobson 2002; Hunsley 2003; Westra et al. 2006). Hunsley and Crabb speak of a "continuing marginalization of mental health services and the dominance of political considerations over compelling scientific evidence for the impact of psychological services on health and recovery from illness" (2004, 233). Ethically, it is prudent of the profession to ensure that psychologists become recognized as health care providers. This requirement also speaks to the CPA Code's principle of Responsible Caring, particularly as this has potential to increase access to rural psychological services.

Other participants spoke to specific government funding initiatives such as the national Aboriginal Healing Foundation (2009). The Aboriginal Healing Foundation (AHF) is a federal program that provides specific funding to assist Aboriginal Canadians in their healing in relation to trauma experienced as a result of the residential school system.[1] Psychologists are one of several approved providers of mental health services for this program (AHF 2009). Aboriginal Canadians tend to live in rural and remote communities (Romanow and Marchildon 2003) and so rural psychologists are likely to experience the greatest service demands related to this program. While special funding can support the delivery of psychological services and improve access, it does not ensure public awareness.

> There's the residential school stuff that's important, particularly for rural psychology. I'm doing some of that work directly with survivors from residential schools. And more so from generations after and how they've been impacted by parents who've attended residential schools (Connie).

> There are times, particularly around this residential school stuff, there are people … [who] are getting [mis]information. … "you went to residential school. You're entitled to all of this money and, you know, you need to contact a lawyer. And if you contact a

> lawyer, you also have to contact a psychologist." Which isn't true. They don't have to; it's a choice (Joanne).

Meara and Day (2003) suggest that virtues are paramount to ethical development. The virtues that support the principles of ethical psychology include autonomy, beneficence, nonmaleficence, fidelity, justice, and prudence (Nelson et al. 2007; Truscott and Crook 2004). How does one take this into consideration when providing a service that may not have sufficient public awareness for truly informed consent?

Consider the power differential inherent in working with a minority group or client group in relation to trauma. Relational ethics puts the emphasis on the psychologist's role in professional relationships. Given the immediacy and complexity of professional practice, engagement in relationships is at the heart of ethical practice. Relational ethics builds on moral development theory but shifts attention to behaviour that occurs within the context of professional relationships. Given the mutual vulnerability inherent in client relationships, it is the professional's responsibility to foster engagement and mutual respect (Austin 2006). Key considerations of relational ethics, which include interdependency and a sense of community, should inform the direction of services like those funded for psychologists through the AHF, particularly within rural practice (Austin 2006).

**The Prescriptive Authority Debate**

The third sociohistorical consideration was the debate around granting psychologists prescriptive authority. Many of the participants spoke about prescription drug privileges:

> I think prescriptions, right, would come in there. Because that's broadening the scope of practice and creating … a slightly different view of what psychology is. A very different view potentially (Moriah).

Westra et al. have advised that "whether to pursue prescriptive authority is a critically important and controversial issue currently facing psychology" (2006, 77). Perhaps this is why participants shared support, opposition, and caution in reviewing prescription drug privileges in their reflections. Some participants spoke of being prepared to integrate psychotropic medication to enhance their services to clients:

> I'd probably know more about psychoactive medication for children than the family physician would, but they're the ones that can monitor it. … I work with the young

> woman who has early psychosis who was struggling with the medication. She had to wait three months to see [the psychiatrist], right?! If I had the authority to change that and try something—because I see her every two weeks. You know, so she suffered. … There's a human suffering cost of waiting sometimes. So prescriptive authority, I think, is an interesting debate about where it's going, and I'd like to see us move forward with that, if possible. Because, you know, nurse practitioners can prescribe. Surely we're trained as much (Virginia).

> Having to know so much about the medical aspect of it—the drug interactions—well, we cannot prescribe anything. We can't even diagnose ADHD, let alone prescribe anything. But the, ah, hours and hours of studying ... (Sandra).

Some Canadian psychologists have argued for these privileges. They have spoken of the benefits to consumers and to the field of psychology and argued that this move is necessary (Nussbaum 2001; Westra et al. 2006). Given the shortage of psychiatrists, prescription privileges may be particularly relevant for those who work with underserved populations such as "children, the elderly, the chronically mentally ill, and rural areas" (Westra et al. 2006, 78). Prescription privileges could be particularly relevant for psychologists in rural practice (Harowski et al. 2006). Research by St. Pierre and Melnyk (2004) indicate support for prescription privileges among clinical psychology interns. They stated that "few people felt that prescribing was theoretically or philosophically opposed to the field of psychology or that it would compromise psychological service delivery" (2004, 284).

Although the idea was supported by some of the participants in this study, others denied interest or expressed concern about prescription drug privileges.

> We struggle with the medical model. Some psychologists want to be able to prescribe medications and that. I don't. I'm not interested (Albert).

> The competency piece is really quite huge and I think—especially depending on who you're dealing with and the incidents of co-occurring medical/physical issues—the interaction effects. … It scares me and I don't want to go down that path for my career. Can't imagine the liability insurance (Moriah).

> I know the big push to have psychologists—psychologists to be able to prescribe medications. Yeah, like I'm curious. I mean, I certainly wouldn't feel in a position to ever to be able to do that without a whole lot of extra training. But I think, you know, sometimes the doctors in general practice maybe don't have any better ability to make that decision than a psychologist would (Doreen).

The literature on prescription drug privileges reflects this tempered optimism. Such a change to the practice of psychology raises myriad issues. Prescription privileges could fundamentally alter the course of training and delivery of psychology. In fact, the overhaul to the profession could be so great that "training and regulating prescriptive authority would be more expensive than utilizing currently available medically trained professionals" (Westra et al. 2006, 78). Further, given the rising Medicare costs of prescription drugs, applied psychological services have been suggested as an alternative to psychotropic treatments (Romanow and Marchildon 2003; Westra et al. 2006). Professional ethics underpins this debate by its requirement of nonmaleficence, or not causing others harm. How would such fundamental changes to the profession align with the CPA Code's principle of Responsible Caring? Any movements forward need to consider all potential factors.

**Registration and Mobility**

Professional registration and mobility within the country comprise the fourth sociohistorical consideration for this study. There was particular tension expressed by participants in consideration of level of registration. Many of the participants with Ph.D.s expressed concern that Master's level psychologists represented the profession with substandard qualifications or posed unfair competition in the field.

> We've limited [our meetings] to Ph.D.-registered psychologists … because we don't see that a lot of the folks, that are now getting the registration through the Master's level, have the training for it. … This particular meeting is for our own professional development (Ken).

> There are a lot more Master's level psychologists out there and they don't pay them as much. So they're cheaper, more—there are more of them available. So, doctoral-level psychologists are viewed as being, sort of, more expensive and, "why do we need that if

> we have these other people who are also licensed and we don't have to pay them as much?" … It's not that the Master's level people are somehow less qualified. But there are differences between doctoral-level psychologists and Master's-level psychologists, and it's just sort of a festering issue in the profession that nobody really wants to talk about (Esther).

Some of the participants who were registered with Master's degrees also spoke to the level-of-training debate. Usually, these stories reflected concern about requiring Ph.D.-level training given the shortage of psychologists in rural practice.

> I see it going back to the age-old dispute between—no offence [laughs]—between Doctor's and Master's level and that I think sometimes [pause], like for instance in [this province], it is very difficult to get registered. And I understand the importance of the job and that being a psychologist is a very critical job, but my God, it is tough to get registered. And school divisions are being pressured to hire only registered psychologists. … I think we're going to end up having a shortage. Well, we already do have a shortage (Sandra).

There is a growing shortage of psychologists in Canada (Bieling 2009). There is also debate in the literature about registration at the Ph.D. versus Master's level of training in professional psychology (Pettifor 2004). In Canada, psychologists register with the college or registration board appropriate to the province within which they practise. All of these registration boards, having the legislated responsibility to protect the public for that region—and not the nation—adhere to the CPA *Code of Ethics for Psychologists*. Specific processes vary across provinces. An initial search of provincial registration bodies indicated that most required a Ph.D. for registration. Surprisingly, half of the participants in this study, all of whom were registered to practise the profession as a "psychologist" in their province, had only a Master's degree. Several provinces allow psychologists to register with a Master's degree despite proposed changes or preferences for Ph.D.-level training.

Differences in level of registration are a primary issue impacting mobility of psychologists beyond provincial boundaries. Some participants suggested a nationwide Ph.D.-level registration to facilitate better mobility:

> You know, there's lots of—lots more discussion of trying to have more permeable provincial boundaries so people can have reciprocity and practise different places. But in

> order for that to happen, we all need to be on the same page. And so as a profession [requiring Ph.D.s] is one way to do that (Moriah).

Other participants disagreed and suggested competency-based national credentials:

> I was involved in the development of the Mutual Recognition Agreement [MRA] as a representative of [our region]. And I still hear—and it sort of saddens me in many ways—the focus of education and training based on degree. When what we had attempted to do in the MRA is develop some core knowledge and skills. Identify those things. And I think we did. And did quite a good job. But regulatory bodies continue to focus and maybe even, and even the CPA, because they only accredit doctoral programs rather than accrediting programs that are presenting the core value, or the core knowledge and skills (Albert).

> The mutual recognition debate … it's not working. … There are lots of psychologists who still get stuck on degree versus competency. So, I think that makes it hard because it makes people who are in rural … for some rural communities it'd be very hard to have a Ph.D. [psychologist] (Joanne).

Informed opinion among psychologists on this issue is likely confounded by their own level of registration. As Canadian professional psychology evolves and diversifies, it is experiencing increased professional mobility (Pettifor, Estay, and Paquet 2002). As registered health professionals, psychologists are only licensed to practise in the province in which they have secured registration. Despite the suggestion that "a framework now exists for the full mobility and interprovincial recognition of psychologists" (Dobson 2002, 68), such mobility remains limited. What of the fourth fundamental principle of the CPA Code, Responsibility to Society? It is arguable that a shortage of rural psychologists does not foster professional beneficence or social justice for rural Canadians. On the other hand, if registration and mobility considerations focussed exclusively on addressing essential workplace shortages, there could be fidelity risks that underpin the third fundamental principle, Integrity in Relationships.

One answer may be a move to competency-based national credentials over academic ones. Competency-based standards support practice that employs social constructivist models of ethical decision-making. These models put emphasis on the character of the psychologist and acknowledge that human interactions are inherently complex and that ethical decisions occur

within complicated interdependent relationships (Bauman 1999). Under such models, the actions of the psychologist will have an impact on the social context just as social context will impact the individual psychologist. Ethical decisions are continually reassessed with much consultation with peers and consumers of the psychological service. In rural practice, this consensus would involve other psychologists in rural practice and members of the community within which the psychologist practises. Indeed, research by Wihak and Merali found that participants in small Canadian communities "used a social constructivism approach to manage confidentiality, negotiate boundaries, and redefine ethical practice to mirror community values" (2007, 169). Ethically, this provides for greater contextual sensitivity than academic credential requirements.

**Advocacy**

The final sociohistorical consideration is advocacy for psychology. Participant stories revealed the need to advocate for the sake of consumers of psychological services and for the profession itself. Participants' stories spoke of public awareness as being crucial to psychology. They indicated that efforts to reduce the stigma of mental illness directly impacted their practice:

> I think there's just lots of press around just mental health and mental wellness and stigma and all sorts of things that I do think play into ethical issues as well. I think a lot of that is intertwined. I think it's just the general press in the field that's, ah, emphasizing ethics (Barbara).

> Accountability, lawsuits, recognition of, you know, mental illness as not as stigmatized as it used to be, I guess. You know, more acceptance of mental illness so it enables I suppose, psychologists' recognition in the community (Janet).

Many also noted how advocacy could strengthen the profession by increasing its accountability and enhancing its reputation:

> Psychology has to stand up and lobby for itself and educate the public about itself and talk about these other service models (Esther).

> I think there's increasing education by psychology as a profession and also like consumers who want to know more about who they're working with. About how titles,

> like “therapists” and “psychologists,” are used and what that means for credentials. Which I think is a good thing (Moriah).
>
> People don’t really know what psychologists are. And we don’t do a good job at promoting ourselves. You know, everybody knows what a chiropractor is and a massage therapist and, you know. … And everybody knows how to access money to get that. [Chuckles.] We need to be better at this (Lorna).

The need for advocacy is frequently articulated in the literature. Some authors have spoken to the marginalization of psychology within the Canadian health care system (CPA 2007; Hunsley and Crabb 2004; McIlwraith and Dyck 2002; Romanow 2006). Canada is the only G8 country without a developed national mental health strategy—an urgently required reform (Arnett, Nicholson, and Breault 2004; CPA 2007; McIlwraith and Dyck 2002; Mikhail and Tasca 2004; Romanow and Marchildon 2003). A consistent strategy would provide a foundation for advocacy efforts and allow for national consistency in services and policies. There have been calls in the literature for “(a) continuing efforts to educate policymakers, the media, and Canadians about the value of psychological services, and (b) active involvement from psychologists in efforts to develop new models of primary health care in Canada” (Hunsley and Crabb 2004, 233).

Fundamental to professional ethics in psychology is beneficence: concern for, and contribution toward, the well-being of others. This requires competence and putting the welfare of clients above personal gain (Meara and Day 2003; Truscott and Crook 2004) and this concept also underlies ongoing advocacy efforts by psychologists. This is represented in the fundamental principle of Responsibility to Society in the CPA *Code of Ethics*. This fourth principle corresponds to beneficence but includes aspects of social justice (CPA 2000; Truscott and Crook 2004).

Ethical dilemmas related to advocacy and rural practice of psychology may do well to consider virtue ethics. Using this ethical decision-making model, virtuous professional behaviour is expected by consumers of psychological services, and psychologists work to embody moral ideals and rely on these ideals to solve ethical dilemmas (Fry 2005; Meara and Day 2003). Virtue ethics relies on wisdom and mores and is applicable to psychological clients who may be culturally, racially, or socially diverse. This is because virtue ethics considers context and community to define what is “virtuous” (Fry 2005; Meara and Day 2003; Pipes, Holstein, and

Aguirre 2005). Key virtues appear to be benevolence, cultural sensitivity, and respectfulness (Fry 2005; Meara and Day 2003) and provide an ethical decision-making model that may underpin advocacy within rural practice.

Not surprisingly, many participants spoke of the need to advocate specifically for psychology in rural practice. They acknowledged fledgling efforts in this area tempered with concern about the need for greater awareness and development. Many participants mentioned and spoke favourably of the Rural and Northern Psychology section of the CPA.

> I seem to recall there being quite a lot of information at the, um, Canadian Psych Association conference this year about rural psychology. And I've been, I suppose, loosely connected with the rural section of CPA for, I think, two years now. So, I'm always interested to kind of keep a close connection with that system about what's going on. I think [the chair] does a really great job of disseminating information to us (Jeanne).

> It's nice to know that there is a network of rural psychologists out there in Canada, even if I'm not able to, you know, speak with them face-to-face regularly (Mary).

> I think the increased profile of Rural and Northern Psychology [CPA] is certainly helping … that's certainly the intent of that. And also to have a group of rural and northern psychologists that can consult with one another about these types of things when they do come up (Barbara).

There was also commentary about the few northern and rural psychology programs in Canada. These included courses that are available at Lakehead University and the post-doctoral internship in northern and rural psychology offered at the University of Manitoba. For some, this training piqued or validated their interest in practising psychology in rural Canada.

> We actually had a course in community and rural psychology. And doing the job I'm in, it helped. There's different service models—some of them—and that way there might be some more research out there on rural psychology (Debbie).

> People can get into rural practice without having had—and I think many people do get into rural practice without having had—any specific training in it. … One of the things that has been helpful to me has been having a year's training doing a post-doc in rural

psychology. To be able to begin going through some of this process under supervision (Mary).

The available literature appears to agree with the need to advocate for psychology. In particular, there was literature specific to the need to advocate for the rural practice of psychology. This advocacy may be more difficult because of a significant shortage of rural practitioners. Twenty percent of the Canadian population is rural, which should be sufficient justification for at least an academic focus on rural issues in the profession (Brannen and Johnson-Emberly 2006; Romanow and Marchildon 2003). Although there is a wealth of Australian research and literature on rural issues, few academic articles originate in Canada. When searching databases with the key term "Canadian psychology" and then searching with the key terms "Canadian psychology AND rural," the latter search offered far fewer hits. The percentage of articles with both search terms was six percent and thirteen percent of the number of searches for "Canadian psychology" alone for Google Scholar and PsycINFO, respectively. There were no hits with the two terms in either Sage or PsycEXTRA.

**Discussion**

All psychological phenomena should be understood and interpreted within their sociohistorical context of practice (Hadjistavropoulos 2009; Sternberg 2004). Despite debate and lack of empirical validation on how to best teach ethics (Jones 2008; Morrissey and Symons 2006; Pettifor, Estay, and Paquet 2002), ethical dilemmas remain a critical part of the training of psychology because they are often difficult to resolve, emotionally distressing, and may require time-consuming deliberation (CPA 2000; Houser, Wilczenski, and Ham 2006). Professional training in this area should reflect the complexity inherent in making ethical decisions (Jones 2008; Pope 2003). Ethical acculturation is more than a linear learning process of adopting a set of rules. Rather, many have suggested that the process also involves ongoing active reflection and balance of personal morality, knowledge, culture and context of practice, and codes of ethics (Barnett et al. 2007; Bashe et al. 2007). This study highlighted the sociohistorical context of the experience of professional ethics. These professional struggles provide a foundation for considering policy and training recommendations relevant to the phenomenon of professional ethics in rural psychological practice in Canada.

**Policy Implications**

Competition concerns highlight the potential vulnerability of the field of applied psychology. Positioning psychology against other professions that may offer psychological services does not align with CPA *Code* behavioural standards that require Canadian psychologists to "demonstrate appropriate respect for the knowledge, insight, experience, and areas of expertise of others" (CPA 2000, 9) and to support client rights to self-determination. Rather, rural practice conditions that necessitate a generalist approach would benefit from a shift in Canadian psychology that fosters a core or general discipline in addition to psychological specialities. Such policies might begin to address the shortage of psychologists in rural Canada (inherent in the use of alternative services) and could support the fundamental principle of Responsible Caring by fostering an integration of skills and knowledge from across the profession.

Another concern was psychology's dependency on government funding models and decisions. The policy implication is that psychology has a role in funded medical care. Psychologists in Canada have a role in publicly funded health care that elevates their contributions beyond what can be provided privately and within limited government-funded contexts, particularly for rural Canada. Movement beyond access to special funding is more likely to increase public awareness of programs, services, and benefits and support the *Code*'s fundamental principle of Responsible Caring, particularly as this has potential to increase access to rural psychological services. Specific government funding initiatives, such as the national Aboriginal Healing Foundation (AHF 2009), should be scrutinized by the profession. Consideration through the lens of relational ethics highlights psychology's professional responsibility to foster engagement and mutual respect (Austin 2006), particularly with vulnerable client groups. Interdependency and a sense of community should inform the direction of such services, rather than funding models. This has particular implications for rural Canadian psychologists who are likely to experience the greatest service demands related to this program.

The prescriptive authority debate for psychologists is controversial, as cautious optimism is balanced with opposition to psychopharmacology gaining excessive prominence in the field. Psychologists, particularly rural Canadian psychologists, should be involved in policy discussions and planning in this area. Prescriptive authority is particularly salient for those who work with underserved populations and those in areas experiencing a particular shortage of practitioners. The ethical requirement of nonmaleficence, or not causing others harm, begets an

exploration of any potential change that could fundamentally alter the training and practice of the profession.

The debate about level of registration was seen to affect more than just mobility of psychologists in Canada. Inconsistencies in provincial registration processes may directly affect the growing shortage of psychologists, particularly in rural areas. The Canadian system of provincial registration has implications for Canadian psychologists' Responsibility to Society. Ongoing shortages do not foster professional beneficence or social justice for rural Canadians. Credentialing policies that focus exclusively on addressing workplace shortages have fidelity risks that underpin the third fundamental principle, Integrity in Relationships. Competency-based national credentials may pose an ethical solution not covered by policies that focus exclusively on academic credentials.

The final key consideration was the need for advocacy to increase public awareness, decrease the stigma of mental illness, and develop Canadian psychology. Fundamental to professional ethics in psychology is beneficence—concern for, and contribution toward, the well-being of others. Advocacy efforts need to move beyond the literature and into public policy. A start would be policies that articulate the value of psychological services and the role of psychology within primary health care in Canada. Psychology needs to advocate for itself as a profession and specifically for its place in rural Canada, where health needs are greater and shortages of providers are significant. Such efforts would underpin the fundamental principle of Responsibility to Society in the CPA *Code of Ethics*, which corresponds to both beneficence and social justice (CPA 2000; Truscott and Crook 2004).

**The Role of This Research**

The results of this study are not definitive; however, exploring professional ethics in rural Canadian psychology through the experiences of practising psychologists was an opportunity for an in-depth phenomenological and interpretive examination of this issue. Through the process of a hermeneutic circle, the sociohistorical context of this study presents participant-focussed considerations and relevant policy recommendations.

There are limitations to this study. The primary researcher was an active agent and not an objective observer, given her own practice as a rural psychologist. The self-report evidence of the participants cannot be assumed to accurately reflect the whole of their experiences

(Polkinghorne 2005). As qualitative research, this study is bound to its situational context, limiting the interpretations and how the results may generalize.

The results of this study, however, add to the general knowledge field and foster recommendations for relevant policies. Generally, this research supports the need for a greater understanding of rural practice and professional ethics in that context. Canadian psychologists in rural practice may be particularly vulnerable to government and societal structures and to registration and mobility issues.

The results of this study also foster several general recommendations for the profession. Canadian psychology should consider the development of "general practice psychology" to strengthen the profession in light of its divisiveness, in response to competition from allied professionals, and for rural practice. Acknowledging that the Canadian Psychological Association's standards for accreditation of doctoral programs is predicated on training generalists, it is noteworthy that this does not mean that Ph.D.-level psychologists in Canada are fully prepared for rural practice. As learned from the stories of many of the participants, only half had doctoral training, which is not required for registration in all provinces. Further, shortages may mean that rural areas recruit psychologists with less training than in urban areas. Also, even in a cursory review of the professional registration categories provincially, and interest groups nationally, there is no representation or articulation of "general practice" as a subset of practice of psychology in Canada.

Rural practitioners should be involved in the prescriptive authority debate. Communities in rural and remote areas may be more likely to seek psychologists with prescription privileges. Alternatively, having such privileges might further the shortage of psychologists in rural practice, particularly when considering the varying levels of training reported by the participants in this study.

Codes of ethics serve to distinguish a profession from an occupation and to create public trust, confidence, and awareness (Blickle 2004; Moleski and Kiselica 2005; Morrissey 2005; Pipes et al. 2005). Professional registration boards are charged with responsibility for protecting the public. They promote ethical principles, values, and standards of how to integrate codes of ethics into practise (Bashe et al. 2007; CPA 2000; Truscott and Crook 2004). As such, codes of ethics function as resources for psychologists by setting standards for their behaviour and defining good practice. National codes of ethics attempt also to represent the culture and context of

practice—but the responsibility for ethical practice, and awareness of the implications of context of practice, fall on the practitioner.

Essential to any rural ethics agenda is the consideration of factors such as: what factors constitute the scope of rural practice ethics; identifying the contextual nature of these ethical issues; having an impact on ethical decision-making; supporting the development of appropriate guidelines or policies; and fostering dialogue for this area of practice (Nelson 2010). It is hoped that the results of this research help to create a foundation for further study. This study was conducted when there was little empirical data about professional ethics in rural Canadian practice. Future studies could compare participant responses in consideration of their level of registrations, region, or type of practice. An interesting area would be to have both insider-researchers and outsider-researchers assess for differences and to allow for both emic and etic perspectives given the specific culture and yet diversity of rural communities. Finally, quantitative studies could seek to develop and test theories based on qualitative findings.

## Conclusion

The practical application of ethics to the profession of psychology is much like that beautiful picture on the outside of the jigsaw puzzle box—pleasing in its completeness but difficult to accomplish, particularly without an understanding of the context. The wealth of data shared by the participants in this study was another step in accumulating knowledge that may eventually inform policy, science, or ethical clinical practice. This paper does not attempt to present a simplified picture of the professional struggles within the current sociohistorical context for practising rural Canadian psychologists. However, the results of this study illuminate the influence of competition concerns, government funding, prescriptive authority, registration and mobility concerns, professional advocacy, and relevant policy considerations. This provides a place to begin further exploration and understanding of the impact on the experience of professional ethics.

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[1] Colonization and residential schools for the North American Aboriginal peoples meant the loss of cultural or traditional socialization for generations. This is noted as a potential cause of violence, abuse, and unresolved grief from this abandonment (Struthers and Lowe 2003; Whitbeck et al. 2004).