Understanding and improving communication processes in an increasingly multicultural aged care workforce ☆

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ABSTRACT

This study explored how culture shapes relationships in aged care and the extent to which the residential aged care sector supports a cohesive multicultural workforce. An exploratory methodology utilising semi-structured questionnaires collected data from 58 participants comprising: staff who provide direct care to residents; managers; and family members from six residential care facilities in Perth, Western Australia. Communication issues emerged as an over-arching theme, and included interpersonal communication, the effect of cultural norms on communication and the impact of informal and formal workplace policies relating to spoken and written language. Sixty percent of participants from a culturally and linguistically diverse (CaLD) background had experienced negative reactions from residents with dementia, linked to visible cultural difference. They used a range of coping strategies including ignoring, resilience and avoidance in such situations. CaLD participants also reported prejudicial treatment from non-CaLD staff. The findings highlight the need for organisations to incorporate explicit processes which address the multiple layers of influence on cross cultural communication: internalised beliefs and values; moderating effects of education, experience and social circumstance; and factors external to the individuals, including workplace culture and the broader political economy, to develop a cohesive multicultural workplace.

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Introduction

A growing aged care workforce in Australia is linked to the ageing of the population and the increased participation of women in the workforce (Davis & Smith, 2009; Howe, 2009). As in other countries, (Cangiano, Shutes, et al., 2009; Walsh & O'Shea, 2009) the aged care workforce in Australia is increasingly dependent on migrants. This pattern is reflected in residential aged care facilities (RACFs) where over half the residents have dementia or cognitive impairment (Australian Institute of Health and Welfare, 2011). In 2012, more than one third of the workforce (35%) was born overseas; and two-thirds of these migrants came from a culturally and linguistically diverse (CaLD) background[1] (King, Mavromaris, et al., 2013). A recent report on cultural and linguistic diversity in aged care found that 29% of residents in RACFs were born overseas, however the majority are from English speaking backgrounds (Australian Institute of Health and Welfare, 2014). Southern

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[1] The term CaLD is a broad descriptor for groups and individuals who differ according to religion, race, language and ethnicity, but excluding those whose ancestry is Anglo-Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander (Community Relations Commission for Multicultural NSW, n.d.).

and Eastern European migrants represent the largest cohort of CaLD residents, at 7%. In contrast, the majority of the CaLD migrant aged care staff was born in Asian countries including: Vietnam, Hong Kong, China, Philippines, India or Fiji (King et al., 2013). A survey of over 600 participants attending certificate-based training in dementia care in Perth, Western Australia, in 2009, revealed that the countries of origin of the CaLD participants reflected those in the AIHW report, albeit with a higher representation of participants from African countries, including Zambia and Ethiopia.

Despite the multicultural nature of the residential aged care workforce, there has been limited research undertaken in Australia to understand the experiences of staff from culturally different backgrounds, and the impact of multiculturalism on the workplace and workplace relationships, including relationships with residents with dementia. This project aimed to address this limitation by exploring the way a multi-cultural workforce effects workforce interactions and relationships, and how the residential aged care sector supports and manages its multicultural workforce.

Literature

The international literature highlights the impact of market forces and the changing workforce demographic on the aged care sector. It identifies broad policy and management processes for addressing the challenges arising from an increasingly multicultural workforce. It also provides some evidence of the experiences and motivations of migrant care workers in this sector.

The aged care workforce

Much of the literature on the aged care workforce from high income countries, particularly the United Kingdom, the European Union, the United States of America and Australia, highlights the increasing reliance on a migrant workforce in what is known as the global care chain (Hochschild, 2000; Fine & Mitchell, 2007; Sherman, 2007; Williamson, 2007; Cangiano et al., 2009; Doyle & Timonen, 2009; Howe, 2009; Simonazzi, 2009; Walsh & O'Shea, 2009; Hussein, Stevens, et al., 2011; Shutes, 2012; Walsh & Shutes, 2013; Mears, n.d.). The migrant workforce comprises people from a range of countries, particularly those described as low-income and countries in political and economic turmoil.

Cangiano and Shutes (2010) argue that underfunding of social care and interrelated workforce shortages are largely responsible for the extensive reliance on migrant workers amongst social care providers, and raise concerns for workforce inequalities and for the quality of care. The demand for care workers is such that illegal workers are being employed in an informal market in many countries (Doyle & Timonen, 2009). Furthermore staff with nursing qualifications in their country of birth are working in positions of lower pay and responsibility because their qualifications are not recognised (Shutes, 2012).

In Australia, there is a growing concern about staff shortages in aged care in the future. It is estimated that the number of people requiring care will more than double in the next few decades which will increase the demand for services and human resources (Australian Government Productivity Commission, 2011; Fine & Mitchell, 2007; Howe, 2009; Hugo,

2009). While overseas recruitment is suggested as a solution, difficulties such as transferability and recognition of qualifications for professionals and proficiency in English, have been identified (Australian Government Productivity Commission, 2011).

CaLD workforce experiences

King et al. (2013) found that 25% of the CaLD migrant carers they interviewed identified poor English language skills and a lack of cultural knowledge of Australia as a disadvantage in working in the aged care sector. Not only did it present difficulties for carers when communicating with residents, it also impacted their ability to understand the training offered to them. King et al. (2013) also found that the CaLD migrant workers in Australia experienced discrimination. However, most did not identify this as a problem specific to working in aged care because they also experienced discrimination in the wider community. They identified skin colour as the major basis of discrimination from residents, rather than language.

Policy and management strategies

Beheri (2009) recommends that mentoring and interpersonal and intercultural communication skills should be introduced at the workforce level and that management should foster a workplace environment to encourage interaction. On a similar theme, Howe, King, et al. (2012) identified a number of variables associated with intention of migrant carers to stay in the aged care workforce in the foreseeable future. They include training and enabling the use of languages other than English in their work practise and, in so doing, increase the sense of value that those who with a second or more languages bring to their position. Davis and Smith (2013) recommended expanding the provision of training in language, print literacy and health literacy and understanding cultural attitudes towards dementia and ageing. They are supported by a growing body of literature on training in cultural competence (Pearson, Srivastava, et al., 2007; Renzaho, Romios, et al., 2013; Sherman, 2007; Williamson, 2007).

Method

The aim of this study was to use the empirical findings from interviews with participants from the residential aged care sector to generate a model for supporting the needs of a multicultural workforce working with residents with dementia. An exploratory design was selected using semi-structured questionnaires to facilitate the collection of data from staff providing direct care to residents, managers and family members of a resident with dementia from six residential care facilities in metropolitan Perth, Western Australia.

The questionnaire for managers focused primarily on the quality of care provided by staff; workforce relationships; and how the learning and psychosocial needs of the workforce are addressed. The questionnaire for family representatives explored their perception of the quality of care provided by staff and interactions between CaLD staff, their family member with dementia and themselves.