Corporate partnerships • Translating evidence • Research partnerships
Toward Building a Multicultural Workforce in Residential Dementia Care

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Funding from the Dementia Collaborative Research Centre – Consumers & Carers
Study aims

• Describe the experiences of CaLD* staff who provide care to people with dementia and their families

• Explore organisational issues associated with the employment of CaLD care staff

• Identify principles for culturally aware and sensitive organisational policies

• Develop guidelines for practice to improve outcomes for the multicultural workforce

* CaLD = culturally and linguistically diverse
Study design: qualitative descriptive

Recruitment  July- October 2012

- 6 dementia-inclusive residential aged care facilities in Perth
- CaLD, non-CaLD direct care staff, management, family representatives

Data collection

- Semi-structured interviews with participants
- Focus groups with residential aged care sector to test key themes from interviews (December 2012)
## Study participants

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>CaLD staff</td>
<td>35</td>
</tr>
<tr>
<td>Non-CaLD staff</td>
<td>11</td>
</tr>
<tr>
<td>Organisation representatives</td>
<td>7</td>
</tr>
<tr>
<td>Family representatives</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>
## CaLD participants by birth place

<table>
<thead>
<tr>
<th>Region</th>
<th>Count</th>
<th>Region</th>
<th>Count</th>
<th>Region</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>12</td>
<td>S. E. Asia/Asia</td>
<td>14</td>
<td>Western Pacific</td>
<td>7</td>
</tr>
<tr>
<td>Burundi</td>
<td>1</td>
<td>China</td>
<td>1</td>
<td>Japan</td>
<td>1</td>
</tr>
<tr>
<td>Kenya</td>
<td>3</td>
<td>India</td>
<td>6</td>
<td>N Z (Tongan)</td>
<td>1</td>
</tr>
<tr>
<td>Liberia</td>
<td>1</td>
<td>Indonesia</td>
<td>2</td>
<td>Philippines</td>
<td>5</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1</td>
<td>Vietnam</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>1</td>
<td>Malaysia</td>
<td>3</td>
<td>S. Europe</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>1</td>
<td>Mediterranean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2</td>
<td>Libya</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Cald demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Rate/range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>7 male: 28 female</td>
</tr>
<tr>
<td>Age</td>
<td>34% younger than 30 years</td>
</tr>
<tr>
<td>Years in Australia</td>
<td>0.3 – 39 years (median 5.0 years, SD 8.3)</td>
</tr>
<tr>
<td>Education (COB)</td>
<td>65% degree or diploma</td>
</tr>
<tr>
<td>Qualifications recognised</td>
<td>25% partial or full</td>
</tr>
</tbody>
</table>
Reasons for migration

• Lifestyle (21)
  – Employment (self/spouse), better options for children, family reasons

• Study (7)
  – Majority nursing

• Political (6)
  – Refugee, post-war migration
Prior understanding of dementia

- Part of ageing process (8)
- No knowledge or experience (7)
- Disease affecting the brain (prior health training) (7)
- Memory loss or other symptom (5)
- Mental illness (3)
- Past experience (2)
- Metaphysical (bewitched) (2)

- Care arrangements in COB - at home, by family (24)
CaLD relationships with residents

- Positive and beneficial relationships
  “they usually tell me that I’m gentle and when I do their hair they say, “You need to become a hairdresser because you are very good at touching or dealing with people’ ”

“We have a resident ... she's Asian lady ... some Australian carer attend to her she won't listen to them and she won't do it for them. … and every time when I start to greeting in her language she is like, ‘Oh, that's awesome, you can speak my language’ ”
CaLD relationships with residents

- Colour prejudice, historical racism
  
  “...one of the residents I worked with before ... she doesn’t really like people with brown skin”

- Coping strategies
  
  “I've learned so many things ... I also need to be resilient, I also need to be very docile, I also need to be very calm when I'm responding to anyone”
Management on discrimination from residents

• “... that’s another thing that we talk a lot about in interview with the staff, how we deal with it”

• “We’ve certainly got instances where we can't have...for instance a black male carer care for somebody, so we make sure that they don’t deal with that particular person”

• “I think that I could be quite confident in saying that our managers are very aware of that potential, and would be supportive of their staff”
Workforce relationships - stereotyping

“Yeah people think it's one country and we speak one language called African. ... because they've had a terrible encounter with an African person doesn’t mean that the next African is going to be as horrible”

“...sometimes it’s like other people they don’t have confidence in you thinking you know, even whether you experienced or what, I sometimes feel it’s about the colour, ‘Oh well, no no no you can’t’ or ‘Oh she doesn’t know’ or ‘I’ll do it’ ”
Management on workforce relationships

• Cliques

“they want to work together which is understandable but you can’t have three new people from Africa working together on one shift in one area, it is impossible”

• Status

“I guess, age and race comes into it. I think the younger workforce are possibly more accepting of cultural need, but some of my staff are older and coming towards retiring age and some of them are quite set in their ways”
Workforce relationships - communication

“I think if our colleagues can understand our problem, language problem, they can speak slowly, they can speak clearly and they can give us time to understand.”

“Australian accent is very fast. Like before they tell me chocs. I say ‘What is chocs?’ Chocolate.

“... it tends to be a bit of an issue when I can't get through to people ... It's supposed to be needs based care, but wherever you are that never happens, there's always a time factor” (non-CaLD participant)
Management on communication

• Policy
  “... when you are within the facility and it’s during your working hours you have to speak English, you are not to speak your own language”

• Organisational benefit from multilingual staff
  “….I think it was to go into the welcome handbook actually, if we've got staff that speak different languages the corporate office wanted to know”
CaLD – identified needs

• Aged care culture/local customs
  “Well as a migrant, we come here, we have to learn the local culture. That is most important. We have to get used to that, then only we can take care of the dementia people”

• Cultural awareness for all staff – we are all part of the multicultural workforce
  “I’m an Adventist so we don’t eat pork, and … on Sundays the residents eat … bacon and egg, at one time I was supposed to be doing the breakfast and I just couldn’t touch the pork and that was a problem”
CaLD-identified needs

• Language proficiency

  “But one thing I still looking for is the language training”

• Mentoring

  “…we do two buddy shifts ….but that's not enough”
Toward culturally connected policy

“the vision and the mission of the organisation is very strong ... and its about being inclusive and respectful of people regardless of their background, so their beliefs and their ethnicity and all of those sorts of things so I suppose there’s a policy but as you say it’s not written”
Toward culturally connected work practices

- Strengthen policies on non-discrimination and cultural inclusivity and translate to practice
- Build cultural competence through education
- Recognise and translate the nuances of local cultural: language, colloquialism, practices
- Embed policies and practices in orientation, education, performance review
Thank you

Thanks to the 58 participants and the residential care facilities engaged in this project.

- Reference