Module 2

Understanding linguistic, cultural and faith-based diversity in relation to *challenging behaviours* or *unmet needs*

Key questions

- How does the linguistic, cultural and faith-based profile of participants in aged care (those being cared for, care workers, nurses and families) come into play in their safety and care?
- How does this matter for safety and care when there are challenging behaviours or unmet needs?

Objectives

In this module, participants will consider:

- the label CALD (culturally and linguistically diverse) and the linguistic, cultural and faith-based diversity in their own environment
- how they and others are at home in their own language, culture and faith
- how linguistic, cultural and faith-based diversity influences perceptions of relationships, communication and practices
- the risks and opportunities that diversity brings in providing for safety and care

They will also develop:

- strategies for intercultural interaction and communication in providing for safety and care.

Outline

1. Re-considering the CALD label
2. Considering the influence of diversity on perceptions
3. Understanding risks and opportunities in diversity
4. Strategies for doing safety and care in diversity.

Segment 1

Re-considering the CALD label (culturally and linguistically diverse)

Small group or individual activity

Think about a recent experience when you had to interact with a person/s from another language, culture and faith – at work or in your social life.

Write down some notes about the experience.

- Did you understand them?
- How did they understand you?
- What did you notice was different / the same in your interaction?
- What did you do to try to share understanding? What did they do?
- How did you react, respond, feel? How did they?
- How did you explain the experience to yourself?

Small group activity

Share your strategies for trying to understand people of different cultures, languages and faiths.

Compile a list of the reactions, responses, feelings of the group, and the explanations you gave to the experience.

‘We have a gentleman here at the moment, an Indian man, and he is of the Sikh religion. Now, I don’t know anything about that. In his culture, the elderly stay at home and the family looks after them. I know there is a lot of resentment there, towards his daughter who can’t look after him at home. He has to be in here. But in his mind, because he is of that age and background, he believes that she should be looking after him and she is not. So that then causes problems for us because he does not want to be here, so he won’t always communicate as effectively as he can. He can, but he just doesn’t want to because he doesn’t want to be here …

‘They have rituals and we don’t know what those rituals are and the last thing you want to do is offend anyone at that time, but it’s very hard … you don’t know what those rituals are and you can’t find out what those rituals are.’

(Enrolled nurse)

Pairs or small group activity

Consider the account of the Sikh gentleman given by a nurse in the previous slide and in pairs discuss:

- What do you notice about how the nurse describes the gentleman?
- What observations does she make about his culture? How does she interpret his culture? Do you both/all agree?
- How does she see the consequences for the gentleman?
- What observations does she make about the rituals? Do you both/all agree?

Video 2.1 Consider the perspectives of five care workers and a registered nurse in understanding the linguistic, cultural and faith-based profile of participants in aged care in the following video.

Small group activity

In groups of four, ask one another:

- Have you encountered the phrase ‘culturally and linguistically diverse’ – the label ‘CALD’? Where? When? How do you understand this term?

We tend to take labels for granted.

- Pause for a minute to consider what CALD means. To whom does the label refer? Have you noted any problems with the label?

Reconsidering the CALD label

It identifies a particular group of people, when in reality all participants (those being cared for, carers, nurses, family) are *'*at home' in their own language and culture. All people see their way of behaving, their own world view as normal.

It is imposed by the dominant group in a way that positions non-dominant groups as different.

It is normative – it suggests that the dominant group's behaviour is considered 'normal' and that the non-dominant group will behave *in contrast to* the dominant group. It defines the non-dominant group as a problem or as different.

It is attributed to persons rather than contexts or situations.

CALD is a convenient label and it is used a lot in policies and guidelines BUT …

It can hinder understanding in providing for safety and care if communication is not recognised as:

- *intercultural* – i.e. that understanding requires bridging one's own language and culture in relation to the languages and cultures of others
- *everyone's responsibility* – because being 'at home' in one's own language and culture is a characteristic of all of us.

Bringing it together

What key ideas have emerged about linguistic, cultural and faith-based diversity, and the way they come into play in providing safety and care?

Have you experienced linguistic, cultural and faith-based diversity in your work context? How do you understand this diversity?

Segment 2

Considering the influence of diversity on perceptions

‘Cultural factors determine the ways in which workers interpret information, the meanings they attribute to messages and the conditions under which information will be noticed, interpreted and given importance.’

(Trajkovski & Loosemore, 2006)

The effect of culture and language

- How people perceive and understand information and each other or in fact misunderstand information and each other
- How people perceive and understand the world around them and what it is that's going on – and what they see as the 'normal' way of doing things
- People's beliefs

The quotation goes a bit too far, suggesting that culture '*determines*' how people interpret information. It does not 'determine' as such, but it certainly influences how people understand what's going on.

Small group or individual activity

Some aspects of culture are directly visible (food, dress) but a lot are not (how people see the world, their values, attitudes, beliefs). Bearing in mind there are both visible and invisible aspects of culture, consider a person that you care for.

Make some notes to build a linguistic, cultural and faith-based profile of the person.

(contd over)

(contd)

Look at your notes.

- What details have you included?
- What aspects have you not yet captured?
- How might you find out more about the person's linguistic, cultural and faith-based profile?
- How will you use the profile that you have created?

‘I would probably say it’s a cultural thing, you know, and they’ve all got different religious backgrounds and rules and regulations that aren’t the same as ours … well, even the basic showering, they do it a lot different than we would, you know, totally different … we do them normal, you know, what is normal, you know what I mean, the washing and that, you know, they do it totally different, but that’s what they know.’

(Care worker, Australian background, reflecting on differences in cultural practices)

Small group activity

In small groups, ask each other to comment on the reflection of the Australian care worker in the previous slide.

- How does she understand cultural differences?
- How does she understand what is ‘normal’?
- How does this compare with your understanding?

‘The kind of caring that comes from my background … thinking about my culture, we’re very respectful, Right? … So it was a challenge for me when I came to Australia. It was a challenge for me to maintain eye contact with older people, because it’s considered rude in my country. So, now, talking to you, I’m looking you straight in the eye. I can’t do that in my home country. So the thing I had to understand when I came to Australia is if you don’t maintain eye contact, they think you’re lying. So that’s changed my perspective about things. So working with older people, calling them by name, it’s so rude. So it took me a while to fit in here because we don’t do it. We don’t.’

(Care worker, reflecting on his African background)

Small group activity (contd)

Now discuss the perspective of the second care worker.

- How does he explain differences in cultural practices (e.g. looking at someone in the eye)?
- Why did he change his behaviour?
- Reflect on the process of change from his point of view … how easy/difficult is it to make these changes? What is actually involved in making these changes?

(contd over)

(contd)

The focus of the discussion so far has been on different perceptions of *regular cultural practices*.

Now consider the impact on *relationships*. How do you think the differences influence relationships among those being cared for and carers, carers and carers, carers and nurses?

Video 2.2 Consider the perspectives of a carer, a relative and a trainer on the influence of linguistic, cultural and faith-based diversity on how we understand one another in the following video.

How does this matter for the safety and care of one another?

Bringing it together

Language/s, culture/s and faith/s are not just about artefacts, rituals and practices. They are *frameworks* through which people *interpret, create, and exchange meanings* and create the world in which they live.

These frameworks affect how people act, interact, react, respond in receiving or providing for safety and care. It is a part of *interpreting and understanding* 'where they are coming from', in other words, the way they are 'at home' in their language and culture.

But remember, ‘we’ are all ‘at home’ in our own language and culture in the same way, so we need to understand our *own* actions, interactions, reactions and responses are ‘normal’.

When a person takes the norms from their first language and culture (English into another language or another language into English), misunderstandings can result. These misunderstandings can lead to negative perceptions of the speaker and this may be interpreted as rudeness or being inappropriate and cause stress, tension and a sense of mistrust for all parties involved.

There is a need to change our mindsets about how we interpret people and their interactions, reactions, responses.

Communicating safety and care is not an individual matter that relates to a particular characteristic of an individual. Instead, it relates to *all* participants who are involved.

Segment 3

Understanding risks and opportunities in diversity

‘I’ve been here nearly six years now. I think I really like working here. We have a lot of cultures involved, and we do respect each other’s feelings. Everyone brings, everyone’s welcome to bring their new ideas in. Everyone has their new thoughts to develop new strategies, and people give them and they’re welcome and we try them, and they’ve worked as well. So I think that is what makes it interesting as well.

‘Like, for example, some residents, they don’t speak English, and they also have dementia, that’s the difficulty as well. We have one resident who does not really speak one word of English. We tried to arrange a volunteer from his nation, but when that person came in, when the resident spoke, it didn’t make any sense.

(contd over)

(contd)

‘So this is the difficult part, we feel. This is like when we feel: ‘How are we going to provide the care?’ How are we going to understand when he’s in pain? There’s more pressure we’re going through, but we don’t get any verbal response, which is very important to know the feelings of the resident as well.’

(Registered Nurse, Indian background)

Small group or individual activity

Consider the perspective of the registered nurse of Indian background on working in diversity in aged care. In two columns, list:

1. What she sees as the difficulties or risks
2. What she sees as possibilities.

From your own experience, add your own thoughts on difficulties/risks that arise because of complex diversity *and* the possibilities that diversity brings. Bring together the two lists that others have made. What do you notice?

Returning to the perspective of the registered nurse of Indian background, whose perspective/s did she take into account?

Bringing it together

Understanding risks and opportunities

In all *interactions* in providing safety and care, in both acting (talking, handing over, documenting etc.) and managing (supervising, training), there are risks and opportunities for all:

- those who are being cared for and care workers – and families
- care workers and co-care workers
- care workers and supervisors
- care workers and trainers.

Safety and care depend on shared perceptions of health, safety, care and a willingness to share, through communication, how people *reciprocally interpret* actions, interactions, reactions, responses in accomplishing diverse tasks.

Segment 4

Strategies for doing safety and care in diversity

‘You also have to get to know their culture, simple things. Like if they don’t like to shake hands; in some cultures, the gender equality is an issue, still evident. So women tend to be looked down on for certain male residents. Sometimes we’ve had to change the therapist, so if they prefer a male therapist, we change. Again, the other way round, if they prefer, a female prefers a female physiotherapist, we also try to meet their needs if it’s possible. So really in tune with who they are.

‘Dementia – they do have the long-term memory stored, so they remember, and that’s what we actually go on.’

(Trainer, European background)

Small group or individual activity

Consider the trainer's perspective:

- What strategies does she suggest?
- Have you tried any of these strategies?
- Add some more strategies that you have tried or that you would like to try out.

‘In our country we respect our parents and older people and when they come to our home it is respectful to offer tea, coffee. There is a different culture here. You know the plumber, the electrician, they come to your home here in Australia, but that’s my culture. You ask, ‘would you like a cup of tea?’ … because I just think about how he’s come here, maybe he’s thirsty. But no, they say, ‘No, I’m fine thank you, it’s nice of you to ask’. And I say, ‘That’s our culture’. To make sure everyone is comfortable in our home. Hospitality. So we respect them and I just learn these things, culture from my parents. My parents told me when I was a child. We just learn, how to respect elders, and we do those things.

‘Same thing I did in that nursing home, and maybe that’s why I got that job, because I was lovely to them, the residents, and very friendly with them. With new ones, I just go and hold her hands, talk with her a little bit.’

(Care worker, Indian background)

Now consider the care worker's perspective in the previous slide.

- How does she explain her culture? How does she understand 'respect'?
- How is 'respect' gained in your culture?

The strategies all have in common an effort to bridge linguistic, cultural and faith-based differences. It can be called an *intercultural* approach to safety and care.

(contd over)

(contd)

Discuss and note down how you think this intercultural approach to safety and care actually works in practice.

- Who should be involved in an intercultural approach to safety and care?
- How do we best achieve it in the workplace?

Bringing it together

In developing strategies for an *intercultural* approach to safety and care, it is important to note and understand that:

- safety and care are a *reciprocal accomplishment.* It's not just about others; it's about all of us and our respective world views
- the practices, the *doing*, come from the linguistic, cultural and faith framework that people have developed and use to interpret what it is that is going on
- using the language resources available in the workplace will be valuable. Care workers, families, nurses, volunteers, chaplains can act as cultural mediators.

(contd over)

(contd)

Strategies for doing safety and care include:

- recognising that there are different cultural expectations, norms, assumptions, values, attitudes and beliefs, and demonstrating a willingness to learn about and come to understand them
- maintaining attentiveness to language, culture, faith is an ongoing practice
- recognising the local methods that work ‘on the ground’
- reflection – on how we understand each other, how we are understood by others, how we react/respond in interaction – is a crucial process.

A concluding reflection

‘Australia is a multicultural country where people from different backgrounds could get to work together and obviously speak with different accents/languages but the most important thing is to build the ability to listen to each other. People should not just conclude that I don’t understand or I will not understand what he/she has to say. I have heard people saying, "I don’t understand her accent/language"; some people saying, "Did you understand what he said?"

‘… I believe that if people listen more, they will understand. Because most people have already made up their minds that they will not understand, usually lost them in the middle of the conversation. When people listen more and take time to understand one another there would be safety for all.’

(Care worker, African background)

Consider the thoughts of the African carer – in the highly complex, intense pressured environment, he advises a crucial skill to be developed in an intercultural approach to safety and care.

Reflect on your own daily experience. How do you respond to his reflection?

What next?

What will you try out on your next shift?