Work and life in residential aged care

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A thesis submitted for the degree of

Doctor of Philosophy

at Monash University in 2015

Faculty of Education

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This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person except, where due reference is made in the text of the thesis.

Signature: █████████████████

Date: 29 August 2015

Acknowledgements

I would like to take this opportunity to express sincere gratitude to everyone who has provided me with invaluable support while I have undertaken this research.

Initially, I would like to thank my main supervisor, Dr Jill Brown and my associate supervisor, Dr Anita Devos. Jill and Anita have both inspired me by providing positive guidance, encouragement, and feedback.

I am grateful to the Personal Care Workers, residents, and managers of the six residential aged care facilities who participated in my research and displayed genuine interest in my topic by sharing their insights with me. The support that I received from the management of these facilities encouraged and motivated me to provide the participants with opportunities to tell their stories.

Finally, I would like to thank my husband, Jim Thorne. Jim's genuine interest in my research has encouraged me during this lengthy and challenging journey.

This thesis is dedicated to my parents, Ralph and Alice White, who have both died since I commenced this research.

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Glossary of Terms

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Service
ACAT	Aged Care Assessment Team
ACFI	Aged Care Funding Instrument
ADL	Activities of Daily Living
AQTF	Australian Quality Training Framework
ASQA	Australian Skills Quality Authority
CALD	Culturally and Linguistically Diverse
CHSP	Commonwealth Home Support Program
CNA	Certified Nursing Assistant
CS&HISC	Community Services and Health Industry Skills Council
ECCV	Ethnic Communities' Council of Victoria
ESB	English Speaking Background
HACC	Home and Community Care
LLN	Language, Literacy and Numeracy
LPN	Licensed Practical Nurse
LTC	Long Term Care
MUHREC	Monash University Human Research Ethics Committee
NA	Nursing Assistant
NESB	Non-English Speaking Background
NSPAC	National Seniors Productive Ageing Centre
OET	Occupational English Test
PCW	Personal Care Worker

RACF   Residential Aged Care Facility

RN   Registered Nurse

RTO   Registered Training Organisation

SACS   Social and Community Services

SRS   Supported Residential Service

TAFE   Technical and Further Education

VET   Vocational Education and Training

Abstract

As Australia's population is ageing, there are immediate and future demands in providing care for the increasingly diverse requirements of elderly people. Caring for elderly people in residential aged care facilities (RACFs) is emotionally and physically demanding work and requires good skills. In order to meet these requirements, there will be an ongoing demand for knowledgeable and skilled Personal Care Workers (PCWs) from various backgrounds to work in RACFs to provide individual, comprehensive, and appropriate care to residents. PCWs provide the majority of personal care to residents and outnumber Registered Nurses (RNs) and Enrolled Nurses (ENs) in these facilities.

This thesis explores the experiences of PCWs and residents in RACFs from diverse backgrounds. The aim of this research is to better understand how workers and residents manage their relationships in their workplace/home, so as to provide a platform for the further development of aged care education and training into the future.

The research design is a multi-sited case study. It draws on narrative inquiry as methodology and is theoretically framed by the concept of communities of practice. Individual interviews were utilised to collect stories and then analysed to reveal motivations, backgrounds, beliefs, experiences, perceptions, and expectations of PCWs, residents and managers, which were then categorised into five major themes. I consider how these shape their relationships and interactions with each other while they are negotiating the challenges and cultural differences that arise in their complex living and working environments.

This thesis is significant because of the paucity of research that investigates aged care, from the perspective of those who live and work in it. The research places in the foreground critical issues in the delivery of care to residents in increasingly culturally diverse settings. The object of its findings is to provide a platform for further discussion about the direction and priorities of aged care education, and in particular, the importance of providing ongoing professional development for PCWs that equips them for working and interacting with each other and their residents.

Chapter 1

Introduction

One person caring about another represents life's greatest value.
Jim Rohn

This study investigates perspectives of work and life of Personal Care Workers (PCWs) and residents in the context of residential aged care. PCWs provide personal care to elderly residents who are no longer able to live independently without daily assistance. The aim of the study is to build understanding for future education and research in residential aged care, by giving expression to the experiences of workers and residents who co-exist in these environments. Individual interviews were conducted with PCWs, residents, and managers in six residential aged care facilities (RACFs) located in the outer suburbs of the City of Melbourne in Australia.

The Ageing Population

There is limited qualitative research in the field of residential aged care in Australia, and the country is facing challenges due to its ageing population so this study relating to the perceptions of PCWs and residents who work and live in the same residential aged care environments is both timely and important. As the population ages and there is an increase in high-level care among elderly people, the need for adequate residential aged care will continue to increase in significance in the future. The Australian Bureau of Statistics (2014b) reported the proportion of the population aged sixty-five years and older is expected to increase rapidly during the next ten years as a result of the post-World War II 'baby boom'. Additionally, as

people are living longer and mortality rates are lower, The Australian Government (2013, p. 6) predicted in "An Ageing Australia: Preparing for the Future" that "the number of people aged 75 years and over is projected to increase by about 4 million between 2012 and 2060". This increase will have a huge impact on the number of older people requiring residential aged care or community based assistance in their private homes in the future. Currently there is a high turnover of staff in the residential aged care sector and the average age of the workforce is also higher than most other Australian professions with many current staff approaching retirement age. Therefore, in order to meet the growing demand, the aged care workforce will require more PCWs to provide appropriate personal care and support to cater for the culturally diverse needs of older people.

My Journey in Residential Aged Care

My interest relating to work and life in residential aged care has developed as a result of nursing, teaching, research, and personal experiences in residential aged care for many years. These experiences have fuelled my desire to contribute to further knowledge to the field. I was employed as a nurse in residential aged care until I commenced teaching students in aged care and home and community care programs in the classroom and workplace. When undertaking a Master of Education a few years ago, I researched the relationships between the classroom and workplace of student PCWs before and after their field placements. On completing this degree, my interest in undertaking further research was maintained as I perceived a need to investigate and contribute to new knowledge relating to workplace communication and interaction between PCWs and residents in culturally diverse working and living

environments, thereby assisting workplace educators and other staff in responding to the needs of both groups.

From a personal perspective, both of my parents were in a RACF for several years and have both died since I commenced this research. All of this experience, in addition to my respect and enthusiasm for the field, increased my desire to consider this research as a good opportunity to provide PCWs and residents with a voice while exploring and increasing my understanding of their perceptions, motivations, and experiences. Despite working and living environments that are physically and emotionally challenging on a daily basis, it became evident that PCWs and residents who agreed to be interviewed enjoyed having opportunities to discuss their experiences. Due to the complexity of working and living in RACFs, I am committed to contributing to new knowledge about this demanding environment by sharing an understanding of the lived experiences of participants through their stories.

From my experience as a worker and a researcher in this field, many PCWs are dedicated workers who are passionate about caring for the emotional and physical needs of older people. PCWs regard their relationships as meaningful and satisfying for them as individuals and for their residents. Such positive relationships between PCWs and residents are considered "the central determinant of both quality of care and quality of life" (Bowers, Esmond & Jacobson, 2000, p. 1). Feeling valued in their relationships with residents empowers PCWs to remain motivated and enthusiastic about their caring role, thus contributing positively to their self-esteem and to their workplaces. In general, residents who spend their final years residing in RACFs also appreciate the care, help, and friendship they receive from PCWs and

often consider them as extended family members particularly when those relationships extend over the long-term.

Focus of this Study

During this study, it has been my desire to offer PCWs and residents in increasingly culturally diverse settings with the opportunity to feel more empowered by providing them with a voice. To meet the diverse demands of Australia's ageing population in the future, it is important that individual stories of PCWs and residents concerning their motivations, backgrounds, beliefs, experiences, perceptions, and expectations are heard.

My desire for residential aged care in the future is that more people will be attracted to working as PCWs and feel encouraged to remain in the field because they continually derive personal satisfaction from their work and know that they are contributing to the wellbeing of residents' lives. To achieve this, it is necessary that educational organisations, supervisors, and management of RACFs continually advocate for PCWs to receive ongoing and relevant training and professional development to equip them in their interactions with each other, residents, other staff, and relatives.

The Research Context

The Australian Government is responsible for accrediting, regulating, and subsidising RACFs that provide accommodation for older people requiring ongoing care. There are three echelons of staff working in RACFs and these are Registered Nurses (RNs), Enrolled Nurses (ENs) and PCWs. In residential aged care, there are fewer RNs and ENs employed than PCWs. However, these nurses are qualified to

undertake more involved tasks than PCWs and this is discussed in detail in the following chapter.

Residential aged care is becoming an increasingly culturally diverse environment. As more elderly people with a number of health issues enter long-term care in the future, and adapt to relocation and being dependent on others for their daily care, PCWs will be continually presented with challenging situations.

During recent years, the roles of PCWs have increased substantially and they currently provide most of the personal care to residents in many RACFs. Therefore, maintaining the workplace satisfaction of PCWs is significant in providing appropriate care to residents and respecting their dignity, which will in turn contribute to positive learning outcomes and working and living environments.

Personal care workers.

It is suggested by Billet and Somerville (2004) in "Transformations at Work: Identity and Learning" that few aged care workers consider a vocation for work in aged care before commencing in the field but rather, decide to undertake this work for various practical reasons. Nevertheless, during involvement in their work, many PCWs become more passionate and dedicated and ultimately more aware of their 'sense of self' and 'identity'. The suggestions of Billett and Somerville reflect my own teaching and workplace experiences in that many students of all age groups consider aged care training a relatively short course resulting in good employment opportunities and flexible working hours while not considering it as long-term work. However, many PCWs have valuable knowledge and skills acquired from previous life experiences, which assist significantly in their work in residential aged care.

Once students complete the theoretical and practical course requirements of Certificate III in Aged Care, and commence working as qualified PCWs, many realise that there are more emotional benefits and satisfaction to working in aged care than they originally anticipated. In particular, this incorporates the value placed on relationships they establish with residents. PCWs require good communication skills to establish and maintain effective relationships, therefore contributing to preserving the capability and dignity of residents (Bowers, Esmond & Jacobson, 2000). PCWs who enjoy their work, and care about the quality of emotional and physical assistance they provide in RACFs, consider themselves fortunate in having opportunities to contribute to improved quality of life for residents, thus enhancing their own feelings of self-worth at the same time.

Residents.

Residents in RACFs rarely have the opportunity to leave even if they are disgruntled with their living environments. Mok and Mui (2008) suggest:

> [t]he best that can be done is to help them to get their "voice" heard and to have a say in the existing services provided for them.... Empowerment is not something to be given to others, but it is something to be discovered in people. (p. 22)

In discussing a process of more meaningful resident participation in aged care homes, Katan (1991, p. 174) argues that "it can be assumed that residents possessing attributes such as assertiveness, internal locus of control and achievement orientation will display a higher level of motivation and readiness to take part in participatory bodies than residents lacking these attributes". However, Katan also mentions that it is generally considered that a significant factor relating to the low proportion of

resident participation in activities in aged care homes is due to the declining physical and mental health of many residents; others want a relaxed environment that caters for their care requirements. Many of the residents that I interviewed seemed resigned to their living environments and appreciated the daily help they received. It was evident though that they all appreciated having a voice in the privacy of their rooms concerning their perceptions and experiences relating to currently residing in residential aged care and their lives beforehand.

Learning and Work for Personal Care Workers

Despite PCWs requiring a compulsory qualification, in aged care, to work in the field, it is an environment where learning continues to take place as they interact with each other and assist their residents. In regard to learning in the workplace, Billett (2001) argues:

> Learning and work are interdependent. Work practices provide and structure activities and guidance in ways that influence the learning of knowledge required for performance at work…. The types of activities individuals normally engage in and the guidance they access are central to learning the knowledge required for work…. The knowledge constructed in workplaces is likely to be different to that constructed in the classroom, rather than being inherently inferior. (p. 39)

In a residential aged care context this type of learning is ongoing and beneficial, particularly if there is good supervision, correct and safe workplace procedures are practised, and all workers appreciate the importance of effective teamwork. In turn, this supports the wellbeing of residents. Furthermore, PCWs differ significantly in their personalities, backgrounds, and skills levels and also

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require relevant training programs and professional development to provide encouragement and promote a culture of continual learning.

The work that PCWs undertake in their workplaces, and their expectations of ongoing learning, are essential in providing and maintaining high-level personal care in an accommodating manner to residents while also establishing and maintaining positive relationships with other PCWs, residents, other staff, and with family members.

Theoretical and Methodological Frameworks

The theoretical framework supporting this qualitative research project relates to Communities of Practice that are "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (Wenger, 2006, p. 1).

From my experience, I have not been involved with RACFs that have been referred to as Communities of Practice by staff or management but there are groups of people in these environments who are regularly involved in communal learning. Communities of Practice offers a useful lens for increased understanding of the perceptions and experiences of PCWs and residents who interact with each other and share working and living contexts.

Although many PCWs, residents, nurses, and supervisory staff may participate in their various informal groups in their particular RACFs, I recognise that encouraging the development of structured Communities of Practice that meet regularly could provide benefits in sharing of knowledge and experience,

implementing changes,and fostering stronger connections and trust among groups of participants in RACFs, through improving communication.

Multiple case study is the research design and narrative inquiry is the methodology. Individual in-depth interviews were used to collect the participants' stories. Other data sources include field observation and notes and opportune meetings with other staff.

Narrative inquiry and multiple case study were selected as the qualitative research methods for this study.

I chose narrative inquiry for this research as a result of my teaching role in the classroom and workplace with PCWs, previous work as a nurse working in aged care, and from personal experiences relating to my parents who lived in a RACF for several years. In the field of residential aged care, stories are regularly shared among staff and residents. Due to the intimacy of personal care work and long-term relationships that are often established between PCWs and residents, storytelling between them has emotional and social benefits for both and assists in creating a sense of community within a RACF.

As a result of this, my teaching, working, and personal experiences in aged care inspired my interest to research the perceptions, motivations, and experiences of PCWs, residents, and managers through their individual stories, thereby providing an avenue to contributing to additional knowledge in residential aged care. Connelly and Clandinin (1990, p. 8) propose "[s]tories function as arguments in which we learn something essentially human by understanding an actual life or community as lived".

RACFs are busy communities in which PCWs, residents, and managers are regularly involved in their individual lived experiences as they live their lives in their particular roles and try to make sense of them.

As human experiences vary considerably among individuals, and their lives are made up of stories, narrative inquiry is a useful approach for asking questions to acquire a better understanding of lived experiences. In turn, this provides opportunities to develop meanings in order to make sense of peoples' past and present experiences. Consequently, storytelling is an important form of communication in endeavouring to understand the experiences of others and Connelly and Clandinin (2006) suggest:

> People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as phenomenon under study. (p. 477)

In view of the above, my role as a narrative inquirer is to 'adopt a particular view of experience' through meaningful interpretation and analysis of the narratives of PCWs and residents concerning their motivations, perceptions, and lived experiences in the context of residential aged care.

A multiple case study combining concepts applied by Stake (1995) and Yin (2003a, 2014) was selected for this research. I conducted forty-four individual interviews with multiple participants including both male and female PCWs,

residents, and managers across six sites. RACFs, all of which operate independently, are different in contexts, demographics, and observed situations and "the boundaries between phenomenon and context are not clearly evident" (2003a pp. 13-14). Yin's definition applies to the scope of my case study as the focus of this research was on investigating contemporary phenonomen in real-life working and living contexts.

In applying a multiple case study, three separate sets of research questions for PCWs, residents and managers were asked at each site and I utilised a common method of data collection and analysis.

As well as individual interviews, other sources of data have been included in the multiple case study for analysis. These are on-site observations, opportune encounters with other staff, and field notes. As a researcher, a multiple case study enabled me to select several cases to compare and analyse them simultaneously so as to establish some common themes and increase my understanding of contemporary phenomenon under examination.

Research questions.

In my desire to explore the complexities of living and working in residential aged care for PCWs and residents, the research questions below were devised to gain more insight into motivations and experiences of all participants through systematic analysis.

1. What are the motivations and experiences of Personal Care Workers in residential aged care facilities?
2. What are the experiences of residents in residential aged care facilities in their interactions with Personal Care Workers?

3. What are the motivations and experiences of Managers in residential aged care facilities?

4. How do the above experiences and understandings influence the care provided in residential aged care facilities?

Outline of Chapters

Chapter Two discusses my professional and personal experience in residential aged care, contains a description of the field of residential aged care and home and community care, refers to compulsory education and training and employment conditions for PCWs, considers the impact of immigration on the aged care sector, and discusses the demographics and cultural diversity among PCWs and residents and research locations.

Chapter Three describes the methodology used to investigate the perspectives of PCWs and residents concerning work and life in residential aged care. In this chapter, I discuss my motivations and reasons for this qualitative research project, the methodology involving narrative inquiry and case study research, research questions, theoretical framework, research design, interview process, data collection and analysis, strengths and limitations, and ethical considerations.

Chapter Four describes the challenges involved for residents who live in RACFs. These challenges involve emotional issues concerning their relocation and transition, interactions with PCWs, anxieties and frustrations they experience and personal losses relating to autonomy, possessions, and cognition.

Chapter Five, in researching the motivations and practice of PCWs, discusses their reasons for working in residential aged care, reciprocity and vulnerability in

relationships with residents, and their workplace expectations concerning residents and other workers.

Chapter Six discusses various divisions and difficulties that are perceived by PCWs and residents, the complexities and expectations involved when they are working and interacting with each other in busy, diverse, and demanding environments and their experiences and perceptions relating to ingroups and outgroups.

Chapter Seven describes the culturally different approaches and challenges involved in caring for the elderly, ethno-specific care versus mainstream care, and the intercultural interactions among PCWs and residents in their environments.

Chapter Eight discusses the issue of death and dying in RACFs, Ageing in Place and Dying in Place, emotional attachment of PCWs to their residents, death and dying in silence, and coping and closure for PCWs after the death of residents.

Chapter Nine describes the challenging roles of managers involved in managing their RACFs, their expectations of PCWs for potential employment, perceptions and expectations of PCWs dealing with culturally diverse behaviour of residents and other PCWs, availability of training and professional development programs, and provision of personal support.

Chapter Ten, which is the concluding chapter presents and discusses in detail the main findings of this research in relation to the research questions, implications of findings, limitations of the research, and recommendations for future work.

At the beginning of all chapters, I have included poems and short quotations, from many different sources, that convey experiences and emotions relevant to the content of each chapter.

I have chosen to include discussion of the relevant literature throughout this thesis, in particular through Chapters Four to Nine, in the context of my discussion of issues and themes arising from the data presented and relating to my research questions.

Chapter 2

The Residential Aged Care Setting for this Research

Bridging Gaps

The old learn from the young
The young learn from the older
Together the young and the old and in-between
Will be learning and enjoying life a whole lot better.
B A Munday

In this chapter, I discuss my acquired understanding and observation of residential aged care, describe the background of the field, education and training required for PCWs, consider the demographics and cultural diversity of PCWs and elderly residents, and describe the research locations.

Residential aged care is an environment where residents and staff live and work alongside each other. There are always opportunities to learn more about each other's lives and families, cultural preferences, and perceptions by sharing stories and experiences. Caring for older people involves being respectful and receptive to their emotional and physical needs while continually striving to develop and maintain constructive relationships with them. There are also challenges for older people with their various needs as they adapt to living in residential aged care and coming to terms with losing some of their independence. As the poem above suggests, learning continues irrespective of a person's chronological age and engaging in such opportunities assist in 'Bridging Gaps' across different generations to make life more enjoyable for PCWs and residents.

Personal and Professional Experience

My interest in the topic of work and life in residential aged care has developed as a result of nursing, teaching, research, and family experiences. For several years I nursed in various low-care and high-care residential aged care facilities and then progressed to coordinating and teaching programs in Aged Care and Home and Community Care, in the classroom and workplace, to prepare students for future work as PCWs.

While teaching and undertaking my Master of Education (2010) at the same time, my interest in how PCWs and residents interacted and worked with each other in busy living and working environments was stimulated further. During this time, my research topic focused on the relationship between the classroom and workplace in aged care education. Although I did not interview any residents for this topic, I interviewed students of all age groups from diverse cultures before and after their field placements. At this time I became even more aware of the large number of PCWs from diverse backgrounds, who were attracted to aged care, and the dynamics involved for them and the culturally diverse residents while endeavouring to establish constructive working relationships to achieve mutual goals and understanding with each other. Consequently, I considered that this increased awareness warranted further investigation as learning, workplace relationships, and associated cultural dynamics between PCWs and residents continue to evolve and change in the future.

From a family perspective, I have experienced my two grandmothers and elderly parents, all of Anglo-Celtic heritage, living in residential aged care. My elderly parents having lived in Australia all of their lives moved into a RACF in an

outer suburb of Melbourne in 2008. Personal and professional experience in the field of aged care has provided me with unique opportunities to develop skills and knowledge and the lens to view both sides of the residential aged care experience.

My parents were examples of English Speaking Background (ESB) Australians who lived in the same RACF for several years. This facility catered for elderly Australian and immigrant residents from culturally diverse backgrounds. Unlike my father, who had Alzheimer's Disease, my mother was cognitively aware of her surroundings and personal expectations until she passed away in 2013 at the age of ninety-four. My father passed away in 2014 at the same age. During the time my parents lived at their RACF, approximately two thirds of the PCWs were immigrants and the rest were ESB Australians of Anglo-Celtic or European descent.

The Changing Landscape of Residential Aged Care

Nowadays, many residential aged care facilities are referred to as multicultural workplaces because of their culturally diverse workers and residents. The following extract from the "Ageing and Cultural Diversity Strategy" Policy Proposal published by the Ethnic Communities' Council of Victoria (ECCV), highlights the need for more cultural awareness among caring for the aged:

> What we need is a stronger focus on diversity in ageing. A person's wellbeing, self-esteem and empowerment are closely linked to their positive feelings of belonging as culturally diverse people in Victoria. It is important for aged care services to provide genuine choices in relation to their cultural preferences. (2011, p. 3)

The expectations of cultural diversity and multiculturalism are to promote respect, recognition, and support of diverse cultures that include various social and

belief structures. In reality, this ideal is often not achieved among overburdened workers and frustrated residents in busy aged care workplaces. This situation is exacerbated as a consequence of the high levels of part-time and casual staff employed and the general issues of short-staffing. Hence, due to lack of time, stress and being so busy most of the day, more involved awareness relating to daily events, concerns, and unspoken cultural perspectives among staff and residents is often not attained. However, it is essential that differences among PCWs and residents in language, culture, ethnicity, beliefs, and religions are recognised to promote harmonious personal and professional relationships and provide appropriate care.

A Snapshot of Residential Aged Care and Home and Community Care in Australia

Residential aged care.

The Commonwealth Government is responsible for the planning, funding, and regulation of residential aged care facilities, which can only be owned and operated by individuals and organisations with its approval. This type of aged care is for older people who are no longer able to live independently and who have been assessed as eligible for entry by an Aged Care Assessment Service (ACAS). Aged care facilities cater for permanent care and respite needs of older people requiring ongoing aid depending on the level of personal assistance required for their daily tasks.

RACFs differ in size, number of beds provided, and provision and type of services available. Prior to the end of June 2014, residential aged care was referred to as low-care (formerly hostels) and high-care (formerly nursing homes). Since the 1st of July 2014, the distinction between low-care and high-care in permanent

residential aged care has been removed. This now means that any approvals for permanent residential aged care are no longer restricted to either care level.

RACFs all operate differently depending on the ranges of services provided. Types of services that may be offered by facilities include booked respite programs, secure dementia care, extra services (higher standard of accommodation, services and food at a higher fee), serviced apartments, independent living units, retirement living, supported living, Supported Residential Service (SRS), and Ageing in Place. When the Commonwealth Aged Care Act (1997) was implemented, one of the particular objectives was the Ageing in Place policy. This policy allowed many residents in low-care to be able to remain where they were even if their level of dependency had increased to high-care. Ageing in Place has been seen as beneficial for many older people who find it particularly stressful to change to another environment at a vulnerable and dependent time in their lives when they have become familiar with their current surroundings. Since the distinction between low-care and high-care has been removed, there are also no restrictions on the type of care provided to permanent residents concerning Ageing in Place. However, this does not apply to residents on respite in residential aged care as they are still assessed as low-care or high-care.

Access to respite care is based on suitability, precedence, and necessity. People who want to organise respite care for themselves or someone else need to contact an Aged Care Assessment Team (ACAT) in their area so that the needs of the particular person can be assessed. An assessment by an ACAT is totally subsidised by the Commonwealth Government and all states have their own network of health providers within all regions that supply this service. An ACAT helps older

people and their carers devise the most suitable stage of care to meet their needs when they cannot manage any longer at home on their own. Once this Aged Care Assessment has been approved, older people are entitled to nine weeks a year of respite within a financial year and can spend up to twenty-one days at a time if required. Respite not only provides relief for the person requiring care and their carers but is also an opportunity to ascertain whether or not a particular facility may be suitable for a future living arrangement.

Many high care facilities offer secure dementia care units for residents who need constant monitoring as their disease progresses and they are no longer to take care of themselves. Some facilities provide extra services for residents who desire a higher standard of accommodation, services, and food. Additional services for those people who are able to live more independently are provided by many facilities at an increased cost but with personal and domestic help provided when necessary. For people who are in poor health or disabled, who require assistance on a daily basis, an SRS provides accommodation and care for them. These are usually private businesses and are not eligible for government funding but must be registered with the State Government. This registration ensures that these people are regularly monitored to ensure that certain standards of resident care and accommodation are provided.

There are three echelons of care staff working in residential aged care facilities. In order to qualify as nurses in Victoria, Registered Nurses (RNs) must complete a Bachelor of Nursing at a university and Enrolled Nurses (ENs) must complete a Diploma in Nursing at a Technical and Further Education (TAFE) institute or Registered Training Organisation (RTO). It is necessary for PCWs to

complete Certificate III in Aged Care at a RTO in order to provide personal care to the elderly in residential aged care.

In recent years, PCWs have made up most of the aged care workforce in residential aged care facilities by providing bedside and personal care to elderly residents with complex physical and emotional needs. This care involves PCWs assisting residents with mobility, bathing and personal hygiene, dressing and undressing. Generally, aged care facilities have one RN assigned to each unit. These charge nurses, as they are referred to, handle medication administration, senior administrative duties, more involved and technical nursing care, and supervision of other staff. There are fewer ENs working in the field than PCWs but most RACFs employ several as they are qualified to undertake more complex tasks.

Other workers in aged care facilities are activity coordinators, occupational therapists, physiotherapists, cleaners, chefs, kitchen hands, hairdressers, podiatrists, and visiting medical practitioners. Many residential aged care facilities also have volunteers who spend time talking to residents. Volunteers engage in various other leisure activities with residents such as walking, card games, playing musical instruments, and listening to music. They provide comfort and company to residents who are lonely.

Most people do not envisage that they may ever have to live in a residential aged care facility one day in order to receive personal care to assist them with daily living activities to enable them to maintain some quality of life. It is very confronting for people in their twilight years to relinquish their independence, live in the same facility with other residents from diverse cultural backgrounds, and also to frequently develop and negotiate relationships with many culturally diverse carers. It

is even more difficult for elderly people who do not have any close relatives or friends to advocate on their behalf when confronted with difficulties. As ageing is an individual journey, all elderly people have their own cultural perceptions about it. This is acknowledged in the report from the National Seniors Productive Ageing Centre (NSPAC):

> Behind the well-worn phrase of 'an ageing Australia' lies a wealth of complexity. Just as ageing is a unique journey for all of us as individuals, so too is the ageing experience of people from immigrant backgrounds. So far, research into these differences has been fairly limited … CALD [Culturally and Linguistically Diverse] older adults differ in their social and economic well-being by country or region of origin and ancestry even after taking into account differences in demographic and other characteristics. This suggests that cultural factors and migration experiences may have some influence on their well-being and ageing experiences. (2011, p. 5)

There is no doubt that the provision of care by PCWs to elderly people from diverse cultures in residential aged care facilities is emotionally and physically demanding work. Nevertheless, my many years of experience in aged care as a nurse, administrator, and teacher and workplace coordinator suggest that, as many people age, their spiritual relationships and cultural and religious beliefs become more significant to them.

Residential aged care facilities are unique environments in that they not only provide workplaces for PCWs from diverse backgrounds but permanent homes for older people with diverse needs too. Thus, they are challenging environments for establishing, negotiating, and maintaining relationships among PCWs, other staff, and residents.

The Australian Government's Productivity Commission Inquiry Report, titled "Caring for Older Australians", discusses future demand for culturally and linguistically appropriate services for older people. As the ageing population increases, this report suggests that increasingly diverse aged care services will be required by the following groups of people:

> older people who want culturally and linguistically appropriate aged care services, including migrants from non-English speaking backgrounds
>
> Aboriginal and Torres Strait Islander people who also require culturally and linguistically appropriate aged care services in urban, rural and remote areas
>
> older people as a proportion of the population living in regional and rural areas. (2011, p. 37)

When elderly people are unable to remain in their own homes, transition into residential aged care facilities is less stressful if PCWs and other staff are culturally sensitive to individual needs and the services provided accommodate all relevant cultural and linguistic requirements. The dilemma of older people from non-English speaking backgrounds is referred to in the "Ageing and Cultural Diversity Strategy" Policy Proposal:

> Older people from a non-English speaking background choose to live at home longer than the Australian-born population. They tend to access aged care services when they reach a point of crisis. Research shows that they have a preference for ethno-specific aged care services. They have varying levels of English proficiency and yet there is limited appropriate multilingual aged and health care information, and not enough culturally appropriate aged care services available. (Ethnic Communities Council of Victoria, 2011, p. 7)

Also mentioned in the above Policy Proposal is:

> The incidence and prevalence of dementia is predicted to rise significantly amongst older people from culturally and linguistically diverse communities by 2050. Risk factors that affect the uptake of dementia support services are: lack of English, social isolation, insensitivity to peoples' cultural needs, and lack of transport. (p. 9)

My experience in aged care suggests that as the symptoms of some types of dementia increase in elderly people from non-English speaking backgrounds (NESB) it is not uncommon for their English language to deteriorate significantly and they subsequently revert to their first language. It is difficult enough for any elderly people from different cultural backgrounds to adapt to living in mainstream residential aged care. There is even more frustration and isolation for those residents with language loss due to dementia or strokes.

Home and community care.

The main focus of my research concerns residential aged care but it is relevant at this point to provide an overview of Home and Community Care (HACC) as many older people receive assistance in their homes before moving into residential care. HACC provides domestic and/or personal assistance to enable people to remain in their own homes as long as possible, thereby contributing to their comfort, safety, emotional well-being, and improved quality of life. In fact, some elderly people find when they move into aged care facilities in their local environments that they recognise PCWs who have provided HACC assistance to them previously, which can assist in their transition.

Care considered to meet the needs of older Australians is discussed in the Productivity Commission Inquiry Report referred to earlier:

> The care needs of older Australians vary from person to person and over time, as ageing is a unique experience. Care needs depend on people's functional capacities, physical and mental health, culture and language, and the environment within which they live. Accordingly, older Australians need access to a flexible range of care and support services that address their specific current needs and, to the extent possible, restore their independence and wellness. (2011, p. XXVII)

Many people who wish to work in residential aged care and/or HACC undertake a dual course in Certificate III in Aged Care and Certificate III in Home and Community Care. This provides them with greater employment opportunities and flexibility to work in aged care facilities, private homes and day centres as levels of required care in these areas vary.

The Commonwealth HACC Program (2012, p. 8) provides funding for services to "support frail older people and their carers, who live in the community and whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long term residential care". From the 1st of July 2015, the Commonwealth HACC program was amalgamated into the Commonwealth Home Support Program (CHSP).

Services provided by the CHSP may include domestic assistance, personal and/or nursing care, and home modification or maintenance. The aim of the CHSP is to provide support to older people to retain their independence and continue living longer in their own homes and communities before relocation to permanent residential aged care may need to be considered.

In Australia, after the return of servicemen at the end of the Second World War, and due to various waves of migration, there was an increase in births between 1946 and 1962. This generation of people is referred to as the 'Baby Boomers'. As people in Australia are living longer, and the 'Baby Boomers' are ageing, it is inevitable that demand for high quality and culturally appropriate aged care services will continue to increase, which will result in greater demand for PCWs in HACC and residential care.

Those PCWs who enjoy flexibility in their workplaces can seek employment in more than one workplace. Some choose to split their weekly working hours between residential care and HACC while others prefer to work solely in one field or the other. HACC appeals to many PCWS because they have greater workplace variety, more flexibility in monitoring their working hours to fit in with family schedules, and the opportunity to develop more satisfying relationships with their individual clients. In addition, if PCWs speak two or more languages, there are many culturally diverse opportunities available in which they can make a significant contribution to maintaining the physical and psychological well-being of those people who wish to remain in their own homes as long as possible.

Education and Training for the Aged Care Industry

There are many RTOs in Australia that deliver Certificate III in Aged Care. As this is an entry course into working in the aged care field, there is plenty of competition in the marketplace for the recruitment of students:

ASQA regulates courses and training providers in Australia to ensure nationally approved quality standards are met so that students, employers and governments have confidence in the quality of vocational education and

training outcomes delivered by Australian registered training organisations (RTOs). (Australian Skills Quality Authority, 2013)

RTOs comprise "TAFE colleges and institutes, adult and community education providers, private providers, community organisations, schools, higher education institutions, commercial and enterprise training providers, industry bodies, and other organisations that meet registration requirements" (Registered Training Organisations, 2015).

It is only during recent years that people working in aged care facilities have been required to undertake Certificate III in Aged Care in order to be recognised as qualified PCWs and to be able to continue to work in the field. Prior to this mandatory national qualification, it was predominantly women in the aged care field who worked in part-time and casual positions as carers for many years. This was because the hours suited their family commitments, educational standards, and perceived caring instincts. It was previously a field that did not require a post-secondary school qualification so was relatively easy to enter.

Initially, when a national qualification in Aged Care became mandatory for all existing care workers to achieve in a required timeframe in order to remain employed in the field, there was a certain amount of angst among these women as they considered that they had effectively performed in their caring roles for many years. My experience at the time showed that many existing carers considered it was not necessary for them to undertake any further study or training. These carers considered that they had already well and truly fulfilled any necessary requirements and proved their capabilities beyond doubt over the years. It was not long before many of these existing aged care workers understood and appreciated that the

advantages in undertaking further study generally outweighed the disadvantages. When working with cohorts of students undertaking Certificate III in Aged Care, it has been very gratifying to see many of them gain a significant and worthwhile qualification. Often, many years have passed since school, and it is their first post-secondary qualification. As a qualification that is specifically related to their field of work, it has provided these students with greater job security in the long term, enhanced understanding of the physical, emotional, and psychosocial conditions and needs of older people and increased their self-confidence.

In undertaking this compulsory training, an additional bonus for these existing care workers was that they subsequently became more empowered in their working roles as a result of greater theoretical knowledge. Also, they established friendships within their study cohorts, which enabled them to network with other PCWs from different workplaces well beyond the completion of this qualification. As a result of increased confidence, many of them have furthered their education since completing this qualification because of opportunities to pursue additional pathways.

Certificate IV in Aged Care is also offered at some RTOs for people with prior work experience or for PCWs already working in the field. It provides participants with additional skills and knowledge to assist them in becoming more efficient in evaluating and catering for the needs of older people with complex and diverse needs. When there are opportunities for additional responsibilities in their particular workplaces, they gain increased knowledge in order to be able to undertake more duties involving administration, coordination, and/or supervision.

It was expected that a major review of Certificate III and IV in Aged Care, by the Community Services and Health Industry Skills Council (CS&HISC) would be completed in June 2015. As a result, a new qualification called Certificate III in Individual Support will incorporate Ageing Support, Home and Community Support, and Disability. This is designed to offer more flexibility for students in their choice of electives and specialisations across these areas. The existing Certificate IV in Aged Care will be called Certificate IV in Ageing Support. It is also proposed that all students undertake one hundred and twenty hours of fieldwork as part of these new qualifications to ensure that they are better prepared for their care recipients and working environments. It is anticipated that the implementation of these two new qualifications will result in tighter regulation and consistency of training in the field of aged and community care. In a report on "Training in aged and community care in Australia" produced by the Australian Skills Quality Authority (2013), there is an emphasis on the need for compliance concerning mandatory assessment requirements in all RTOs for assessors and those being assessed. This report also recommends specific timeframes and hours for training programs and associated work placements and that "[c]hanges to the national standards for training organisations are required" to ensure consistency in national training packages.

Language and literacy requirements.

In my previous role at an educational institution as a teacher and classroom and workplace coordinator, additional assistance in language, literacy and numeracy (LLN) was provided to students in need of this program. Prospective students who were considered as having only basic skills in this area, and therefore not ready to undertake a vocational course, were encouraged to enrol in an LLN course before re-

applying for future intakes of the aged care course. Sessions in LLN were also available for any enrolled students in the aged care course, who required additional assistance during their studies.

During the last few years, there has been an increasing expectation by management of many RACFs that PCWs require more than basic LLN skills. The reason for this is to ensure that PCWs are competent in reading and understanding resident care plans, policies and procedures, writing progress notes, conversing appropriately with staff and residents, and understanding workplace instructions, which are all essential aspects of the personal care role. By identifying the specific type of literacy support that prospective students require before they commence training in aged care also helps staff in RACFs to better support them during their placements and studies (Pryor, 2005, p. 18).

In the "Standards for Registered Training Organisations (RTOs) 2015" developed by the Commonwealth Department of Education and Training, Clause 1.7 refers to responsibilities involved for RTOs in delivering training:

> The RTO determines the support needs of individual learners and provides access to the educational and support services necessary for the individual learner to meet the requirements of the training product as specified in training packages or VET accredited courses…. RTOs must be able to demonstrate that: they identify, for each learner, any additional support required and that this support is made available, either directly or via arrangements through a third party". (Australian Government, 2015, p. 23)

It is important that PCWs are proficient in LLN before working in aged care and this is not taken lightly. As Pryor (2005) argues:

> There are risks if our learners do not achieve the language, literacy and numeracy (LLN) skills they need to successfully participate in training, and importantly, to perform competently in the workplace. These risks pertain not only to the RTO and learners but also to the broader community, considering the duty of care attached to aged care workers. (p. 17)

In the field of Vocational Education and Training (VET), it is important that trainers and assessors initially identify LLN needs of students in order to train and prepare them sufficiently for the workplace as they have various levels of skills. Certificate IV in Training and Assessment is the minimum qualification for vocational trainers and assessors and it includes seven core and three elective units. Consequently, as LLN is one of several electives offered, it is not undertaken by all learners who undertake this qualification. However, despite this unit being an elective, there is responsibility involved for trainers and assessors to have suitable skills in this area to adequately equip students in line with the expectations of the ASQA.[1]

Impact of Immigration on the Aged Care Sector

During the last ten years, aged care has become one of the areas of the workforce facing major labour shortages. This situation has arisen as a result of

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[1] In 2012, in a report titled "Changes Ahead for VET Trainers and Assessors" produced by Innovation and Business Skills Australia, it was stated that LLN would become a core unit in Certificate IV in Training and Assessment from July 2014. Despite this decision by IBSA at the time, there has not been a final agreement with other organisations since then concerning this policy so at this time (December 2015), it has not yet been implemented.

people living longer due to improved healthcare. The Productivity Commission Inquiry Report on "Caring for Older Australians" (2011, p. 37) predicts that "the number of people aged 85 and over is projected to more than quadruple (from 0.4 to 1.8 million) between 2010 and 2050". Within the next forty years as the population ages and continues to become more culturally diverse, there will be fewer people of working age to support older people requiring daily assistance and care in residential aged care facilities or in their own homes. Therefore it is important that the aged care sector continues to attract culturally diverse workers to care for the elderly from diverse cultures.

A large-scale program of migration to Australia since the end of the Second World War (1939-1945), which was implemented by the creation of a federal immigration portfolio in 1945, has had an ongoing major effect on the development of culture and economic prosperity within our society. To this day, immigrants from many countries continue to contribute to the development of the Australian workforce by providing necessary labour in certain areas. Australia, as a developed country, attracts both highly skilled and low skilled immigrants. In the past, many low skilled immigrants from Europe and Asia, and others whose qualifications were not recognised in Australia, have worked in unskilled jobs in labouring, clothing manufacturing, and catering industries. In recent years, the demographics of Australia have changed considerably:

> Renewed prosperity in Europe has also meant that, where once Italians and Greeks made up the majority of non-British new arrivals, today, after New Zealand, it is people from China, South Africa and India. Conflicts overseas have also meant that Australia is now taking refugees from countries previously unrepresented. In 2006 the fastest growing refugee group is from

Sudan followed by Afghanistan and Iraq. (NSW Migration Heritage Centre, 2010, para 18)

As there has been a significant decline in manufacturing jobs in recent years, many immigrants now seek work in the community services sector due to the shortage of workers and the relative ease of finding employment in this area.

As already mentioned, many NESB immigrants are attracted to working in aged care as there are no specific criteria for essential skills or mandatory entry qualifications. During the last few years, more immigrants with overseas nursing qualifications have applied to undertake Certificate III in Aged Care because they want to obtain work as soon as possible. This is because their English language competency standards in reading, writing, speaking, and listening have been considered inadequate for them to obtain professional nursing registration in Australia. As there has been an influx of refugees and immigrants since the mid to late eighties, the Occupational English Test (OET) was introduced to ensure that these people fulfil the English and professional standards of health and allied health professions before being able to obtain work in their field in Australia. Unless stipulated by specific professional health organisations, there is no limit to how many times immigrants can re-sit the OET test. It is expected in the next few years that the number of immigrant workers in residential aged care facilities will increase to support the current and future labour shortage in this area as mentioned in the Productivity Commission Inquiry Report:

Overall, with the future demand for care workers due to the ageing of Australia's population and expectations for high quality care in a labour-intensive sector, the need for foreign workers to supplement the local labour force is likely to become more important. Putting in place measures to

facilitate the transfer of skills (including language skills) by reducing the regulatory burdens and costs associated with employing care workers from overseas is likely to pay significant dividends in the future. (2011, p. 383)

According to the submission from National Seniors Australia to the Productivity Commission Inquiry on "The Ageing Experience of Australians from Migrant Backgrounds":

In 2006, almost one in five (19%) of the overseas-born population were aged 65 and over compared with 11% of the Australian-born population. Although a little dated, the only known projections of this group estimate that between 2011 and 2025 the number of people aged 65 and over from culturally and linguistically diverse backgrounds will increase from around 650,000 to 950,000. (2011, p.5)

The number of older people requiring specialised aged care services in the future will continue to become more diverse due to "increased longevity in Australia … in the numbers of people over the age of 85, and associated increases in the prevalence of co-morbid health conditions, neurodegenerative diseases and related care needs" (Australian Institute of Health and Welfare, 2008, p. 4). In its report titled "Dementia Across Australia: 2011-2050", Alzheimer's Australia claims that "[a]ge is strongly related to dementia prevalence, with the greatest number of people in the 85-89 years aged bracket throughout the projection period" (2011, p. 9). As the incidence of dementia increases, it is perceived by the Wicking Dementia Research and Education Centre that it will be necessary for formal carers to receive more specific training and higher qualifications to increase their knowledge, thereby, assisting them in their caring roles by managing changes and/or difficult behaviour in dementia sufferers more effectively (2013).

In the future, as stated in the Productivity Commission Inquiry Report (2011, p. 48), "services may need to be tailored to enable older people to maintain continuity with life patterns established at younger ages". As people age, they do not all share the same issues or cultural perspectives so it is important that all workers in aged care acquire skills to deliver care that suits the individual needs of older people from diverse cultural and linguistic backgrounds.

Whether the decision for an elderly person to live in residential aged care is made by them or their family, it is usually not made lightly. As one elderly resident in a high-care unit recently told me, "When I lived by myself, I always said that the last thing I would do was to go into care and this is the last thing I am doing now."

My experience has led me to consider that it is a decision that many elderly people put off as long as possible, while tenaciously clinging to their remaining independence until accepting that they cannot look after themselves adequately any longer. Many expect that their quality of life will improve once they accept ongoing care and assistance. Whatever their cultural backgrounds, the adjustment of moving from their homes and communities into a residential aged care facility is huge for many elderly people as they are often confronted with navigating numerous relationships among PCWs and residents from diverse cultures on a daily basis.

Cultural diversity among personal care workers.

In particular during the last decade, due to the changing demographics of Australia's population, the field of aged care has increasingly attracted more workers from NESB and diverse cultures, which has added to the complexity of working relationships among PCWs and residents. This increase is due to several factors such

as abundant work opportunities, flexible hours, perceived caring instincts, and a relatively short timeframe needed to undertake and complete Certificate III in Aged Care.

Over the years, I have taught many ESB and NESB students. During the last ten to fifteen years in particular, the number of NESB students undertaking courses in Aged Care has increased considerably. These students have come from Somalia, Ethiopia, Eritrea, Sudan, Indonesia, Vietnam, Thailand, Malaysia, the Philippines, China, Japan, Burma, Iran, Iraq, Afghanistan, Turkey, Greece, Yugoslavia, Czech Republic, Sri Lanka, and India. In recent years, many from the Middle East and Africa have been granted refugee status in Australia. Work in Aged Care appeals to many immigrants from culturally diverse backgrounds because there is no age barrier, prior experience, or formal qualification necessary for them to be considered for entry into an Aged Care course and they may be limited in other fields in which they can find work. Additionally, many of them have been involved in caring for elderly relatives in their home countries so consider that this is an area of work that they could do easily.

One of the elective units that is taught in the curriculum of Certificate III in Aged Care is 'Work effectively with culturally diverse clients and co-workers'. This unit relates to cultural awareness essential for effective communication and collaboration with others from diverse cultures and has four elements, each one encompassing several performance criteria.

The elements of this elective unit are:

1. Apply an awareness of culture as a factor in all human behavior

2. Contribute to the development of relationships based on cultural diversity

3. Communicate effectively with culturally diverse persons

4. Resolve cross-cultural misunderstandings

The quality of delivery of this unit depends on the number of teaching hours dedicated to it by individual RTOs, a teacher's style, level of cultural awareness, and personal and workplace experiences. Teaching this unit to students from culturally diverse backgrounds certainly provides teachers with the opportunity to encourage some very interesting dialogue in the classroom about personal, family and immigration experiences. This dialogue offers teachers and students some insight into identities that have been constructed outside the classroom. As Hall (1997, p. 4) suggests "identities are constructed within, not outside, discourse, we need to understand them as produced in specific historical and institutional sites with specific discursive formations and practices, by specific enunciative strategies."

It is suggested above that cultures do not have clear delineated boundaries as many factors affect human behavior due to differences between people from any particular country or culture. Individuals have different values, beliefs and opinions depending on their education, social classes, religions, personalities, homelands and immigration experiences, settlement transitions, and ongoing personal and political expectations.

From my experience I have found that whereas classroom dialogue is undoubtedly valuable, and often provides students with more understanding about

their individual cultural identities, it is not until they regularly work in residential aged care facilities that they really glean some understanding relating to the range of issues among culturally diverse staff and residents. The Policy Proposal for the "Ageing and Cultural Diversity Strategy" refers to the needs of CALD Aged Care residents as follows:

> Being a non-English speaking resident in a mainstream aged care facility can be an isolating and lonely experience. Whilst Residential Aged Care and Accreditation Standards include expected outcomes that foster positive cultural competencies, they are not adequately embedded in the day-to-day operations of many facilities. (ECCV, 2011, p. 11)

My professional and personal experience in the field has motivated my desire to develop greater understanding relating to how PCWs and residents understand and negotiate their cultural differences and make sense of these when interacting, learning and working alongside each other in residential aged care facilities.

Demographics of Personal Care Workers in the aged care sector in Australia.

Composition and employment patterns.

Traditionally, women have made up most workers in the community services sector. Men are still under-represented in aged care but more have sought employment in this field during the last few years. In February 2014, men made up just under half of people employed as Community and Personal Service Workers (Australian Bureau of Statistics (2014a), Labour Force, Australia, Detailed, Quarterly (cat. no. 6291.0.55.003), Table 07. Employed persons by Occupation and Sex). It was not possible to get a clear indication of the gender of PCWs employed in residential aged care as the statistics in this table relate to Community and

Personal Service Workers in Disability Work, Home and Community Care, and several other areas of Community Services Work.

In recent years, the aged care industry has attracted a greater mix of age groups. Previously, it was predominantly Australian ESB women over the age of forty-five years who worked in residential aged care. There are still more people over the age of forty-five working in the field but immigrants make up a large proportion of this group now. Younger people in their late teens, early twenties and thirties, and mature aged people looking for a change in direction have become more interested in the field too. Many mature aged people, who have often worked in other areas for many years or cared for elderly relatives, consider that they can assist others by using their lifelong skills and acquiring more fulfillment in their own lives at the same time. The opportunity for part-time and casual work in the field is very appealing to those who do not want a full-time job.

Many younger people, from early twenties onwards, want to undertake a course in Aged Care because they do not have the entry requirements for nursing and perceive this qualification as a stepping stone. It provides them with the opportunity to undertake a community services course while not being committed to study for too long and they can explore their options at the same time. They are able to gain considerable knowledge and workplace experience along the way while gaining more insight into the needs of older people.

The majority of PCWs in residential aged care are employed in part-time and casual positions and this has always been the nature of the industry. Many workers prefer these arrangements as caring for the elderly is emotionally and physically

demanding work and flexibility in shift work allows them to work around their family and personal commitments.

Financial remuneration.

Considering the skills required in catering for the many needs of elderly people in residential facilities or in their own homes, the financial remuneration for PCWs has been both inadequate and a point of contention for several years. In the final report on "Counting on Care Work in Australia", Hoenig and Page (2012, p. vi) state that when referring to the value of paid work in Australia, "[p]aid carers are an essential part of the national human infrastructure. Understanding the economic value of paid care work is fundamental to the continued provision of care in the community". Hoenig and Page (p. 34) refer to the importance of policy directions in addressing wage disparity and the future demands of care work. It is suggested by Hoenig and Page that access to specific training and education in health care should be available for students undertaking courses in aged care to provide more incentive.

The Aged Care Award (2010) includes updated weekly wages for 2014. As well as covering PCWs, it includes general clerks/typists, receptionists, interpreters, laundry hands, cleaners, assistant gardeners, food services assistants, chefs, maintenance/handy persons, and drivers. There are seven levels of aged care employees covered by the award and wages vary depending on the length of work experience, level of skills, training, and responsibilities. The minimum hourly rate in 2015 for PCWs in residential aged care and HACC ranges from between $17.93 to $27.22 per hour. Due to poor financial remuneration and necessity, many PCWs take on second jobs elsewhere to make up shortfalls in wages as they are not allocated enough working hours at their primary workplaces. Although many PCWs

prefer casual work, and do not want to be committed to permanent weekly hours because of family or personal commitments, they are sometimes those most affected if they are not given enough shifts at their primary workplaces due to others being given priority.

Many PCWs choose to work in this field for far more than monetary reward but the Australian Government's announcement about its pay rise of 18.7% for PCWs from July 2013 over the following four years until 2017 was welcome news. Hopefully this will provide greater incentive to attract more PCWs to aged care and address many of the workplace pressures in the industry.

Despite the changing age groups of PCWs, the greater diversity in cultures and nationalities and more men being attracted to the industry now, there is still a belief among some people that women in particular who work in this field have an inherent nurturing quality, which is why they choose to work as PCWs. This is a hangover from the times when it was regarded as traditional women's work to look after the elderly. Subsequently, this perceived nurturing quality is sometimes misconstrued as being all that is needed to cater for the care requirements of older people. There are many important criteria for the personal care role that involve understanding the full gamut of physical, emotional, and psychosocial needs of older people, attending to a range of personal care needs, understanding and managing challenging behaviour in dementia sufferers, exercising ongoing patience and tolerance, and considering culturally diverse needs and concerns. Consequently, PCWs need to be able to manage a busy workload effectively in a certain timeframe but this is often overlooked or taken for granted by those people who lack

understanding of the depth of knowledge, empathy, and skills required for the work involved.

From my experience in residential aged care, it has become evident to me that many people who are not directly involved in caring work often completely underestimate or misunderstand the emotional labour expended by carers. In describing emotional labour, Hochschild suggests:

> This labour requires one to induce or suppress feelings in order to sustain the outward countenance that produces the proper state of mind in others – in this case, the sense of being cared for in a convivial and safe place. (1983, p. 7)

Those who commit to working in aged care for several years are the first to admit that they enjoy the emotional involvement with their residents and that it generates many good feelings for them. Nonetheless, the complexities, responsibilities and personal cost to oneself at times in performing this work should never be taken for granted or underestimated.

In the "Blueprint for Aged Care Reform", the issue of preparing for the future and attracting a quality workforce is discussed:

> Quality of care is a critical issue for older people and depends greatly upon the aged care workforce. There are many workforce challenges in aged care, not least of which is being able to attract and retain sufficient workers due to inadequate pay. Personal carers and support staff earn less than they could in a supermarket. Nurses earn less than their counterparts in health service settings. The Federal Government recently committed to redress wage injustice in the female-dominated Social and Community Services (SACS) sector – the Alliance believes they must do the same for the equally female-dominated and low-paid aged care workforce…. Currently the annual turnover of aged care workers is anywhere in the range of 25-45%, depending

on the location and type of workers. This is costly and more importantly, impacts on the quality and continuity of care provided to older Australians. (National Aged Care Alliance, 2012, p. 7)

In a field that has ongoing labour shortages, my professional and personal knowledge and experience supports the above as I am acutely aware of the necessity and urgency to remunerate PCWs accordingly and raise their profile within the Australian community. In order to effectively care for the various emotional and physical needs of culturally diverse and vulnerable elderly people, it is important that the skills, knowledge, and experience of PCWs are acknowledged accordingly.

Research Locations

My research was conducted at six RACFs in the eastern, southeastern and western suburbs of Melbourne. All facilities have PCWs and residents from several culturally diverse backgrounds. Due to the different demographic profiles of each geographical area and neighbouring suburbs, the profile of culturally diverse backgrounds among PCWs and residents within each facility varies considerably. In the two RACFs in the eastern suburbs, the proportion of ESB Australian residents is greater than other nationalities compared to the others in the southeastern and western suburbs. However, the percentage of immigrant PCWs from diverse cultures employed throughout the six RACFs far outweighs the percentage of ESB Australians. In comparison to the others, most of the PCWs and residents at both RACFs in the western suburbs are predominantly from European and non-European backgrounds. The different nationalities and cultural backgrounds and perceptions of PCWs and residents are described in more detail in Chapter Seven.

As I conducted my fieldwork prior to the changes introduced in July 2014 concerning the removal of the distinction between low-care and high-care, the table below depicts the level of care at the six facilities at that time. Three of the facilities catered entirely for high-care and three had high-care and low-care. Three of them provided secure dementia services, which were included as high-care. The number of beds available is displayed in each facility.

Residential Aged Care Facilities	High-care	Secure Dementia	Low-care
1 (East)	60	-	-
2 (East)	100	✓	-
3 (South East)	60	✓	60
4 (South East)	90	✓	-
5 (West)	40	-	15
6 (West)	30	-	30

One of the managers explained the reason why her facility catered for the needs of so many high-care residents:

> We don't use the terminology of hostel and nursing home any more. We are an Ageing in Place site so we accept people who are on low aged care assessments but we find that on admission that once we've assessed them that the reality is if they were truly low care they would still be at home and certainly care needs of even those on low ACAs [Aged Care Assessments] is not the reality. They do need full assistance with ADLs [Activities of Daily Living], washing, dressing, grooming….yes, full care.

At each facility, I interviewed PCWs, residents, and managers. The numbers of participants varied at each facility depending on the level of interest in my research project, willingness to be involved, and preparedness to arrange interview times to fit in or around shifts and daily routines.

This chapter has discussed residential aged care and home and community care, Australia's ageing population, and compulsory education and training requirements for aged care workers to cater for the current and future requirements of the elderly. In this thesis, the focus is on the context of residential aged care but PCWs with a dual qualification in aged care and home and community care can work in either environment.

The following chapter describes my professional and personal motivations and reasons for this qualitative research project, the applied methodology, main research questions, and data collection and analysis.

Chapter 3

A Methodology for Research into Work and Life in Residential Aged Care

*To know that we know what we know, and to know that we do not
know what we do not know, that is true knowledge.*
Nicolaus Copernicus

In this chapter I describe the methodology used in investigating perspectives on work and life in residential aged care. I discuss my motivation and reasons for this qualitative research project, the methodological approach used, the research questions, individual interviews, data collection and analysis, ethical considerations and the strengths, weaknesses, and limitations of the research.

Motivation and Reasons for this Research

Motivation.

I am familiar with the culture through my long professional and personal association with the field of aged care. I worked as a nurse and taught and supervised many students in the field and have had personal experiences with my parents and two grandmothers who all lived in RACFs for several years. During this time, I have witnessed many changes in the provision and structure of long-term care for residents. This has provided me with numerous opportunities to reflect on my multiple roles as a teacher, classroom and workplace coordinator, nurse, daughter, and granddaughter.

When I commenced nursing in RACFs many years ago, nurses provided most of the personal care to residents. Many of my duties as a nurse during that time were similar to that of PCWs working in RACFs nowadays. This practical nursing experience provided me with a solid understanding of the physical, emotional, and psychosocial complexities involved in providing personal care to the elderly. In turn, this experience has assisted and benefitted me in teaching and supervising students in the classroom and workplace.

Reasons.

My knowledge, experience, and values have obviously had a significant impact on my work in aged care and also on the role that I had in assisting my elderly parents in recent years. However, it is my desire through this research to challenge my acquired understanding by learning more about the worlds of PCWs and residents from their perspectives.

During the next few decades, there will be greater demand for aged care services in Australia due to its ageing population. In order to meet the demands involved, there will be an ongoing demand for skilled PCWs from various cultural backgrounds to work in RACFs and private homes to provide suitable care for the increasingly culturally diverse care requirements of older people. It is important that PCWs are adequately trained and guided in preparation for busy working environments, and that they are able to participate in ongoing and relevant professional development, which will result in better outcomes for everyone concerned.

As a researcher, I intend to use this research as an agency to explore and contribute to fresh understandings concerning work and life in residential aged care and society. To achieve this, it is necessary for me to interpret meanings and identify any emerging themes in the field to gain insight into thoughts, values, beliefs, and cultural differences that inform behaviour in these multicultural contexts.

The Research Approach

The participants involved in this qualitative research are PCWs, residents, managers, my parents, and myself as the researcher. In conducting this research, I wanted the chance to interview PCWs and residents and hear their stories. I considered it important also to listen to the stories of the managers of RACFs to gain insight into their leadership perceptions of managing and supporting PCWs and residents from culturally diverse backgrounds. In addition, and in relation to this study, stories of my parents and my experiences in residential aged care are included.

The method of inquiry was selected to gain an in-depth understanding of the related experiences and motivations of PCWs, residents, and managers in their specific living and working contexts, provided through interviews, field notes and informal observations. I preferred informal observations because they are spontaneous. While undertaking my research in all RACFs, it was important to me that all participants felt as relaxed as possible. In addition, my research did not involve directly watching and observing workplace practices and behaviour in RACFs. As qualitative research is descriptive and flexible, this approach is appropriate for my topic because of my desire to capture the human experiences of real individuals through their conversations, thereby gaining more insight into their unique perceptions through interpretation and analysis.

To create more understanding and support future education and research in residential aged care, the conversations of PCWs, residents, and managers are significant. These individual stories offer the opportunity to learn more about their motivations, backgrounds, beliefs, experiences, perceptions, and expectations and how their relationships and interactions are shaped with each other while negotiating challenges and cultural differences in diverse environments. Qualitative research is described by Denzin and Lincoln as:

> a situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that make the world viable. These practices transform the world. They turn the world into a series of representations, including fieldnotes, interviews, conversations, photographs, recordings and memos to the self.… This means that qualitative researchers study things in their natural settings, attempting to make sense of or to interpret, phenomena in terms of the meanings people bring to them. (2005, p. 3)

It is the experiences and relationships of participants that are foregrounded in this research project. Nevertheless, when examining data, it is important to understand the particular contexts of each RACF in which my participants live and work as "interpretations depend on good understanding of surrounding conditions, the context and situation" (Stake, 2013, p. 50).

From the perspective of a teacher and nurse, I am comfortable in an aged care environment that has been part of my "ordinary" routine for many years. However, as a researcher, my desire has been to "try to observe the ordinary and [then] try to observe it long enough to comprehend what, for this case, ordinary means" (Stake, 1995, p. 44) by interpreting data and analysing meanings from empirical accounts against which to position my own understandings.

In undertaking this research, I am aware that it is not only about attempting to understand my own relationships with others but understanding more about my experiences and myself as I "discover things about some phenomenon of interest" through qualitative analysis (Patton, 2002, p. 432).

As researchers, Creswell (2007, p. 15) suggests that we "bring [our] own worldviews, paradigms, or sets of beliefs to the research project, and these inform the conduct and writing of the qualitative study". As a researcher, it is necessary for me to look beyond my own worldview but nevertheless to utilise my acquired professional knowledge and experience to examine how situations work for others in their contexts with different people to establish further insight.

Interviewing participants where they live and work has provided me with the opportunity to observe and examine individual perspectives as "we interview people to find out from them those things we cannot directly observe … we cannot observe feelings that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer" (Patton, 2002, pp. 340-341).

As already mentioned in Chapter Two, I have become more interested in the last few years as to how PCWs and residents interact and work with each other in busy working and living environments. My interest relates to the changing cultural demographics of PCWs and residents in many RACFs and what I perceive to be the associated changing dynamics in their relationships. I wish to provide a lens through the lived experiences of participants. Czarniawska (2004) suggests:

> What people present in their interviews is but the results of their perception, their interpretation of the world, which is of extreme value to the researcher

because one may assume that it is the same perception that informs their actions". (p. 4)

In the following quotation, Spradley (1979) provides a clear summary of the nature of qualitative research:

I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me understand? (p. 34)

The practice of qualitative research accepts that there are numerous ways to understand the world so having conversations with my participants in their working and living environments enables me to gain more understanding about their perceptions, which will add to new dimensions of understanding in the field of residential aged care.

This qualitative research study involves narrative inquiry and case study, which are discussed separately in the following two sections.

Narrative inquiry.

My interest in narrative inquiry has been influenced by interactions with PCWs and residents for many years, as I have always been interested in sharing and listening to stories as part of my professional and personal caring roles. It is suggested by Frid, Öhlén and Bergbom (2000, p. 695) that "narratives have always been a path to knowledge in nursing care but are a recent element within nursing research". The same applies to residential aged care as sharing narratives among staff and residents is common due to the nature of long-term relationships.

This sharing of experience provides an additional pathway to knowledge in the provision of emotional and physical support. It is suggested by Mishler (1986, p. 69) that "telling stories is far from unusual in everyday conversation and it is apparently no more unusual for interviewees to respond to questions with narratives if they are given some room to speak". Bruner suggests that it appears:

> We have no other way of describing "lived time" save in the form of a narrative. Which is not to say that there are not other temporal forms that can be imposed on the experience of time, but none of them succeeds in capturing the sense of lived time: not clock or calendrical time forms, not serial or cyclical orders, not any of these. (2004, p. 692)

The period of time that I spent in RACFs conducting my research interviews with participants relates to 'lived time' so narrative inquiry is appropriate. In using data that has been gathered from the stories of the lived experiences of participants, my objective is to convey "meanings that deliver sequence and significance" (Polkinghorne, 1995, p. 12).

As there is not a rigid process for narrative inquiry, when discussing narrative design, Creswell (2007) applies Clandinin's and Connelly's (2000) approach as an overall practical guide for researchers. This five-step approach involves establishing an appropriate research problem or question, collection of stories from individuals, description of contexts for individual stories, analysis of each story, and restorying and liaison with participants during development of the research project.

Restorying of stories.

The process of restorying, which is also referred to as retelling, involves collecting life stories or field texts of participants' personal experiences, transcribing, re-transcribing, and analysing for themes. At the same time, it is necessary to

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acknowledge the contexts in these stories as they have been "created by humans" and the histories of research participants as "individual actors" are positioned within them (Czarniawska, 2004, p. 5). Creswell suggests that it involves:

> rewriting the stories to place them within a chronological sequence [as] often when individuals tell their stories, they do not present them in a chronological sequence. Researchers may rewrite stories to place them in this sequence (beginning, middle and end) and may also involve a storyline concerning experiences of one or more participants in their context". (2007. p. 56)

As a researcher, it is necessary to acknowledge that research participants reconstruct their stories when they tell them and there could be "other reconstructions" (Clandinin & Connelly, 2000, p. 101). This is upheld by Lawler (2002, p. 242) who asserts that "not only do people often produce 'storied accounts' of themselves and their relation to the social world (within and outside of the research setting), but also the social world is itself storied".

In discussing "A Postmodern Perspective on the Transformation of Persons into Portraits", Stronach & MacLure (1997, p. 35) provide an example of the same person whom they both interviewed and how the "basic 'facts' of [this person's] life" were constructed into two "quite distinct portraits". This is a good example of how the 'facts' presented by any particular individual may be perceived somewhat differently by different interviewers resulting in different "assumptions that we make about personhood" (p. 49). Throughout this thesis, my intention in restorying the individual stories of my participants is to relay their conversations with meaning and integrity while at the same time considering any concealment in texts and endeavouring to create 'a good fit' between their portraits and them as 'real' people. Not only is it necessary to understand their experiences as individuals, it is also

necessary to consider their immediate and wider social environments, which now leads me to the issue of ownership.

Ownership of stories.

It is significant that researchers consider the issue of ownership of stories during the research process. In their discussion, Clandinin and Connelly (2000, pp. 176-177) suggest "ownership concerns blur into ethics and negotiated relationships in the field … researchers are always aware of the possibility that relationships may be terminated and they may be asked to leave the field". Clandinin and Connelly also suggest that "relational responsibility" may be a better term to use in "thinking through the various dilemmas and questions as they arise". This term may be more appropriate if researchers are concerned about their relationships with others such as "their parents, their siblings and others who cannot be made anonymous". Therefore, in their writings, researchers may consider that they "own a memory" and choose not to tell a particular story in the event of it causing hurt to a person.

Lather (1991, p. 58) considers researchers as "majority shareholders" who have responsibilities to validate their decisions and provide their participants with opportunities to evaluate. Once data from my participants had been transcribed, I provided them all with individual copies of their interviews to read thoroughly and then asked for feedback. There was only one participant who had any concerns about her data as she considered that she had been too harsh in several of her comments and asked me to withdraw them, which I respected. The other participants were all satisfied with the transcription of their interviews and pleased that they had been able to share their stories.

During the research process, I have been governed by a strong sense of personal and professional accountability. As the issue of ownership is difficult to define specifically, I am conscious of the need to represent my participants responsibly.

My reason for using narrative inquiry is to focus on individual experiences and provide a voice for PCWs and residents who have shared their insights with me and then restory them into "some type of general framework" that makes sense (Creswell, 2007, p. 56). It provides participants with a human voice thus making sense of their lives and experiences through the process of their stories.

Case study research.

A case study is a thorough investigation and analysis of a single or collective case within a real life context. It is an holistic approach in which data is collected from individuals or groups of individuals that relates to the particular case. Case studies involve multiple sources of information such as interviews, observations, audio-visual material, documents, and reports.

A qualitative case study approach was chosen to enable me to analyse and compare the individual stories of participants in the context of residential aged care and to identify those significant features relevant to my research questions that are not readily discernible. When discussing case study research, there are several differences in how researchers describe it. Creswell's (2007, p. 73) description of case study research is that it "involves the study of an issue explored through one or more cases within a bounded system (i.e., a setting, a context)". Unlike the methods of investigation that Creswell (2007) prefers, Stake (1995, p. 236) considers that "as

a form of research, case study is defined by interest in individual cases, not by the methods of inquiry" so therefore the object of study is a case. Merriam, (1998, p. 19) considers "a case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation". Yin (2003, pp. 13-14) describes a case study as a type of inquiry that "investigates a contemporary phenomenon in its real-life context; when the boundaries between phenomenon and context are not clearly evident; and multiple sources of evidence are used".

While Creswell (2007), Stake (1998) and Merriam (1998) describe case studies as having "bounded systems", Yin (2014) refers to "bounding the case". Creswell (2007) and Stake (1995) describe a "bounded system" as the selected case to be studied that has "boundaries, often bounded by time and place" and also has "interrelated parts that form a whole". Therefore, the case is both "bounded" and a "system". In her explanation, Merriam (1998, p. 27) argues "the case is a unit, entity, or phenomenon with defined boundaries that the researcher can demarcate or fence in". This may also define for the researcher what is not considered as necessary to investigate as the "the case is a thing, a single entity, a unit around which there are boundaries". Yin (2014, p. 237) defines the boundaries of a case as the "time period, social groups, organizations, geographic locations, or other conditions that fall within (as opposed to outside of) the case in a case study, understanding that the boundaries can be fuzzy". In the above, the concept of boundaries is explained in different ways. However, boundaries need to be determined in relation to the scale of the study and what will be included or excluded before deciding on the particular type of case study that will be implemented. As

defined by Yin (2014), boundaries in my case study at the six sites where I conducted my research, were geographic locations, specific groups of participants within each site, anticipated time spent in travelling, recruiting and interviewing participants, and fitting around the daily routines and organisational structures of each worksite.

Two significant and distinctive methods by Stake (1995) and Yin (2003, 2014) direct case study methodology. Stake (1995) identifies three types of case studies as intrinsic, instrumental and multiple or collective. An intrinsic case study is undertaken when there is a desire to achieve more information concerning a specific case. An instrumental case study is used when more insight and understanding is required concerning a specific issue and a multiple or collective case study involves the study of a group of individual cases. In identifying different types of case studies, Yin (2014, p. 238) describes them as exploratory, explanatory and descriptive. The purpose of an exploratory case study is to conduct initial research to provide information for identifying research questions "to be used in a subsequent research study, which might or might not be a case study". An explanatory case study is used to explain how a situation or system of events "occurred or did not occur". The reason for using a descriptive case study is to "describe a phenomenon (the "case") in its real-world context". Yin (2014) also differentiates between case study designs as single, single with embedded units and multiple-case. A single case study is applied when it is considered that there may be greater understanding of a phenomenon rather than attempting this through a multiple-case study. A single case study with embedded units is still a single study but with some sub-units added within the case to enable greater exploration. Multiple-case or collective case studies

share commonalities in that the same research questions are asked of participants in several contexts and the same methods of data collection and analysis are applied.

In relation to these case study approaches above, intrinsic or instrumental case studies as defined by Stake (1995) or a single case study or single case study with embedded units by Yin (2014) are not appropriate for my research. An intrinsic case study is undertaken because the specific case is of interest. My aim is to acquire understanding about the connection of my case study to all those participants involved at different sites and an intrinsic case study is not undertaken for this purpose. The goal of an instrumental case study is to gain more understanding about other factors rather than just the particular case. Stake (1995, p. 445) argues that an instrumental case study is of "secondary interest [and] it plays a supportive role, and it facilitates our understanding of something else", whereas my case study incorporates several cases within it. Whether a single case study is holistic or embedded, it is defined by Yin (2014) as a case that has been identified within a specific context. It may be considered as a case that is critical, extreme, unique, representative, revelatory, or longitudinal but warranting investigation to achieve deeper understanding.

A multiple-case or collective case study is appropriate for my research as differences between the contexts and observed situations in RACFs are often not easily recognisable. This type of study has enabled me to conduct in-depth individual interviews with multiple participants in the multiple (six) contexts by asking common questions while considering each case as an individual entity.

Research questions.

As a case study researcher, it is important to have "an inquiring mind *during* data collection, not just before or after the activity" and develop good questions to ask participants in order to generate a "rich dialogue with the evidence" and "interpret the answers fairly" (Yin, 2014, p. 73). Designing good questions takes considerable time but is necessary to guide observation and reasoning and consider limits (Stake, 1995). Having prior experience and knowledge of residential aged care, while anticipating the conversations I needed to have with participants to understand their worlds, assisted me in considering suitable questions.

The main research questions below were designed to provide thorough analysis of the motivations, perceptions and experiences of participants in order to acquire detailed understanding of the complexities of living and working in residential aged care.

1. What are the motivations and experiences of Personal Care Workers in residential aged care facilities?
2. What are the experiences of residents in residential aged care facilities in their interactions with Personal Care Workers?
3. What are the motivations and experiences of Managers in residential aged care facilities?
4. How do the above experiences and understandings influence the care provided in residential aged care facilities?

Three separate sets of interview questions were devised for PCWs, residents, and managers of RACFs.

Theoretical Framework

Communities of Practice form the theoretical framework for this research and are described by Wenger (2006, pp. 1-2) as "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly". The theory relating to Communities of Practice is not the primary focus of this research but it provides a useful approach into considering and understanding the experiences of PCWs and residents and how they interact with each other in such busy living and working environments. Narrative inquiry is a good approach to use when discussing the concept of Communities of Practice in residential aged care because it provides participants with opportunities to share their insights and experiences with each other. This enhances learning and understanding in their situated settings.

The three features that are essential for Communities of Practice are the Domain, the Community, and the Practice. Members of the Domain have "an identity defined by a shared domain of interest [which] "implies a commitment to the domain and therefore a shared competence". The Community concerns those members who care about the Domain and "engage in joint activities and discussions, help each other, share information [and] build relationships that enable them to learn from each other". The Practice has members that are "practitioners [who] develop a shared repertoire of resources [such as] experiences, stories, tools, ways of addressing recurring problems", thus becoming a "shared practice".

All people belong to several Communities of Practice such as at their homes, workplaces, educational institutions and recreational activities. Members may not participate daily in their particular Communities of Practice but value their shared

interests and interactions with each other. Wenger, McDermott and Snyder (2002) suggest "as they spend time together, they typically share information, insight, and advice. They help each other solve problems. They discuss their situations, their aspirations, and their needs. They ponder common issues, explore ideas, and act as sounding boards" (p. 4).

Although RACFs are not commonly understood as Communities of Practice, it is appropriate to consider them in this manner. These facilities are environments in which it is expected that best practice in personal care should always be practiced by PCW practitioners who work together to develop knowledge and skill in the area. The reason that I refer to PCWs as PCW practitioners in this instance is because they deliver most of the personal care to residents and it is expected that they have appropriate knowledge to perform competently in their roles. To achieve best practice, it is necessary for PCWs in all RACFs to support each other and their residents and be involved in professional Communities of Practice that actively manage new and current knowledge and promote learning. It is through such professional practices that relationships and identities are further developed.

In this thesis, the different perceptions and experiences of PCWs and residents will be considered in relation to their understandings of practice, relationships with each other, and negotiation and participation in their immediate Communities of Practice within a larger community of practice.

Research Design

A combination of the concepts applied by Stake (1995) and Yin (2014) in their descriptions of multiple case studies is used in this research design. My multiple case study comprised individual in-depth interviews with twenty-three

PCWs (sixteen females and seven males), seventeen residents (nine females and eight males) and four managers (three females and one male) across six RACFs in eastern, south-eastern and western outer suburbs of Melbourne. As a researcher in these facilities, I was provided with the opportunity to investigate how events and observed situations present in real-life surroundings (Stake, 2006).

Before I could recruit any participants, I initially contacted managers of several RACFs in different geographical locations of Melbourne. The managers who demonstrated genuine interest in my research were then sent an explanatory statement and a letter requesting permission for me to conduct my research at their facilities. Copies of posters were also given to managers for their notice boards. These posters described my research and invited PCWs and residents to discuss their experiences and expectations as part of my research project. Once signed permission to conduct my research was obtained from management, I provided all prospective participants with explanatory statements and consent forms.

My original plan for my study was to interview four to six PCWs and four to six residents in three RACFs. Awaiting responses from facilities was time-consuming as others in senior positions also needed to be consulted before I was granted permission to undertake my research. Residential aged care is also a field where management and staff are not accustomed to having researchers in their midst. Nevertheless, when initially contacting RACFs about my research, I considered that my professional experience in the field assisted my acceptance as credible and understanding of such complex environments. After a slow start in attracting interested participants at two RACFs, I requested additional permission from the Monash University Human Research Ethics Committee (MUHREC) to interview

PCWs and residents at another three facilities to capture their perceptions. At the same time, I requested permission to interview managers at all RACFs as I considered by then that their insights would also enhance my research. I was aware that interviewing multiple participants in six RACFs in different geographical locations would involve additional organisation, travel, and time but believed it was necessary.

In managing the additional workload involved, gaining this permission enabled me to recruit enough interested participants for my study, which I considered would contribute to a more robust multiple-case study.

Data Collection

The collection of data for my research project from PCWs, residents, and managers was conducted over a period of six months. The data used included individual, in-depth interviews, observations, and field notes. Rather than using only one method of data collection, which is more susceptible to inaccuracies, and may verify or misrepresent trends, a variety of data was collected through different methods offering triangulation to regulate consistency of findings (Denzin, 1978; Patton, 1999; Yin, 2014).

During observations at RACFs I observed various interactions that occurred between PCWs, residents, nurses, and administrative and supervisory staff. These observations also included the immediate locations in which I was allocated to interview participants, interruptions that occurred at times during interviewing, and internal and external surroundings of RACFs. At the end of each day, after I had left each facility, I recorded my observations as field notes, which also included some opportune encounters with staff members who were not involved as participants.

Packer (2011, p. 387) argues that, "fieldwork moves from the *order* to the *ordering* as the researcher starts to recognize the everyday practices in which this work is done". During fieldwork, it was important that I was aware of my surroundings as much as possible in order to generate more understanding about the cultures in each context, which would benefit data analysis. Clandinin and Connelly propose:

> As researchers, we come to each new inquiry field living our stories. Our participants also enter the inquiry field in the midst of living their stories. Their lives do not begin the day we arrive nor do they end as we leave. Their lives continue. Furthermore, the places in which they live and work, their classrooms, their schools, and their communities, are also in the midst when we researchers arrive. Their institutions and their communities, their landscapes in the broadest sense, are also in the midst of stories. (2000, pp. 63-64)

For participants, being in 'the midst of living their stories' is different for each one of them. The same applies to researchers who are in the midst of their own sequence of stories when hearing those of their participants. As a researcher with narratives constructed from my working, community and life perceptions, and experiences over many years, I looked forward to involvement in the moment with participants and hearing and being open to their stories. Residential aged care is a demanding environment for PCWs and residents in which most days are rarely the same so stories are continually shared in a shifting landscape. Each time I interviewed participants, I was listening to new stories that they told and retold as they relived their past and present experiences.

The collection of data from many participants across six RACFs was time-consuming and also frustrating at times. I had known from the onset that there would be difficulties involved when negotiating interview times with different people on

different shifts in such busy living and working environments as residential aged care**.**

Individual interviews.

These interviews took place with PCWs, residents, and managers at six RACFs in different outer metropolitan areas of Melbourne. During interviews all participants agreed to be audio-recorded. Prior to commencing all interviews, I explained that I would like to record their voices if possible because the interview would take much longer if I recorded their conversations using hand notes. It was also explained to them that I did not want to miss something or unintentionally alter their words so that their conversations would be described accurately (Patton, 2002). In describing the reasons for interviewing people, Patton argues:

> We interview people to find out from them those things we cannot directly observe. The issue is not whether observational data are more desirable, valid or meaningful than self-report-data. The fact is that we cannot observe everything. We cannot observe feelings, thoughts and intentions. We cannot observe behaviours that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer. We cannot observe how people have organized the world and the meaning they attach to what goes on in the world. We have to ask people about those things. The purpose of interviewing, then, is to allow us to enter into the others person's perspective. (2002, pp. 340–341)

Patton (2002) proposes that there is much that we cannot observe at any specific time. Interviewing participants individually and in-depth offers a researcher an opportunity to intensively investigate an issue further by asking relevant questions, therefore establishing greater understanding at that particular intersection in time (Hudelson, 1994). Many participants provided me with over an hour for their

interviews. This style of interviewing provided me with opportunities to ask follow-up questions in relation to initial responses (Patton, 2002). During the interview process, it was evident to me from the responses of some participants that they were dealing with one or more difficult issues and clearly wanted to share this information and justify their feelings. In these situations, I would then ask participants follow-up questions such as whether they wanted to elaborate on a particular response or point made or offer any suggestions on how such issues might be dealt with in the future by themselves and others.

Many of the interviews that I conducted at five of the six RACFs involved PCWs of different nationalities and I did not experience any difficulties in understanding their spoken English. Several PCWs from India, Nepal, Pakistan, and the Philippines had learned English during their primary and secondary schooling in their homelands as it was compulsory for them to learn it as a second language. In the other RACF, only one ESB Australian PCW agreed to be interviewed, despite my earnest attempts to explain the nature of my research to other PCWs. The PCWs working in this facility are mainly from CALD backgrounds. As I observed more differences in levels of spoken English among PCWs at this RACF than in the others, the prospect of being interviewed may have been daunting for them. When considering a case, Stake (2000) suggests:

> The researcher examines various interests in the phenonomen, selecting a case of some typicality, but leaning towards those cases that seem to offer *opportunity to learn.* My choice would be to examine that case from which we feel we can learn the most. That may mean taking the one most accessible, the one we can spend the most time with. Potential for learning is a different and sometimes superior criterion to representativeness. (p. 446)

There were PCWs, residents, and managers at other RACFs, who also declined to be interviewed and my study is not meant to represent the perceptions and experiences of all workers and residents at the research sites. Rather, following the advice from Stake, my participants were those 'most accessible'.

Three facilities allowed me to interview PCWs during their shifts by providing a floating staff member (PCWs or nurses) to take over from them during these times. Floaters, as they are commonly referred to in RACFs, provide additional assistance when necessary to other staff dealing with residents who have high-level needs. These residents often require two or more PCWs in attendance.

One manager informed me that should it be necessary to interview any PCWs after the completion of their shifts, her facility would pay them overtime as this was its contribution to my research. This facility was so encouraging and engaged in my research project that an article about it was even included in one of the monthly newsletters for staff, residents, and their families. Not only did the genuine interest from the management provide me with a tremendous boost but this encouraging attitude quickly filtered through to the staff and residents. This positive experience resulted in several interesting conversations during morning, afternoon, and lunch breaks with various staff members because they all had some understanding of my reasons for being there and wanted to know more about my research. The interest in my research from management at the above RACF was extremely encouraging.

The other three facilities did not have floating staff members rostered to provide additional support in different units whenever required. Often, there were urgent situations involving residents at these facilities that created additional demands on staff. This made it more difficult at these times to engage the interest of

potential participants in my project. Recruiting PCWs was time-consuming as several of them were not keen to be interviewed during their lunch hours or before or after the completion of their shifts as they had personal and family commitments. Some PCWs, before agreeing to be interviewed, were concerned that they were not knowledgeable enough and would not be able to answer my questions effectively. It was important beforehand that I stressed the importance of their knowledge, skills, experience, and the opportunity for them to have a voice by contributing to this study.

At one facility I was allocated to the staff room to discuss my research with PCWs as they arrived at different times for their breaks. I had asked the Manager previously if I could address them in small groups at convenient times but the staff room arrangement was preferred. After two hours of chatting to several PCWs as they arrived for their meal breaks, and feeling like an intruder in their personal, recreational space, another PCW arrived who displayed interest in my research. At this stage, there were at least ten PCWs in the staff room and she made an announcement that they should all consider being involved in my project, rather than just sitting back as this was the perfect opportunity for them to have their say as this research was important in its contribution to making a difference in residential aged care. Consequently, several PCWs immediately organised interview times with me. Needless to say, I was very grateful to this leader of the pack.

As I would find in my time at these three facilities, I spent a lot of time sitting around while waiting to interview some PCWs and residents, as there were often tasks that needed to be completed beforehand. Two of the facilities went into lockdown due to gastro outbreaks so this delayed interviewing participants for a few

weeks, as no visitors were allowed entry during this time. There were times when I felt more comfortable in some facilities than others and several times I felt like an intruder. As Clandinin and Connelly (2000) suggest:

> One can feel on the edge almost as an uninvited guest throughout the fieldwork [and] during the early going, when the motor is perhaps turning slowly, finding a place in the place is important. One can be "there" and feel like one does not quite belong". (pp. 72-75)

Alternatively, there were times when prior familiarity with the landscape of residential aged care equipped me for easier communication and navigation as I endeavoured to foster positive relationships with staff in my efforts not to be considered as an intruder.

Generally, managers of RACFs were not concerned about seeking permission for my research from the next of kin of residents. They considered that cognitively aware residents were capable of making their own decisions about whether they wanted to be interviewed or not. Nevertheless, I was informed that some of them could want to discuss it with their families and this occurred with some residents that I approached. As I understand the nature of vulnerability in many elderly residents, and the fact that many of them have next of kin advocating for them, I made it clear that I was happy to also explain my research to their family members.

Arranging interview times with managers to fit around their busy workplace schedules and meeting times took longer to organise. All managers were not only involved with daily administration but also in the supervision of all staff in their respective RACFs. The four managers who agreed to be interviewed provided me with their undivided attention during this time. These managers were pleased to

contribute their perceptions and experiences relating to their understandings of managing PCWs and residents in culturally diverse environments.

Overall, it was generally not difficult to engage the interest of residents in my research, as time was not a big issue for them. Most of them told me that they had thoroughly enjoyed the opportunity to talk privately to me as an outsider about their cultural backgrounds, beliefs, insights, and frustrations concerning living the remainder of their lives in a RACF.

Many PCWs and residents were heartened to know that I had a background in residential aged care as this assisted in alleviating any of their initial reservations. In particular, an elderly resident and a PCW, who had both suffered severe trauma and grief earlier in their lives before arriving in Australia, were keen to be interviewed as they wanted to contribute to greater cultural understanding in residential aged care by discussing their perceptions and experiences. There were several occasions such as this when I felt extraordinarily privileged when participants shared their stories with me.

Data Analysis

As I completed typing data from audiotaped interviews at each RACF, I arranged times to visit participants again to show them their transcripts. Despite enlarging the font of transcripts for residents, several asked me to read these to them due to failing eyesight. Once all participants had assured me that they were completely satisfied with their transcripts, I commenced the process of interpretation, analysis, coding, and emergence of themes.

This was a lengthy process with such a large amount of data and as Patton suggests:

The challenge of qualitative analysis lies in making sense of massive amounts of data. This involves reducing the volume of raw information, sifting trivia from significance, identifying significant patterns, and constructing a framework for communicating the essence of what the data reveals. (2002, p. 432)

A step-by-step guide provided by Braun and Clarke (2006, p. 87) suggests six phases of data analysis that involve:

1. familiarisation with the data
2. generating initial codes
3. searching for themes
4. reviewing themes
5. defining and naming themes
6. producing the report

Whereas "these stages are not necessarily unique to thematic analysis" (p. 86), they provide a comprehensive outline in demonstrating how the process can be undertaken in a systematic way. Before themes can be identified, it is necessary to read through data methodically and identify codes and assign names. Saldaña (2013, p. 3) describes a code as "most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data". Once grouping of particular codes occur, it is then possible to observe patterns, establish categories, and then apply themes.

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When discussing thematic analysis, Braun and Clarke (2006, p. 79) describe it as "a method for identifying, analysing and reporting patterns (themes) within data". This involves "the searching across a data set" whether "interviews or focus groups, or a range of texts" in the event of locating "repeated patterns of meaning" (p. 86). Thematic analysis is flexible and themes can be established in various ways. However, consistency is important in the way in which any data analysis is undertaken. A theme highlights an issue of significance or a category that has been identified through analysed data relating to the focus of the research motivation and research questions (Braun & Clarke, 2006; Bryman, 2012).

I chose to manage the large amount of data in the following way. The first step was to systematically separate answers from the transcripts of each participant for each individual question. Three separate computer folders were then allocated for PCWs, residents, and managers. Separate files with responses to each specific question were filed in respective folders. This took considerable time but helped me in tackling the data logically. Once I had printed hard copies with responses to each question for the three separate folders, I found the data much more manageable. After reading and interpreting responses to specific questions for each group of participants several times, I was able to identify similarities and differences across individual cases and generate codes. Different codes were colour coded and grouped into categories. Large coloured posters were used for each category, which assisted me in developing further insight into emergent themes. The step-by-step process that I utilised helped me considerably in not becoming too overwhelmed. Six chapters (Four to Nine) cover different themes that were identified from the analysis of data relating to PCWs, residents, and managers across six RACFs. I chose to divide each main theme, some with sub-themes, into six different chapters as they are all separate

issues. In each chapter, the stories of participants, relating to these themes, are followed by reflections and discussion.

In these chapters, links are made to research literature and there are some references to field observations. As a researcher in the field, it is not possible to "observe all locations at every point in time" and discretion needs to be considered when deciding "where and when to make field observations" (Yin, 2012, p. 22). However, despite my field notes making up only a small amount of collected data, they were necessary in that they provided me with some understanding of the relationships among participants and their individual contexts.

Strengths and Limitations

As the field of residential aged care has been my working and teaching environment for many years, I collected my data as an inside researcher who is not only familiar with the context but has a personal investment in this research through my own stories and those of my parents. Consistency of findings was controlled through triangulation by collecting a variety of data through interviews, observations and field notes. Individual transcripts were returned to all participants for checking before analysis. There was a commonality of findings across the six RACFs with five identified themes, which are discussed in detail in the Reflections on Findings sections throughout Chapters Four to Nine. These findings also support transferability to similar facilities.

In addition to having professional teaching, nursing and personal experience, my previous experience in research undertaken during my Master of Education assisted me in my role as a researcher.

Despite my familiarity with the context and desire to succeed, this was only the first step. It took considerable time explaining my research to many prospective participants and subsequently recruiting those who saw the value in it and understood my desire to offer support by listening to their stories.

During my involvement with participants, my aim was to avoid bias by not seeking to validate my perceptions but rather, to listen and consider their individual experiences that could differ from my own understandings. As my primary goal is to assist PCWs and residents, and potentially make a contribution to the sector through my research, the best way to do this is to acknowledge their issues and gain more understanding through their eyes.

There were a few participants who were not as talkative as others but they all participated in answering each question and did not display any discomfort during their individual interviews. The responses that I received from PCWs, residents, and managers, and my observations and field notes, provided me with ample data. The feedback from participants, who had willingly participated in my research, was encouraging as they enjoyed having the opportunities to share their stories with me in a private forum. It is possible that some perceptions and experiences may have varied if other PCWs and residents, who declined to be interviewed, had been recruited. For unknown reasons also, I did not have the opportunity to interview the managers of two RACFs. However, as a researcher I consider that it would have been even more difficult recruiting participants without my previous professional and personal experience and understanding relating to the field of residential aged care.

From the perspective of the value of this multiple case study, when considering the six different contexts researched, analysis of my data revealed some

generality among findings from participants. This is not to suggest though that this generality should be applied to all RACFs. Yin (1994, p. 10) proposes "[c]ase studies, like experiments, are generalizable to theoretical propositions and not to populations or universes". In relation to Yin's suggestion concerning the link between theory and data, I consider it possible that my generalised findings could provide a springboard for further investigation in the context of residential aged care in Australia. Building on these findings could develop more understanding and knowledge of the issues involved for PCWs, residents, and managers in RACFs and also contribute to the development of general theory.

Ethical Considerations

My research was approved and conducted in accordance with the ethical requirements of the Monash University Human Research Ethics Committee (MUHREC). Written documentation relating to the details of this study was provided to prospective participants. Those people who agreed to be interviewed signed a consent form that outlined their rights concerning voluntary participation, privacy and confidentiality. Participants were provided with pseudonyms and they were informed that they could withdraw from this project at any time if they decided they did not want to continue. When interviewing participants, their dignity, rights, and cultural beliefs were respected at all times.

When conducting my fieldwork, I was not involved in interviewing any residents with dementia as it would have been unethical to do so when they are so vulnerable, dependent on others, and suffering from various degrees of memory loss.

While I was still involved in the process of analysing data, I received requests to provide preliminary reports of some findings to two RACFs. I agreed to this and

provided them with these reports. At the same time, I decided to be consistent and

do the same for the other four RACFs. The reports that I provided to all RACFs

contained data specific to each facility. I am pleased that I agreed to these requests

at the time as I really appreciated having access to all RACFs to conduct my

research. Since then, there have been changes in management at some of these

facilities, which is not unusual due to the constant demands and hard work involved

in the field of residential aged care.

The following chapter includes narratives from residents who discuss their

lives in residential aged care. Identified themes relating to these narratives involve

residents' perceptions relating to the issue of relocation and transition, from their

homes to a RACF, including accompanying personal losses, and also their

interactions and experiences with PCWs.

Chapter 4

Coming to Terms with Living in Residential Aged Care

Pioneers

We are the old-world people
Ours were the hearts to dare;
But our youth is spent, and our backs are bent,
And the snow is on our hair.
Frank Hudson

Memories of Days Long Past

During my primary and early secondary school years, poetry was considered an important part of the Australian curriculum and my homework often involved memorising a poem by heart. As I loved sonnets and bush ballads, this was an activity that I always enjoyed. The first verse of the above poem is particularly significant and has always evoked a powerful memory for me as it reminds me of my paternal grandparents. For me, this bush ballad epitomised bravery, hard work, and determined spirits for those people seeking adventure and new lives. In light of this perception, I regarded my grandparents as pioneers and 'old-world' people because they seemed so old to me and had many interesting stories to tell about the 'olden days'. Not long after my grandparents married, they left their families in England for Australia with optimistic hearts to seek employment and a better life.

My grandparents were sociable people and attended the 'Elderly Citizens Club' every week. Sometimes, during school holidays, I would accompany them to their meetings. On one particular visit, there was a concert and my grandmother

suggested that I recite a poem to the audience. I was extremely nervous, and not confident at all about getting up in front of everyone, as I had never done anything like this before. Despite my fears, I recognised that this was important to my grandmother. In due course, I took my place on the stage and recited the entire seven verses of this poem. After I finished my recital, I was completely overwhelmed by the cheering from the elderly people and realised that they had all related to this poem in some way.

By the time people become elderly, they have all encountered numerous events and transitions throughout their lives. During the lifespans of individuals, some cope better with social, financial, or physical circumstances than others, while some are less resilient or more negative about change. Relocation to a RACF is an event that is difficult for many of the elderly and their families as the transition process can be fraught with differing emotions for both parties.

In line with my commitments to provide participants with a voice, in this chapter I document and analyse the elderly residents' experiences of moving to, and living in a residential aged care facility.

Relocation and Transition to Residential Aged Care Facilities

When interviewing residents, I did not ask them specifically about relocating to a RACF. As most residents loved having the opportunity to tell their stories and were not constrained by time, several of them shed light on their feelings concerning the ongoing transition process to residential aged care. The process has clearly been a powerful and at times traumatic experience for them.

Albert from England lived in his own home until his early nineties. He describes himself as a "home man" who loves his family and enjoyed gardening and playing the organ:

> I miss my house and all of my belongings and all of that.… I came here because I wasn't feeling myself. I expect to be looked after…. That has become [more] important the longer I have stayed here.

Even though Albert would rather still be living independently, he has resigned himself to needing care and has accepted this environment as home:

> I wouldn't say that I'm happy but I know that I need this.…. Whenever I go out with my daughter I am happy to return as this is home to me now.

Marcel from Croatia led an active life as a carpenter for many years. He misses his wife and finds it difficult to cope with some residents who are not as cognitively aware as him:

> I lived with my wife for twenty-eight years and she passed away in April this year. I am getting more or less what I expect. There are a lot of silly people in here.

Although Marcel experiences sadness and frustration, he appreciates family support and says, "I am lucky to have my stepdaughter".

When Anka arrived from Serbia, she designed clothing and had her own dress shop. She loved her "beautifully furnished unit", which was large and comfortable and is still very upset about having to leave it due to her ill health:

> Let's say that if I don't want to stay here any longer, where would I go because I don't have a home now? Where am I going to go if I don't like it here because I bought this room and it is my home now?

Johanna is Dutch, and after living independently in her home for several years, realised that she could not look after herself properly any longer and needed to move closer to her family:

> I lived on my own for a few years. The doctor didn't come there and I was getting a little bit desperate because I had a few health problems so I knew that I had to come closer.

Having accepted total responsibility for the decision to live in a RACF, Johanna is determined to be as agreeable as possible with the PCWs who provide her with essential care because "they are the ones who are working here and I'm just a patient".

Barbara is an ESB Australian and also recognises that she could not adequately care for herself any longer but did not want to feel that she was burdening her family:

> Well the alternative if I was not here, I would be staying with my family and I didn't want that. However, I expect to be well cared for, which I am.

Freda is German and lived on her own until her doctor organised a "three-week holiday" [respite] for her in a RACF because her family were going away. During this time, Freda enjoyed the companionship of others and decided not to return home:

> I like it here because everyone is wonderful and I want to stay here and not go home. When I arrived here, I had a big bag of wool and I started knitting in the lounge room and people came and talked to me and I liked that.

Wang from Hong Kong is of Chinese descent and is grateful that his quality of life has improved since moving into a RACF:

I'm getting better now because six months ago I lie on the bed and can't even move. Now I am moving around and can sit on the wheelchair. I can do things by myself.

Alaisdair is Scottish and has always been a prolific reader. His situation is made more tolerable because of his wife's daily visits:

I'd rather not be disabled but am reasonably happy with the care that I receive. It helps me that my wife comes in every day to see me and brings in my newspapers … [and] takes me for little walks.… I have nothing to moan about really as I see my wife every day.

It is apparent from the above stories of residents that their relocation to residential aged care involves a range of feelings such as sadness, resignation, frustration, and acceptance to varying degrees that they can no longer independently care for themselves.

Reflections on relocation and transition to residential aged care facilities.

Relocation and transition to RACFs for elderly people is certainly a topic that warrants more research at another time. Although it is not the main focus of the study, I considered it important to devote some discussion to it at this stage and consider the physical and emotional transitions involved in the relocation process, which are ongoing for residents. In the above stories, residents touched on their own various losses and the importance of family. At the same time, there was stoicism evident in their determination to cope as best as possible in their current situations.

Loss of autonomy.

Apart from Freda, who appears to have adjusted very well socially to life in her RACF and enjoys the constant daily interaction with others, I detected ongoing sadness and resignation among all the other residents concerning their living arrangements. This was despite the fact that these residents recognised that they could not care for themselves any longer and had no alternative living arrangements at this time of their lives. In spite of making their own decisions, it is significant that many residents resign themselves to accepting placements at RACFs through lack of choice. This acceptance of loss of autonomy by residents is not considered ideal as it has been a forced decision that has not only involved them but also their families and staff (Nay, 1995; Brandburg, 2007). It is suggested by Nay that "outcomes of resignation as acceptance have profound implications for the well-being of these older adults" such as "depression [being] a decline in function, and diminished quality of life". Alternatively, despite the resignation among Albert, Johanna, Barbara, Wang, and Alisdair, there is some positivity detected as they all realise that their situations could be worse. In particular, Wang's quality of life has improved significantly since living in a RACF for six months. Despite having a stroke, he can move around now and do things for himself, which he could not do beforehand.

A poignant reminder for me of the difficulties faced by relocation relates to seven years ago when I organised respite for my elderly parents at a RACF for a few weeks. It was an emotional and overwhelming experience for all three of us when we walked through the doors of the facility on the first day and were duly welcomed by members of staff. At this time, my mother was struggling to look after herself, let

alone cope with the effects of my father's worsening dementia. As my mother said to me later when she and my father had become permanent residents:

> I didn't wake up one morning and think to myself, I can't wait to go into an aged care facility. No-one does. I would have preferred it if we could have spent our final years at home but I knew that I just couldn't do it any longer.

As in the case of so many elderly people who relocate to RACFs, my parents had led long and independent lives beforehand but had eventually reached the stage where living in their own home was no longer sustainable or safe. At this particular time, my siblings and I accepted additional responsibilities and assumed the various advocacy roles that this relocation and transition process required for my parents. During this time of transition for residents, relationships within families can change and many residents who have been recognised as the head of the family may find that their adult children have assumed the "parenting" role (Mikhail, 1992).

Loss of possessions.

Albert and Anka refer to the loss of their homes and belongings. They both miss the cherished possessions and memories that they left behind. Albert describes himself as a "home man" who loved his family, gardening, and playing the organ. It appears that his home was his castle. Anka, a self-made business woman who described her "beautifully furnished unit" reluctantly moved into aged care due to poor health but has found it extremely difficult to adjust to living in aged care. Treasured possessions such as furniture and a home are often connected to special memories and a life of greater independence (Brooke, 1989).

When residents are stripped of possessions that were integral to their former lifestyles, McCracken (1987, p. 14) argues that "change in possessions that

accompanies relocation can contribute to loss of continuity with life history, and a loss of a sense of self or identity". Change can be difficult at any age but admission to a RACF is a major life event. This is particularly so when their physical and psychological reserves have decreased due to age and self-identities are still intricately linked to their homes, communities, friends, and possessions (McCracken, 1987; Mikhail, 1992; Thomasma, Yeaworth & McCabe, 1990; Young, 1990). Relocation can involve saying "goodbye" to not only so many possessions but to a person's identity (Young, 1990). For many residents, grieving for their loss of possessions is not necessarily related to material aspects but to fond memories and what they represented (Nay, 1995). From my personal experience, once an older person has decided to relocate to a RACF, the most difficult decision relating to the entire transition process is having the contents of their home and memories packed up into cartons. They do not want to forget their former lives but it is necessary to reduce possessions and take only a few to fit into the one room that is now their new home. For many older people entering aged care, this is a painful and emotional experience. It is difficult to completely comprehend unless one has experienced some involvement in the process and has some awareness of the heartache that accompanies it.

Loss of cognition.

It is not unusual for residents in RACFs to be anxious about declining physical and cognitive abilities in others around them (Mikhail, 1992). Marcel is cognitively aware and refers to there being "a lot of silly people in here". From Marcel's comment, it appears that this perception presents adjustment difficulties and feelings of alienation for him in building relationships with others in his RACF.

He could also be concerned about his memory deteriorating as he becomes older and he too is regarded as a "silly" person. Many older people are very concerned about memory problems in others and anxious about losing their own cognitive abilities. This common perception can have an initial negative impact on their transition process (Brooke, 1989; Lee, Simpson & Froggatt, 2013).

In interviews with older people concerning their transition into residential care, Lee, Simpson and Frogatt (2013) suggest:

> Fear around losing memory appeared to be an ongoing, daily anxiety revealing that in the face of losing control of some of the practical tasks [and] participants actively sought to maintain control of an important part of how they perceived and valued themselves. (p. 53)

It is not that many residents do not want social contact but it is often difficult to develop relationships with others who have similar interests. They also find it awkward communicating with cognitively impaired residents (Huage & Heggen, 2007; Nakrem, Vinsnes & Seim, 2011).

My work with older people in RACFs over many years has provided me with insight as to why many of them are so concerned about the possible onset of dementia. Obviously, for many older people, this is a real concern as they may associate ageing with some automatic memory loss and fear further loss. As in any age group of the general population, some people are more tolerant and knowledgeable about certain matters than others and this includes the topic of dementia. This is not to imply at all that it is not difficult at times for cognitively aware residents to live in an aged care environment with others who have some degree of memory loss. It is quite acceptable for them to prefer to gravitate to like-

minded people. Even in RACFs, there are some older people who have little or no understanding or knowledge of the nature of dementia and the difficulties involved for the sufferer, family members, and staff. During the time that my mother lived in a RACF, there were times when she was offended, frustrated, and embarrassed by intolerant comments made by some residents concerning the state of my father's mind and that of others suffering from dementia.

As already discussed in an earlier chapter, people are living longer and there is a rise in the number of individuals with dementia. It is understandable that older people living in residential aged care worry about their memories and want to maintain some control over their relationships with others and what is still important in their lives.

Importance of family.

The regular visits that Albert, Marcel, and Alisdair receive from their loved family members help them to cope as best as possible in their aged care environments. Whenever Albert is taken out by his daughter, he is happy to return 'home' now. Marcel, whose wife recently died, considers that he is fortunate to have his stepdaughter visiting and taking him out regularly. When there are community bus outings at Marcel's RACF, his stepdaughter often provides him and other residents with additional assistance by accompanying them. Alisdair's wife visits him every day and he says that "I have nothing to moan about really" in spite of him saying that "I'd rather not be disabled'. Despite the necessity for Alisdair and Marcel to live in their RACFs, they appreciate the continuing support from their families. During the last few years of my mother's life in aged care she would often say when expressing her appreciation, "If it wasn't for my family, I would feel

abandoned like a robin in the winter". My mother always enjoyed visits from family

members, being taken out for a few hours and attending various family functions

when she was able. The telephone in my mother's room was her lifeline to the

outside world, which enabled her to interact and still feel connected to her extended

family. In relation to the importance of family to Albert, Marcel, Alisdair, and my

mother, Coughlan and Ward (2007, p. 48) found in their discussions with residents in

a long-term facility in Ontario that many of them "were reliant on family members

for connections to their previous lives, a sense of comfort and for practical help".

The above attitudes and ways of coping demonstrate ingrained reliance on

stoic outlooks and positive thinking and their reflections on how they may have

faced difficult experiences in the past (Lee, Simpson & Froggatt, 2013).

Consequently, life in residential aged care is made a little easier and more bearable

for these residents through the regular emotional and practical support of caring

family members and knowing that they are not alone or neglected.

Living in RACFs may provide some security for many residents but it is

often a lonely experience (Slettebø, 2008). In analysing data of residents from two

nursing homes in Norway concerning their transition processes, Bergland and

Kirkevold (2005, p. 688) found that "[r]egular visits from family contributed to the

residents' feeling of thriving. Days with visits from family were valued as better

days than those days without visits". Not all residents have regular visits from their

family so establishing close relationships with other residents and staff members

becomes even more important for them.

Interactions with Personal Care Workers

In the following stories there are several comments from residents, which provide insight into their relationships with PCWs who are involved in attending to their daily needs.

Ethel, an ESB Australian, is frustrated by long waits for assistance from PCWs. However, she rationalises this to some extent with her sense of humour and appreciation of their friendliness:

> I find that the Personal Care Workers are pretty friendly although they go away.… They tell us that they will be back in a minute and they are not back in half an hour and we are still waiting for them. I have thought that if I sit here long enough, I will learn the art of patience [laughing].

Even though Ethel has preferences for the way in which she is assisted with showering, she will not say anything to the PCWs. Her reasoning for this is that she is physically dependent on them so will not complain. She says "they are doing a good cleansing job but I like the face washer better":

> I notice when some of them shower me, they have the soap there and wash me with their hands.…Two lately have washed me with their hands and it doesn't feel as soft as a face washer.

Eleanor, an ESB Australian, considers kindness and patience from the PCWs as vital and says "I haven't struck anyone who has been nasty":

> They don't mind what they do for us…. They are like that here and very good so I can't expect much more than that.

However, understanding the accents and intended meanings of some PCWs is difficult for Eleanor. This difficulty may be exacerbated by the fact that Eleanor experiences breathing difficulties, often relies on an oxygen tank and feels exhausted all the time:

> I don't like to mention it but the Indians are the hardest of all the carers. I can't understand them and they can't understand me.… Little things like this are hard.

Don, an ESB Australian, is confined to propelling himself around in a wheelchair. Providing his specific care needs are understood by the PCWs, he is satisfied:

> They shower and dress me and provide me with care I need provided that they understand me.

It is very frustrating for Don when communication difficulties occur between him and some PCWs due to language barriers:

> I guess that one of the sticking points is that I expect the carers to have enough English to be able to communicate with me and me with them.… They don't know what I need and I can't tell them what I need.

Anka refers to her constant pain and admits that she is unhappy living in a RACF. In her own words, she had "always dictated what she wanted for herself" in the past as people worked for her:

> I beg for a shower and call for half an hour. One of the carers showers me in the bathroom with an open window, the fan blowing my body and using hot water while I am freezing. Then I am told, "Move here, don't go there, stay there".

In Anka's opinion, male carers are better than female carers. She believes that the males are "more direct, careful and give more attention" and do not raise their voices to her:

> I don't like it when a few of the woman carers are arrogant and very offensive and say "What do you want now? It's late and I'm not going to do this now. Go back to bed and sleep".

Anka's distress escalates when she considers that she is not respected by the carers:

> I love carers to be gentle with me because I am not a dog, I am not an animal and I am not stupid. I just like to be treated politely and normally and like to take my time otherwise I don't remember anything…. It is very hard for me to swallow when staff are [sic] rude to me because this is not human.

Mavis, an ESB Australian, is physically and emotionally dependent on carers to understand her specific needs. She dislikes inconsistency in her daily routine and having to continually deal with so many cultural differences among carers:

> You can't get the same girl twice. You get different ones every day and these Indians you know, they don't care the same way the Aussies do. There's hardly any Australians here. They're nearly all Indians and other nationalities.

It is unsettling for Mavis to deal with different personalities all the time as she considers that they do not understand her medication or other needs as they are not familiar with her routine:

> I just like to have someone that I'm used to for medication and that and different things as they don't know what is happening.

Like Anka, Mavis is very distressed when she considers she is not being cared for properly and respected:

> The carers shower and dress me because I can't do it. I'm crippled up with rheumatoid arthritis.… There's one here. She stood back and when she showered put the hose on me and showered me as if I was an animal. She was an Indian or African or something.… They all look the same to me.

Mavis does not have any family so considers emotional support from Aussie carers as "pretty special":

> There are one or two Aussie carers here … they know me now and they look after me. I had to go and buy new clothes and I wanted someone to try them on and fit me. So she fitted them on me and measured me up.

Overall, Lloyd who is an ESB Australian, is happy with his care so this assists him in dealing with the problems he encounters with one carer:

> There is only one carer here that I have ever had any problems with and that is an Indian male with some arrogance … apart from that, I get good care.

Lloyd finds it difficult having to wait when he considers his need is urgent:

> I expect that when I ring the bell that they will come running but they can't always do that but that's the situation.

Barbara is also concerned about having to wait longer than she considers necessary for assistance once staff have been alerted:

> I like it when I press my button that somebody comes reasonably soon. However, at night I do wait a bit.... This does bother me a bit.… I have had a couple of bad experiences when I have had to wait for getting on for an hour.

Sylvia, who is Polish, appreciates the care provided but also finds it difficult having to wait so long at times for assistance:

> I don't always get what I would like to have. I have enough done for me in that they know I am a person who needs their care because I cannot move, read or write.… I think that it would be nice to have a few more nurses because we wait a very long time sometimes.

Rather than allowing herself to become too distressed about the issue of perceived disrespect from PCWs, Sylvia appears to have the ability to consider the connotations of this in a positive way that benefits her:

> In some ways, disrespect can appear to exist of course and it is hard to explain as the nurses are very busy and run here and there.… In some ways they may come across as being bossy, which can be mistaken for being abrupt.

Freedom of speech is important to Sylvia:

> They show me respect towards my country. They look after Polish people here very well. We have the freedom to say what we think and talk Polish and teach the staff some words.… That freedom is very nice.

Johanna considers that she receives good care because her expectations are so low. As Johanna says,"I don't expect anything and I think that is why I am well cared for".

Despite wanting a chair in her room, Johanna is not prepared to allow herself to become upset about this:

> The only thing that I haven't got is a chair in my room for visitors or myself to use. I have asked for this several times but still haven't got it. However, it is not a big issue.

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Daniela is Italian and is happy because she feels valued because PCWs continually show an interest in her as a person:

They're good here. They're always asking me things and this and that and the other so I'm very happy.

Alisdair says that he is able to cope because his wishes are respected by the PCWs and "it is pretty good here so I don't mind too much".

Franz is Austrian and also appreciates the respect shown to him by the PCWs:

They show me respect. They don't ask me too much about my culture. They ask me about my belief … beliefs in God and beliefs in justice. That's my strong belief in justice.

Freda admits to having a mind of her own and not being concerned about what others may think and says "I don't tell any of the staff what I want as I do what I like and I stay very busy".

It is evident from the above accounts of residents that their perceptions, reactions and attitudes to situations vary considerably in how they perceive their specific needs are being met.

Reflections on interactions with Personal Care Workers.

For residents, endeavouring to negotiate some consensus in their own space while living in a communal environment, it is not without difficulties at this time of their lives. Many people, earlier in their lives, believed that admission to a nursing home was the most dreadful event that could ever happen to an older person and they would rather die than leave their familiar environments (Brooke, 1989). In light of

this, it is not unexpected that residents' individual perceptions and reactions are governed by their previous cultural and life experiences, decreased physiological reserves, psychological losses, and differences in levels of tolerance and coping abilities.

The reactions of individual residents to their interactions with PCWs are diverse and include gratitude, frustration, resignation, compromise, and antagonism. Embedded in these are themes relating to anxiety, self-respect, and power.

Anxiety.

Many people suffer from anxiety at various times in their lives and respond to it in differing ways depending on their personalities and situations. It is considered by Thomasma, Yeaworth and McCabe (1990, p. 23) that the effects of anxiety are not always negative as a certain amount of this is considered common in responding and adapting to stressful situations and that "one cannot equate anxiety [in the elderly] directly with negative effects of relocation".

In regard to the above, my findings suggest that not all elderly people adjust to living in a RACF as their anxiety is often entrenched, ongoing and linked to the initial relocation process. Adjusting to life in aged care is unique for each older person. During the relocation phase, as Brandburg (2007, p. 52) found in her study of nursing home transition, adjustment attitudes of older people included "themes of reframing, getting used to it, going along, confronting change, extending, fitting in by not fitting in, doing one's best, renaming, keeping quiet and obeying". All of this exemplifies "the vulnerability of the residents to staff decisions, such as not speaking up and being agreeable" (Rodriquez, 2011). Unless one has experienced

institutionalised care, it is difficult to envisage the loss of freedom and apprehension that residents endure.

Anka and Mavis are residents who constantly struggle with living in their RACFs. In their lives before aged care, they both described themselves as very independent women who had worked outside their homes and were completely self-sufficient. Anxiety in both residents, at this difficult time of their lives, is clearly evident and expressed through exasperation and continual disapproval of the perceived attitudes of many PCWs.

When I asked Anka if she would consider speaking to some PCWs in the hope that she may develop better relationships with them, and thereby work more effectively with each other concerning her care requirements, her response was interesting:

> I don't talk to them because they work for me and I have nothing to talk to them about … I don't think that I need to understand the background of the carers because they were hired by the boss and trained…. They have come from wild places and haven't come educated. They try to educate them here so that they learn better.

In her own words, Anka says that she "always dictated what she wanted for herself", employed people in her business and had domestic help at various times during her life, it could be possible that some of the PCWs consider that she has a servant mentality attitude towards them and find this upsetting and confronting. During interviews with older people in long-term care settings, Cooney (2010, p. 193) established that some participants "were used to being the 'boss' and taking charge of their life". These participants were more used to "giving rather than

receiving orders". Consequently, they did not appreciate what they considered as unacceptable behaviour and intrusion into their lives.

Anka also mentioned during her interview with me that she prefers male carers as they treat her more respectfully:

> They are more direct, careful and give me more attention. They do everything more delicately and they don't shout at me. I think this [bad] behaviour is by Australian carers. The Indian carers are polite, trying to keep their jobs and stay in the profession. I am happy with their care.

It is interesting that Anka is more comfortable with male and Indian carers providing her with daily care and support. When interviewing one PCW, he referred to some of his Indian colleagues as being "very procedural". He mentioned that he often finds it difficult working with them because they "go straight to the point when they haven't had the chance to talk with the residents and greet and establish rapport". Anka seems to prefer a direct and procedural approach as she is not interested in engaging in conversations with the PCWs, learning more about their backgrounds, or developing reciprocal relationships with them. This approach may suit Anka better but is unsettling for Mavis, Eleanor, Don, and Lloyd as they find it frustrating when communication is difficult with some PCWs. Despite most Indian PCWs speaking English very well, and having a culturally embedded respect for the elderly, these elderly residents find it difficult to communicate with them as they are not culturally accustomed to this direct and procedural approach. This approach appears to them as not understanding their needs and displaying some arrogance at times.

As an 'Aussie', Mavis considers that Australian carers have a greater understanding of her specific care needs. She finds it difficult dealing with so many different nationalities among the carers and tries to direct them by telling them what she prefers. When Mavis's wishes are not respected, she becomes more distressed when she is told by some of the carers "oh no, no" and then feels compelled to defend herself again by saying, "No, you do it my way". For residents, anxiety and anger increase when they have little control over their daily activities and tight schedules (Mikhail, 1992; Nay, 1995). In analysing the psychological responses of residents in a nursing home, Mikhail (1992) found that when they were admitted involuntarily "it is especially important to find some areas where they can exercise control. It is loss of control that feeds resident's anger and where conflicts over care arise".

Anka and Mavis are two examples of women who have not adjusted to living in residential aged care. Although they both know that they cannot live independently any longer, they are not coping with loss of autonomy and control over their lives. Despite having made their own decisions about living in residential aged care, both women perceive their decisions as forced choices because they were made in situations with no other alternatives (Nay, 1995). Furthermore, Anka and Mavis struggle in their interactions with some of the PCWs because they consider that their attitudes are too regimented and their individual wishes are not taken into account. Whether residents choose to express concerns or not regarding frustrations about their care, their anxiety will not diminish if they believe that they do not have a voice and their personal preferences are not deemed to be important.

Ethel, Barbara, Sylvia, and Lloyd find it frustrating when PCWs do not answer their bells quickly enough or are attending to their needs and then called away for other situations before their care is finished. This causes additional anxiety for them but they are reluctant to complain. Even though residents may not want to be seen as burdensome, and show empathy to PCWs about short-staffing issues, it often leads to them feeling more anxious, neglected and not considered worthy enough as individuals (Coughlan & Ward, 2007; Nakrem, Vinsnes & Seim, 2011; Slettebø, 2008; Westin & Danielson, 2007; Wilson & Davies, 2009). Residents in a long-term facility reported to Coughlan and Ward (2007) that "with so few staff, they spent a lot of time waiting" and were reluctant to complain "because their quality of care and quality of life depended so much upon them". This supports the feelings of Ethel, Barbara, Sylvia, and Lloyd who expect that their needs should be answered promptly but are reluctant to complain. In the above situations, it appears that whether these residents complain or not about their quality of care, they have all adopted a certain amount of resignation meaning that issues are not resolved causing ongoing anxiety.

Self-respect.

If residents perceive themselves as burdensome to those who provide them with essential daily care, this has an effect on their self-respect.

Showering is an intimate activity and provides a good opportunity for PCWs and residents to communicate with each other. Unfortunately, this is not the situation for Anka and Mavis as they consider that their individual wishes are not respected in the ways in which they are showered and treated. Anka says that she is not "an animal" and "not stupid" and wants "carers to be gentle". Mavis is

completely dependent on being showered and dressed as she has severe rheumatoid arthritis and is upset that one of the carers "stood back" and showered her as if she "was an animal". When speaking to these two women, it was distressing to be told this as it reminded me of a situation when my mother was extremely upset about the attitude of one of the PCWs who attended to her daily care. My mother told me at the time that this PCW stood away from her, pointed the shower hose in her direction and "watered her like a garden plant". Knowing that my mother was too frail and distressed to complain, and as a strong advocate for her dignity and rights, I complained to the charge nurse who handled the situation sensitively.

In researching relationships between staff and families in residential aged care facilities, Bauer, Fetherstonhaugh, Tarzia and Chenco (2013, p. 9) found that many staff considered "dialogue and communication between staff and families [as] important because families were able to share unique insights into a resident's past life with staff". Although I have not interviewed family members as part of my research, it has become apparent to me through my personal and professional experience in residential aged care that it is important for family members to communicate regularly with staff whenever possible as many residents are too weary or reluctant to voice their fears and concerns. In my mother's and father's situations in residential aged care, it was possible for me during the last few years of their lives to share factual information and insights about them with various staff members. This provided staff members with opportunities to respond more effectively to specific needs and preferences of my parents. Unfortunately, as already discussed, some residents rarely have visitors so often do not have family members or friends to advocate for them when they are in need of emotional support. In previous research by Jacelon (2002), it was found that when staff did not provide care as expected, and

failed to communicate effectively, older people felt ignored and forsaken and not able to develop a positive relationship with them.

Sylvia acknowledges that "disrespect can appear to exist" at times but is inclined to make allowances for "nurses who are very busy" when they appear bossy and abrupt. Slettebø (2008) found that if staff members are too busy to concentrate on providing care appropriately, residents consider that they are not respected as individuals.

There are many residents of eastern European backgrounds in Sylvia's RACF and she appreciates being able to converse with some of the staff and residents in Polish. This freedom of speech and respect from staff shown to Sylvia's language use is vital in preserving her self-respect and identity and compensates to some extent for any other perceived disrespect that she may sometimes feel from staff.

In situations when elderly and vulnerable residents are dependent on care, and it is not provided to their satisfaction, not only is their self-respect affected but they may also consider themselves powerless.

Power.

It is evident in the above stories of residents that they have unique personalities and coping strategies. When conducting research on older people finding "home" in long-term care, Cooney (2010, p. 191) found some residents "were content to fit in with constraints imposed by the routine but others found the constraints on their autonomy, frustrating and confining". As suggested by Mikhail (1992, p. 36), "[i]t is loss of control that feeds residents' anger and where conflicts over care arises". It was established by Jacelon (2002, p. 229) that "if care was not

provided as the elder anticipated, the elder felt neglected and devalued". In support of these findings, it is clearly evident from interviews with Anka and Mavis that they feel very frustrated, confined and powerless. They both deeply grieve their loss of independence and yearn for their former lives but must live in residential aged care because they have no other alternatives.

Ethel, Eleanor, Don, Lloyd, Barbara, and Sylvia have their frustrations also but have been able to reconcile themselves to some extent "with constraints imposed by the routine". When interviewing Johanna, Daniela, Alisdair, Franz, and Freda, they all appeared quite determined and self-assured individuals, who felt respected by staff, and perceived that they still had some power in making choices about their day-to-day lives. They have decided to make the best of their situations and have created 'home' in their RACFs to their liking. For those residents in long-term care, who are involved in their care relationships with staff and work together as a team, McGilton and Boscart (2007) suggest that it is a beneficial arrangement for residents to still maintain some control over their lives.

For all residents interviewed, it is significant that they are spending the most vulnerable years of their lives residing in RACFs. Irrespective of their differing temperaments, it is evident that when PCWs provide them with individualised and resident-centred care, it is possible to win over those who are perceived as difficult. It may be easier initially for PCWs to develop good relationships with residents who cooperate and interact with them more than others but they are all different. PCWs who regard all residents as unique people with interesting life stories, and focus on their individual preferences, allow residents to feel that they are not completely powerless despite their changed living environments.

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Discussion

Throughout this chapter, in the stories provided by residents in their current contexts, it has been possible to gain insight into their experiences and thereby add more meaning by considering different personalities and circumstances.

From my experience, as a mother and daughter, it appears that there are some similarities between the initial entry into school life for a young child and entry into aged care at a later stage of life for the elderly. Transition to both environments requires children and the elderly to conform to a great extent to different personalities and embedded structures, irrespective of their backgrounds. These are significant and vulnerable times in their lives when they are required to learn to 'fit in' despite their unique personalities and coping abilities. Moving into a RACF is difficult for many elderly people and Thomasma, Yeaworth and McCabe (1990, p. 18) suggest that this relocation "generates anxiety and discomfort far beyond those evoked by familiar routines" and that "[i]nstitutionalization also represents a profound environmental change". This is also the case for many children as they experience transition into established school life.

In discussing the above transitions for children and the elderly, my aim is not to diminish the feelings of tension and anxiety that may occur as a result of other life transitions. Rather, it seems that in-between these two significant life transitions relating to children and the elderly, people at different times of their lives have more autonomy about other relocation decisions because they are not as dependent on others around them.

As there is an element of negativity within society towards old age and living in nursing homes, Nay (1995, p. 323) suggests that "it is not surprising that people

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who are forced to see themselves as old, dependent and residents of nursing homes, would have a devalued sense of self". Although the author wrote this article twenty years ago, I know from my years of experience in the field that this perception still prevails among many people with limited understanding about the sector. Whereas there is greater accountability for provision of adequate care in RACFs now than previously, they are still considered by many people as places of last resort where frail and ailing elderly people spend their final days sitting around and are not involved in any meaningful dialogue or communities.

When interviewing residents, Bergland and Kirkevold (2005) reported that life for them in a nursing home was completely different to any of their previous living arrangements. This had resulted in a shift in their personal expectations, which meant that they had to reassess their perceptions in adapting to a new environment where they expected to spend the remainder of their lives.

In defining a community of people, Wenger (2008, p. 73) describes it as "[m]embership in a community of practice [as] a matter of mutual engagement". Stories from residents in this chapter depict individuals with unique personalities and cultural backgrounds, having resigned themselves to a great extent to living within communities in residential aged care. As a result of their individual differences, it does not necessarily mean that all residents consider their communities as sanctuaries where everyone cooperates with each other. As Wenger (p. 77) suggests, "[d]isagreement, challenges, and competition can all be forms of participation". Whether residents are interacting with other residents or PCWs, there are always challenges involved in finding ways to cooperate and accept differences in others while still maintaining their self-worth and individual desires within their

communities (Wenger, 2008). As depicted in the above stories, it is not an easy process for residents to adapt to a new community at such a vulnerable time in their lives. Depending on their different personalities, some of them appear to cope better than others. In residential aged care, it is not unusual for the nature of their involvement in their particular communities to change when some residents die or members of staff resign. As already discussed, it is common for residents to experience several significant losses when they relocate to a RACF. It is also evident from accounts that some residents experience more extreme feelings of loss of identity and power over their lives than others. Entrenched in our identities, Wenger (p. 207) describes power as deriving "from belonging as well as from exercising control over what we belong to". In support of this argument, it is preferable that some type of compromise needs to be recognised among individuals in order to continually negotiate and maintain a sense of balance in relationships and preserve identities.

There are many difficult and conflicting emotions that residents experience after relocating to their new homes during the final years of their lives. Despite having attentive family members and friends, and good relationships with some of the staff, residents may still have some very sad and lonely times. My personal experience with both parents in residential aged care over several years provided me with deeper insight into the importance of receiving regular visits from family members and the need to act as an advocate for them when necessary. While this emotional assistance from family members and staff may have a positive influence on the lives of elderly residents, it is not possible to remove the pain associated with the many losses that are part of the difficult and ongoing transition process into residential aged care.

The following chapter provides narratives concerning the motivation and practice of PCWs and their reasons for deciding to work in residential aged care. It also discusses the emotional aspects and vulnerability involved for PCWs in caring for residents and the reciprocal relationships that they establish with many of them.

Chapter 5

Motivation and Practice of Personal Care Workers

Blessed are They

Blessed are they who understand my faltering step and shaking hand.
Blessed are they who know my ears today must strain to hear
the things they say.
Blessed are they who seem to know my eyes are dim
and my answers slow.
Blessed are they who look away when my tea was spilled
at the table today.
Blessed are they who with a cheery smile will stop
to chat for a little while.
Blessed are they who never say "You've told that story twice today."
Blessed are they who know my ways and bring back
memories of yesterdays.
Blessed are they who ease the days and care for me in loving ways.
Blessed are they who make it known I'm loved, respected
and not alone.
Author Unknown

The above poem encapsulates the value that an elderly person, who is vulnerable and dependent, places on the provision of daily care and support provided by others. It offers insight into the challenging roles of those PCWs who enjoy their work and are genuine in their concern for the emotional and physical welfare of residents in RACFs.

A Light Bulb Moment

I decided to work with the elderly in my mid-twenties after having spent several years in general nursing. This decision was due to having enjoyed relationships with my four grandparents, liking the company of elderly people, and desiring flexible working hours that accommodated my family life. Early into my first nursing role in an aged care environment, I had a pivotal moment when I knew that aged care nursing was definitely my vocation and it was here that I could make a difference. This related to a conversation with Alec, an elderly resident in his eighties who had been blind since he was very young. Despite Alec's lack of vision, he had a heightened sense of hearing and could always tell when I was on duty by the sound of my footsteps coming down the hallway. Mornings were always busy attending to the needs of all residents. However, there were often quiet times during the afternoons when I enjoyed chats with several residents and Alec was one of them. He was a kindly, appreciative man and we related well to each other. One particular afternoon Alec told me that several years beforehand, he and his wife had been caring for a granddaughter at their home. Alec's wife was sighted and it was a regular occurrence for them to be involved in the care of their grandchildren. Alec explained that there was a swimming pool in their backyard. Despite Alec's and his wife's vigilance, this young granddaughter managed to disappear from them for only minutes and fell into the swimming pool. By the time she was found, she had drowned. Alec and his wife were devastated. As Alec told me this story, we both shed tears. This was an extremely sad story but I felt privileged that he had shared it with me. I recognised that Alec had never been able to forgive himself for the loss of his young grandchild. This feeling was with him permanently and he needed to talk about it. Alec thanked me for listening to his story and appeared relieved that he had

told me. I know that I made a difference by just being there and holding Alec's hand and I thanked him for sharing his story with me. This was a powerful experience for me as it was then that I clearly understood the importance of developing and maintaining positive relationships between nurses and elderly, vulnerable residents so as to provide emotional support for them.

Reasons for Working in Aged Care

In the following stories, PCWs describe what influenced them to choose personal care work.

Ania works in a facility that has many Polish-speaking residents and loves her work:

> I like to help others, especially older people and those with dementia who are in aged care homes as they need help and support.

Many residents suffering from dementia revert to their native language as this disease progresses and can no longer converse adequately in English. Ania is able to help them to express themselves so that they can identify their needs:

> There are many Polish people here and they find it hard with language so I can help them in this way also. I help them to express themselves in their language and say what they need.

Kaye, an ESB Australian, has a history of nursing in her family, and while working as a PCW, is undertaking studies in Enrolled Nursing. She has previously worked in Child Care and enjoys caring for children and elderly people:

> I've always been interested in caring for people. My Mum and my sister are nurses. I am now doing my Enrolled Nursing so I just enjoy the interaction with the different people and enjoy caring.

Lam is from Vietnam and enjoys looking after residents from different backgrounds in a RACF that is culturally diverse in both residents and staff:

> I like to work with elderly people and I like to look after people from different cultures. I learn more skills as I really like to look after elderly people.… I really want to be a nurse too but my English is not good. At least now, I am a PCW.

Hakim lived with his grandmother in Ethiopia and cared for her. This encouraged him to work in aged care:

> I wanted to work in this field because I looked after my grandmother in Ethiopia … I grew up with my grandmother so I looked after her.

Nima, from Tibet, describes his passion for looking after older people as he considers this is important:

> It is my passion to look after older people. I always wanted to do this work so that I could look after older people. These older people want someone to look after them and care for them.

In Tibet, Nima was involved in looking after the needs of older people. This was an embedded and important aspect of Nima's cultural upbringing that is evident in his desire to care for the elderly:

> Back home, we do voluntary work because we don't have nursing homes. Generally, older people live with their families but some of the older people don't have families or children so it is hard for them to look after themselves.… This is part of our community living.

Pramila comes from India and, perhaps as part of her culture, has great respect for her elders. She is keen to repay them by giving something in return to the community:

> It was my passion and I wanted to give something back to the community and directly to my elders. There is a generation gap there and we are reaping the benefits because of what our elders have done for us and I want to give back to them.… My grandmother looked after me.

Several of Pramila's family members were nurses. She became a PCW as a result of what she describes as an inherited passion to care for others:

> I have been very passionate about this field because my mother was a nurse, my other two mother's sisters were nurses and my grandaunt was a matron.

Ramil was a qualified nurse in his homeland. However, until he gains registration as a nurse in Australia, he is working as a PCW:

> I needed some sort of a job. I am a nurse in my country, which is the Philippines and I cannot work here as a nurse. I need to do a bridging course and pass the IELTS test so I enrolled in the Certificate III in Aged Care so that I could work in nursing homes.

Having previously cared for elderly people, Ramil is able to use his skills and experience in aged care:

> The Personal Care job involves caring for elderly people and its care is like nursing. I have had the opportunity to care for elderly people before. I was in Saudi Arabia for six years and most of the patients were long term … it is like the same experience I am having here.

Arvin was also a qualified nurse in the Philippines. Arvin regards working in aged care as a stepping-stone to obtaining nursing registration in Australia while undertaking familiar work:

> In my case I decided to do this work in line with my profession, as back in my country I am a nurse. In order for me to accomplish my goal here, and get my certificate as a Registered Nurse here, I decided to make this a stepping-stone for me.

Marek is Polish and cared for his mother for several years:

> As my mother had a stroke ... and I lived with that, I understand problems of people and am good with that. I don't have a problem with people as they like me and I want to make them happy as much as I can.

Jean, an ESB Australian, was upset by some of the care provided in a nursing home for her grandmother. This experience led to her later becoming a PCW and finding an occupation that she loves:

> Well when I was about thirteen or fourteen, my Nana went into a nursing home and we used to go and visit her. One day we visited her and she was slumped down in a chair with a restrainer belt strapped around her and she just didn't look good.… I thought there has to be a better way for these people to be looked after as it was mind boggling to me.

Priya looked after her grandmother in India. It is Priya's desire to provide holistic care to elderly people:

> Some people choose this work as a passion to deal with elderly people to provide support for their daily living lifestyles and provide comfort, emotionally and culturally. When I studied Personal Care, they taught all of these things to us.

Deepak had some experience caring for his grandfather in India and became a PCW because of his eagerness to learn more about providing appropriate care:

> When I went to visit my parents in India, I liked to see them and thought that it was good for me to learn something like this so that I could help them later as they get older. When I was twenty, I looked after my grandfather.

Iska is from the Philippines and is a PCW because she enjoys community work:

> First of all, I lost my parents a long time ago and I didn't have the chance to look after them. Secondly, to get back into the community, to be a public servant and just to help the lives of these people by making a difference even in just a little way.

Looking after others and making a difference in the lives of elderly people is very important to Iska:

> I am very passionate about my work and my care is very special, especially if the resident has already become close to me. It is about the extra milestone and caring for them like my grandparents.

Imelda is also from the Philippines. In referring to her passion for taking care of elderly people, she likens it to caring for her grandparents:

> I have a passion to take care of elderly people and I am far away from my family so I haven't had a chance to look after my grandparents. Here, I have this chance and imagine that I am caring for them.

In Nepal, Raja enjoyed working with children and the elderly. He found that some of the skills and experience that he had already acquired were beneficial when he became a PCW in aged care:

> I used to work with children overseas in Nepal. Back home, we look after our grandparents and relatives at home and normally don't send them to nursing homes. What I personally feel is that working with children and working with elderly people are almost similar.

John, an Australian of Chinese parentage, was motivated to become a PCW after his experience with his mother in a nursing home:

> From a personal point of view, my mother was in a nursing home and I saw some things that were not good practice. My wife is a nurse and she said "Why don't you get some training so you can be part of the caring industry?"

Work for John in residential aged care is enjoyable and he believes that he has a talent for it:

> I know that when I did the course that the tutor said that early on that I was doing something quite naturally. Then I remembered that I was always the one, being number three in the family, to scrub my grandpa's back so I had the tendency to this type of work.

Sarah, an ESB Australian, was looking for a change in direction after having worked as a nanny for several years. Having caring skills and experience, Sarah found that she enjoyed the challenge of working with elderly people:

> I had been working as a nanny and I just wanted something totally different. I was tossing up between a PCW and nursing and decided that getting in on the ground floor would be good. I haven't looked back and I thoroughly enjoy it.

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Desa from India always enjoyed helping elderly people in her homeland. A course in Community Welfare in Australia provided her with the opportunity to pursue her interest in this area:

> I really like helping people so when I came to Australia I did the course in Community Welfare, which is related to this sector. I also like to help the elderly people here.

Catarina, an Australian of Italian parentage, has always enjoyed looking after children and the elderly so has been able to fulfil her caring and nurturing instincts by working in both areas:

> I always loved looking after people. I looked after my grandmother and she was in a nursing home … I just carried it on and loved doing it. I worked at a Children's Hospital and just loved doing it and loved looking after people and understanding them.

Joan, an ESB Australian, has always enjoyed interacting with the elderly. She has found that working as a PCW has provided her with enjoyment and ongoing employment:

> When I first started, there was a course and I thought "OK" because I was unemployed at the time. This course was being offered in Personal Care.… I quite enjoyed doing it and talking to the elderly residents at the facility that I was placed at and I went from there.

Mary is also an ESB Australian and enjoys her interaction with the elderly. Like Joan, working as a PCW has provided her with the change that she needed:

> Because I wanted a job that was rewarding for myself as in I wanted to give something for a change. I was totally sick of what I was doing and I get along well with the oldies. Where I worked we had a lot of elderly members

and I loved sitting and just chatting with them and looking after them, fussing over them.

It is apparent from the stories above that while PCWs from various cultural backgrounds decide to work in residential aged care for a number of reasons, decisions to do so have been influenced by their previous individual life and work experiences and the overriding desire to provide care to others.

Reflections on reasons for working in aged care.

There is a strong family theme evident throughout the above stories of PCWs in referring to the significance and structure of their family relationships. When these PCWs first considered working in aged care, a motivating factor was previous exposure to the needs of older people within their families and communities. Other motivating factors included liking elderly people, enjoying their company, and having a passion for providing care. Jean and John had been unhappy with the care provided to family members in nursing homes and felt inspired to make a difference. Hakim and Catarina had been directly involved in providing care to their elderly grandmothers and Marek was his mother's full-time carer for several years. Iska and Nima had worked as volunteers within their extended communities by offering care to elderly people with particular needs. The other PCWs were inspired to work in aged care because of their caring instincts and a desire to help the elderly.

It appears that many care workers regard the concept of family relationships as a prototype for ideal caring and their job satisfaction is related to experiences in protecting the rights of elderly people within a compassionate community (Marquis, Freegard & Hoogland, 2004; Martin, 2007; Meagher, 2006). It is interesting to note that Hakim, Catarina, Marek, Iska, and Nima were previously involved in providing

unpaid care to the elderly within their families and communities prior to securing a paid position at a RACF. Comparing unpaid care work within family relationships as a prototype for paid care work appears to have influenced the reasoning and motives of Hamim, Catarina, Marek, Iska, and Nima. In describing relationships between residents and PCWs, McGilton and Boscart (2007, p. 2150) argue that "in LTC [Long term care] environments [it] is unique because of its longevity and its institutionalized character". This relationship is described as "complex on both a professional and personal level and as having a significant impact on both residents' and care providers' satisfaction". The authors also suggest "[a] close relationship can develop only if it is based on mutual respect and is established in a friendly, informal and supportive atmosphere".

In support of the above quotation, I learned early in my aged care career that residents have many different needs and the relationship between a carer and resident is complex. It is necessary to establish healthy, mutual relationships by demonstrating an active interest in residents as individuals. As a daughter of elderly parents, it was necessary for me, on several occasions, to advocate for my mother and father when some specific needs or requests had not been acknowledged to their satisfaction. This occurred even more when my father could not verbalise his feelings or concerns any longer due to the advancement of Alzheimer's Disease. I had an innate understanding of his physical and emotional needs and instinctively knew when he was uncomfortable or distressed, from his mannerisms and facial expressions.

Many residents are lonely, disorientated, and crave human contact and affection. During my experience, I have found that these social and emotional

aspects are frequently unrecorded in individual care plans in RACFs. PCWs who

share a strong desire to provide good care to the elderly recognise the importance of

identifying and understanding their social and emotional needs. In discussing her

passion to support elderly people, and provide them with emotional and physical

comfort, Priya captures the essence of the personal care role in providing holistic

care to elderly people.

Nima, Pramila, Iska and Imelda also refer to their passion for looking after

older people in order to make a difference in their lives. Catarina mentions how she

has always "loved looking after people and understanding them". When I consider

my extensive professional and personal experience in the aged care field, I believe

that what is often referred to as 'a passion' and the ability to understand older people

are essential ingredients for PCWs in their work. These ingredients are necessary to

successfully establish close relationships with residents so that PCWs ultimately

develop into effective carers and gain personal and professional satisfaction from

providing suitable physical and emotional support to older people.

In defining levels of care related to practice and obligation in various

contexts, Engster (2005, p, 50), suggests "caring is better understood in a more basic

way, as helping individuals to meet their basic needs and to develop and sustain

those *basic* or *innate capabilities* necessary for survival and basic function in

society". It is apparent in the above stories of PCWs that they are motivated by the

desire to care for the elderly by providing comfort and assistance with their basic

daily needs. PCWs are in the unique position of providing care at the most

fundamental level to improve or preserve the basic abilities of individuals and ease

concerns of their elderly residents "so that that they can survive and function at least

at a minimally decent level" (Engster, p. 54). Priya refers to the basic needs of the elderly, which incorporate the provision of emotional and cultural support. Similar to Priya, Iska considers that ensuring the safety and happiness of residents is also part of basic care as this reduces their feelings of loneliness. Mary wanted a job that was rewarding because she had always liked elderly people and enjoyed "fussing over them" and engaging in conversations.

Caring for residents is about attending to their specific daily needs. For PCWs who look for greater reward from their work, the ability to establish good relationships with residents requires taking additional time to understand their emotional needs, desires, and priorities.

Reciprocity in Caring

At the beginning of this chapter, I shared Alec's story. Listening to his sad story gave us both the opportunity to interact with each other in a meaningful way. Our relationship, which was based on mutual respect, continued to develop over time. Not only could I support Alec's physical and emotional needs but the relationship was positive and reciprocal in providing us both with satisfaction.

In the following stories, PCWs describe some of their pleasant interactions with residents.

In caring for one resident, Desa becomes emotional when she is reminded of her mother:

> This lady I helped was so happy and gave me hug. There were some tears in
> her eyes and she said to me, "You're very lovely". I just felt like I was
> hugging my Mum as she made me feel very emotional. She is a lovely lady.

Catarina also appreciates residents who care about her well-being:

Residents are really lovely and caring and I try to make everyone equal. I try not to have my favourites but I'm sure we all do. Residents always thank me. If they have their 'ups and downs' we always try to listen to them. Some of them are really happy. I was sick recently for a few days and a lady told me the other day that she missed me.… They get so used to you being there.

Showering residents is a special time for Jean as it provides her with the opportunity to engage in conversation:

I always enjoy the showers and some people say that I talk too much but the residents always say that it is better having someone talking than not talking.

Socialising with the residents, outside their living environment, has provided Jean with another dimension of caring for her residents:

I also used to volunteer here and go on bus trips with them and go everywhere. We'd have sandwiches, go to the movies or to the show or the races. I used to do that on my days off just because I got to see a different side of the residents when they are not in a nursing home and how much they change from not being there when I am out with them.

Jean is rewarded by the happy memories of residents:

The thing I like is when one of the residents a month or two later will say, "Remember that bus trip we went on and we had such a laugh".… It just makes me feel so good inside. I like that.

Ramil feels valued when he knows that residents appreciate his care:

Once residents like a carer, they want the same carer to give them a shower and give them their coffee. It is a good experience when a resident calls me by my name. As you know, some residents have dementia so it gives me a happy feeling.

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Deepak prefers to care for the same residents all the time. This system provides him with satisfaction and his residents with continuity of care:

> I just want to look after these seven or eight residents. It is good if we stay in the same house because the residents get to know us and we get to know them and the routine is easier.

By treating all residents equally, Iska instinctively knows when they are happy:

> There was one resident with dementia … whenever she sees me, she will always look up at me and give me a hug so I can tell that she feels safe and reassured. These people respond to how we treat them.

Similarly to Iska, Sarah believes that good relationships with residents are established by treating them as individuals:

> Once you get to know the residents, and understand their needs, a rapport can be built up and trust formed. I treat each resident as an individual and have a good relationship with all I care for.

Mary derives satisfaction from the appreciation she receives from residents and knowing that she has done her best:

> I get a lot of "thank you's" from the ones who are able to say "thank you".… You know that you've done your job … just the way they thank you or they'll give you a smile or just sort of hold your hand or squeeze your hand.… You know that they've appreciated what you've done for them and that you've done the best that you can.

It is evident from the above stories that all of the PCWs, in response to care they provide, also gain satisfaction from the caring reactions of residents.

Reflections on reciprocity in caring.

Establishing and maintaining meaningful and mutually respectful

relationships with residents in RACFs is such an important part of the roles of

PCWs. Small gestures made by residents to PCWs such as interacting, smiling,

hugging, holding, or squeezing their hands contribute to the foundation of reciprocal

relationships between them. When there is positive reciprocity in relationships, the

provision of care by caregivers directly benefits them and the care recipients (Adams

& Sharp, 2013). Jean and Ramil refer to the importance of having conversations

with residents when showering them in the mornings. As mornings in a RACF are

always busy, it is an opportunity for PCWs to spend more time with individual

residents while showering and dressing them. Being showered by another person is

an intimate experience and is much more acceptable and enjoyable for residents if

PCWs are understanding and regard it as a special time to communicate with each

other. Jean refers to residents saying that "it is better having someone talking than

not talking" when they are being showered. When a considerate and perceptive

PCW showers a resident, and mutual conversation takes place, it is a special and

opportune time for the development and preservation of reciprocal relationships.

This is supported by Sarah who believes that once she knows residents better, and

understands their needs, it is then easier to establish mutual understanding and

respect.

Providing care is a two-way process between the caregiver and recipient and

is defined by connected togetherness in making the relationship work from day to

day (McGilton & Boscart, 2005; Adams & Sharp, 2013). In discussing reciprocity,

Marck (1990, p. 51) argues that it is "not constituted by the care given but rather

manifests itself in the shared meanings between nurse and client that their encounter creates. The author also suggests that "[w]here those shared meanings are positive ones, genuine caring has occurred, and the reciprocity created generates therapeutic outcomes for both the nurse and client".

Iska discusses a reciprocal caring action by a resident with dementia. Despite her resident being cognitively impaired and inarticulate, she was rewarded by this lady's positive non-verbal responses. As Iska says, when referring to residents suffering from dementia, "[t]hese people respond to how we treat them". Caring is not just about accomplishing specific objectives but undertaking it in a compassionate way (Engster, 2005). Caring for others is more productive if carers engage with the recipient. If engagement does not occur before or during the provision of care to recipients, and their responses are not closely observed, the delivery of care will not be as effective. On many occasions when I visited my father in his aged care facility I saw his face light up when he was approached by certain PCWs who had a rapport with him. Even though my father was cognitively impaired and inarticulate, he recognised the caring natures of PCWs and rewarded them with a beautiful smile. In Iska's and my father's situations, there were shared positive and reciprocal understandings.

Identifying with residents and establishing reciprocal relationships with them reinforces the personal awareness of caregivers. It also increases knowledge and emotional capacity for caregivers, which is life-enhancing (Griffin, 1983; Marquis, Freegard & Hoogland, 2004). Desa feels so happy when one of the residents thanks her by giving her a hug and being told "you're very lovely". This emotional encounter reminds Desa of her relationship with her mother. Catarina, Jean, Ramil,

Deepak, and Mary also really appreciate residents showing concern for their welfare and being thankful for the asssistance they provide, and as Folbre (1995, p. 77) suggests, "making other people happy makes one happy". Deepak feels good when residents call him by his name, especially when some of them have dementia as this makes him happy.

From the stories of PCWs concerning the rewards of reciprocal caring, it is obvious that their pleasure is derived from providing care in a compassionate and respectful way to elderly people. This is at a time when the vulnerability of elderly residents has increased and they are more dependent on others.

Vulnerability in Caring for Older People

Since there is such an emotional investment for PCWs in attending to the basic, daily physical and emotional needs of residents, many of them may be prone to increased feelings of vulnerability. The following accounts describe some situations that the PCWs in this study contend with on a regular basis.

RACFs are busy environments that are often short-staffed. This leads to feelings of frustration and guilt for Lam:

> Some residents like to talk with us but it is hard because we don't have much time.… They want to share some things about their own families.… Sometimes I have to ignore and go and do something else.… The thing that they complain about most is that they are being rushed. Sometimes, I feel guilty.

Religion and family are very important to Lam so she feels sad for many residents who do not appear to have this:

The residents have everything here but one or two things that many of them don't have is religion and family so I feel very sorry for them … there are some people who don't have family to visit them.

Priya is also frustrated by not being able to spend more time with residents:

We need more volunteers in aged care facilities who can speak different languages and can spend more time with the elderly residents. This is because carers just don't have enough time to spend extra time with the residents. This would make a big difference.

Nima finds it frustrating when some older people are aggressive and uncooperative concerning their welfare:

Sometimes, older people are very aggressive and they don't want to go to hospital, they don't want to take their medication, they don't want to see other people from outside and they say, "I don't want you, I'm fine and I don't want to take medication". We just respect their rights and do what we can.

Arvin also finds it difficult when dealing with aggressive residents but is able to rationalise their behaviour:

Sometimes, some residents are very aggressive and may provoke and cause irritation and hurt or scratch us. I understand that they don't have control over their actions so we just have to be patient about it.

Sarah does not approve of the aggressive behaviour of a particular resident with dementia. Nevertheless, in this case, despite this resident causing so much distress to many PCWs, Sarah tries to think that she was not always like this:

> One of our residents is incredibly rude to all the female staff and this is just part of her dementia. She pretty much considers us as different sorts of workers and that is what she says to us. A lot of people have shifted floors because they don't want to be around her.… I think that possibly there was some sweetness there at some time.

In the above stories some of the PCWs refer to situations in which they have experienced increased feelings of vulnerability and frustration when caring for residents. In order to cope in their busy and demanding environments, it appears that these PCWs have learned to rationalise their feelings as best as possible when dealing with situations that are often beyond their control.

Reflections on vulnerability in caring for older people.

From my professional and personal experience in the field, many PCWs are frustrated with having insufficient time to spend with residents due to the their busy workloads. Lam and Priya experience guilt about not having additional time to spend with residents individually. Since Lam has a strong family network and religious faith, she feels sorry for residents who do not have family members visiting them or who appear not to have a religious faith. Nima, Arvin, and Sarah feel more vulnerable when dealing with aggressive and rude residents. These PCWs rationalise the behaviours of these residents by respecting their rights. Arvin recognises that "they just have to be patient about it" as these residents are not in control of their behaviour. Providing care at the most basic level can place PCWs in positions of

vulnerability when dealing with intense and emotional situations relating to residents who also feel more vulnerable due to their frailties and dependence on others.

In their interviews with nurses concerning their feelings for the older persons for whom they cared, Stenbock-Hult and Sarvimäki (2011, p. 35) found that having time to spend with individual residents provided them with opportunities "to both express and receive feelings, which in turn meant becoming close to the other person. Taking care of an older person for a long time meant coming to know that person, becoming close and consequently also more vulnerable". This description of vulnerability in nurses also applies to PCWs. Feelings of vulnerability among PCWs assist in the development of close relationships with older people as they provide them with the required care and emotional comfort. This in turn often eases feelings of vulnerability and loneliness for older people.

Despite vulnerability being considered a valuable resource for caregivers in being more tuned in to vague or unspoken communications of care recipients in their environments, this openness and sensitivity can sometimes cause them to become more easily upset (Stenbock-Hult & Sarvimäki). Some frustration and sadness is expressed by Lam and Priya as they regularly feel sorry for residents when they are not able to spend more time talking to them because they are so busy and have to attend to other duties. They feel guilty when residents complain about being rushed. In considering the nature of vulnerability, Carel (2009, p. 218) argues that it "suggests a relationship of openness to the world". Furthermore, Carel suggests that "[w]ithout investing in and caring about transient and vulnerable things, like people, the environment and works of art, we would not be able to flourish. In order to flourish, we must let ourselves be vulnerable". Dealing with some aggressive

residents is difficult for Nima. His vulnerability increases when he considers that some residents appear unconcerned about their personal welfare and refuse to take medication or be admitted to hospital for more specialist care. Despite Nima's feelings of vulnerability, he recognises that PCWs and other staff can only do so much to encourage residents and ultimately must respect their decisions.

The common theme that arises from the stories of PCWs is a desire and passion to care for elderly people who are seen as vulnerable members of our society. In this context, the potential vulnerability of PCWs relates to being sensitive to the feelings and emotions of their elderly residents and respecting their rights at the same time.

Expectations of Personal Care Workers

The following accounts describe what PCWs consider important concerning their expectations of residents, other PCWs and themselves in the performance of their duties.

Raja finds it difficult to comprehend why some residents are disrespectful and discriminatory but understands that many of them are cognitively impaired:

> As part of my culture, we respect everyone but we don't get that from
> everyone here. We respect and worship elderly people and believe they are
> God because they brought us into the world and looked after us. Whatever
> we are, they made us like this…. Still, if we see the other part, most of them
> have dementia and they do not know what they are doing.

Like Raja, Omar has found that some residents discriminate and puts this down to limited contact with immigrants during their lifetimes or to the presence of dementia:

> Sorry, I'm not against any nationality but I have noticed in my four to five years of working here that some residents may have had different lifestyles and may not have seen any different nationalities when they were younger.… If they have dementia it is different.

Kaye considers team work and communication vital, particularly when dealing with challenging residents:

> Team work is very much important.… Communication is very good here. It is important if you need a hand.… With some of the challenging residents with behavioural problems too, encouragement with having two staff is very helpful.

Lam becomes frustrated when some PCWs are not as cooperative as others:

> There is a lot of team work here but everyone is different. Some people who come here hide and are not around enough.

Jakub is Polish and has only been in Australia for a short time. He believes that trust is important between workplace partners:

> We have to trust our partners because we are responsible for these people. If something happens, we get into trouble.… We should know what we are doing so I have to trust that the person that I am working with is good and knows what he or she is doing.

Since Jakub is still studying, he values acquiring extra knowledge and sharing it with others:

> Extra knowledge is very useful when dealing with them [residents] and very important. We should share this knowledge with new staff members because they need this understanding when they are in contact with our residents.

Hakim values mutual respect with others in order to establish good working relationships:

> I respect my partner so I expect others to respect me too.… If there are two people with one resident, we need to work together, help each other, and respect the safety of us and the resident.

Nima considers that it is necessary to respect and be tolerant to differences in pace among co-workers when working with them:

> I always have to respect my co-worker because everyone is different. Someone may be very quick and someone may be very slow.… As long as we are giving good care to the residents, time doesn't matter. We have to cooperate with each other and not tell them that they are not doing things right.

Ramil's philosophy concerning team work is that if he is helpful to others, they will help him in return:

> For me, I want to be of help to everyone. That can be a problem as I have eight residents to look after on a morning shift and it is difficult when someone calls me to help them.… I help everyone who asks me because my idea is that if I help them, they will help me and return the favour. I believe in team work and I think that I get that.

Raja values team work and expects that others will understand and cooperate:

> I believe in team work and am ready to help my co-worker any time they
> need it so I expect the same kind of support from them in proper cooperation
> and a bit of understanding and working as a single team.

Jean has been working as a PCW for many years and is in a supervisory
position so has learned to manage others efficiently in a respectful manner:

> The carers are pretty good here. If we need a hand, we get a hand. I work
> that way and they know that if they need a hand I'll be there so I want that
> back.… They have learned that we are all there for them as we are supposed
> to work as a team and it is not just 'I', 'I', 'I'.

To be completely focussed on the specific needs of the residents, Iska
considers that PCWs should be professional:

> We have to know that we are caring for a reason and for one reason only,
> which is the safety of our residents and providing good quality care while
> they are still here.… We have to be professional no matter what. We are here
> for the safety of the residents and to provide good quality care.

Iska also considers that it is essential to provide quality care to elderly
residents and care for other PCWs in the workplace:

> While they are still alive, we must provide this quality of care and feel good
> about ourselves.… Everyone needs to work in harmony so no-one has a pain
> in their heart and not speaking to each other.

Arvin considers that skills in sensitivity and helpfulness are essential among PCWs:

> I expect other Personal Care Workers to be helpful and be sensitive to the needs of other workers. If they need help, I will be there to help them because I believe that we cannot do this on our own.

Sarah considers that leading by example is an effective strategy in engaging the support of others:

> I try to lead by example and I expect them to do a lot of their tasks and not palm things off. On a whole, the care staff work really well as a team.

Joan considers that treating others in the same way that she likes to be treated assists in encouraging cooperation and respect:

> I expect others to cooperate and be happy to help and have a team environment where we help each other. I like to be treated the same as I would treat others, which is respectful and happy.

Mary values equality, team work, and communication and appreciates directness from others:

> Basically just to be treated as an equal and to work as a team and to communicate. If they have a problem with me or a problem with something that I'm doing, tell me.… Show me how I can do it better.

Since Hakim works in a RACF that has so many different cultures among the PCWs and residents, he considers there should be more emphasis on learning about each other's backgrounds to develop better understanding:

> We need more study to understand people from different cultures.… I would like to do a course to understand the different cultures of people. Someone could come here and take a class.

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Likewise, Jean is working with PCWs and residents from many different cultures. She indicates that more emphasis on cultural awareness at her facility would be beneficial:

> These days there are so many cultures and so many issues.… I don't think we are prepared enough here because the way these people live and the way they do things are a little different.

Regardless of the differing backgrounds of the PCWs and residents, it is apparent from the above accounts, that on the whole, the most important criteria for PCWs in their workplaces when working with others are mutual respect, equality, teamwork, good communication, cooperation, and sensitivity.

Reflections on expectations of Personal Care Workers.

Raja, Omar, Hakim, and Jean refer to the different cultures in their workplaces and stress the importance of respect and gaining more understanding about different cultures. As there are so many different cultural issues in her workplace, Jean suggests that she is not "prepared enough" in recognising how others live and work differently. Hakim considers that he does not have enough understanding about the cultures of others in his workplace. As these PCWs are located in their particular practices, it is important as Heliker and Nguyen (2010, p. 241) argue that "their interpretation and understanding of that practice are informed by their own values and experiences, the values and cultural beliefs of residents for whom they care, and the values of the local setting".

Raja and Omar work in a RACF that has a large proportion of residents who have lived in Australia all of their lives. They find it difficult to understand why some of the residents behave in a way that seems to be discriminatory towards

PCWS from different cultures. In their discussion concerning cultural competency and nursing care from an Australian perspective, Chenowethm, Jeon, Goff and Burke (2006, p. 36) refer to nurses often caring for people from culturally and socially diverse backgrounds, whose practices are quite different to their own. This can result in underlying conflicts between nurses and care recipients due to their different perceptions of what constitutes appropriate care but culturally competent nurses will recognise that "cultural differences occur across all levels of diversity". The same applies for PCWS in the field of residential aged care so it is also necessary for them to "to learn how to interact effectively with people in providing quality care, despite different social backgrounds, cultures, religions, and lifestyle preferences". Notwithstanding Raja's and Omar's discomfort concerning discriminatory behaviour, they concede that some residents have dementia that may have contributed to inappropriate comments. As Omar considers that some residents may have had limited exposure to people from different backgrounds, he finds it easier to rationalise their behaviour.

To develop more cultural awareness of the expectations, care needs and ingrained beliefs and behaviours of residents from culturally diverse backgrounds, it is necessary for caregivers to reflect on their own cultural values and biases so as to identify behaviours or misunderstandings that appear discriminatory (Chenoweth et al, 2006). In support of this, Hakim's and Jean's suggestions that more information is required about different cultures, and how to better deal with culturally diverse issues among staff in RACFs, highlights their concerns about greater cultural awareness and sensitivity to everyone's needs.

As Australia's population has become more multicultural during the last few decades, the trend will continue in RACFs for immigrants to be employed as PCWs to provide care to elderly residents who require assistance with their Activities of Daily Living (ADLs). As evidenced in the above stories, it is important that PCWS help each other by demonstrating respect and tolerance in order to deliver quality care to residents.

Discussion

It is apparent throughout the stories that PCWs shared with me that their delivery of daily care to elderly residents in RACFs is emotionally and physically challenging.

During their discussion concerning the work patterns of PCWs in two Australian nursing homes, Qian, Zhang, Hailey, Davy and Nelson (2012, p. 1) refer to "the chronic shortage of direct care workers", which affect elderly residents who rely on their services. The authors advise that "Personal Care Workers (PCWs) in Australia make up the largest proportion (70%) of the direct care workers in RACFs" and provide the majority of personal care to residents "especially the activities of daily living (ADL)", which are considered the most important daily care needs. These stipulated needs are supported by "the Aged Care Funding Instrument (ACFI)", which "assesses the day-to-day core care needs of a resident to determine the level of subsidy".

As already mentioned, RACFs are busy working and living environments with PCWs and residents constantly interacting with other. My workplace, teaching, and research experience over the years support the above in that there is a chronic shortage of PCWs in the field. This situation leads to feelings of frustration and guilt

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for many of them because it influences the amount of time that they can spend with each resident. For those PCWs who really care about the provision of specific, daily care to elderly residents, they consider it important that they build constructive relationships with them to foster respect for each other. In order for PCWS to provide professional care, it is crucial that they gain the confidence and cooperation of elderly residents. When there is acceptance of each other, carers and residents develop meaningful relationships (Heliker & Nguyen, 2008). The provision of care becomes more productive when there is engagement and sharing between the person providing care and the recipient. In caring for residents, Deepak prefers to look after the same ones all the time. This system provides him and his residents with continuity and greater mutual satisfaction. Many aged care facilities have a rotation roster for PCWs so they are not in the same unit every week. Deepak has been allowed to stay in the same unit all the time because he believes that his provision of personal care is more consistent for his residents. Consequently, he believes that he and the residents have got to know each other very well and that "the routine is easier" for all of them.

Holistic care involves meeting the physical demands and emotional needs of residents. Providing complete care to elderly residents presents challenges for PCWs in effectively apportioning their time within limited timeframes. This also presents challenges for managers of RACFs in the recruitment and allocation of their staff. As Australia's population continues to age over the next few decades, the provision of appropriate care to residents with chronic health conditions in RACFs is increasingly important.

It is apparent from the above stories that PCWs seem to have an understandable concern for their residents and share many similar reasons, perceptions, and motivations for working in residential aged care and value positive teamwork with other PCWs while engaged in their caring roles. In their respective RACFs, there are groups of individuals involved in informal communities of practice and as proposed by Tolson, Lowndes, Booth, Schofield and Wales (2011, p. 169) "share a common concern or area of practice and who deepen their knowledge and expertise in this area by interacting on an ongoing basis".

It is evident from accounts in this chapter that the PCWs interviewed consider cooperation and sharing and transfer of knowledge as important within their particular communities of PCWs and residents. Regardless of whether or not they consider themselves as involved in communities of practice, these PCWs fit Wenger's (2006, pp. 1-2) description of "groups of people who share a concern or passion for something they do" and appreciate learning "how to do it better as they interact regularly" for the benefit of their residents and each other.

Jean referred to happy memories relating to bus trips with residents and how a couple of months later some of them still recall the fun and laughs they shared with each other. As Jean said, "it just makes me feel so good inside. I like that". There is a theme throughout the stories expressed by PCWs that positive and reciprocal relationships with residents are valued. When this occurs, they derive an increased sense of personal worth and job satisfaction.

The following chapter describes the divisions and difficulties among PCWs and residents in residential aged care. Issues relate to perceived instances of cultural discrimination, difficulties in communication, and understanding spoken language.

It also discusses the effects on PCWs and residents concerning their perceptions of
ingroups and outgroups.

Chapter 6

Navigating Cultural Difference in Residential Aged Care

If we could look into each other's hearts,
and understand the unique challenges
each of us faces, I think we would treat
each other much more gently,
with more love, patience, tolerance and care.
Marvin J Ashton

In their Shoes

Dealing with the many different personalities from diverse backgrounds regularly presents residents and PCWs in residential aged care with challenges in communicating and living and working with others.

As a teacher, I frequently advised students to endeavour to consider situations from a resident's or staff member's perspective when confronted with difficulties and not to take criticism personally. Providing emotional and physical care to elderly and frail people and working alongside others in such busy environments is demanding work and requires tolerance and understanding. There are also many enjoyable and rewarding experiences if residents and staff respect each other.

When working as a nurse in RACFs, I always valued positive relationships with family members of residents as they provided me with insight into the life histories, experiences, emotions, and behaviours of residents. This additional knowledge of individual residents assisted me in developing more understanding about their unique personalities, demands, fears, dislikes, prejudices, and

preferences. It was then easier to establish better working relationships with residents.

As discussed in Chapter Four, residents living in this environment find that it is completely different to living in their own homes and they face a number of transition difficulties. Most residents have not chosen to live with others and as their stories revealed, their individual requirements and priorities differ significantly. Consequently, it is advantageous for PCWs to strive to understand the behaviour of residents by trying to put themselves in their shoes. It is also beneficial for PCWs to respect each other's differences and work together as harmoniously as possible in order to provide a pleasant and efficient working environment for themselves and residents as delivery and receiving of personal care is an intimate experience.

One of my most rewarding nursing experiences was when I worked as a nurse at a small RACF for three years. At this facility, there were only two staff members rostered for each shift. During this time, I always worked with the same nurse because our working days were the same. When we started working together, we both realised that it was important to establish a good relationship with each other so that we would be able to work effectively as a team when caring for our residents. It was a productive working relationship as we had similar principles and work ethics and respected each other as individuals. We also shared stories and laughter with each other and the residents and enjoyed our work in a cheerful environment. This experience, early in my aged care career, highlighted to me the importance of getting along with others and developing good team skills for the benefit of staff and residents.

In arguing that there is an underlying connection between individuals and workplaces concerning cultural differences, Solomon (2001, p. 48) suggests that "[i]t is important to question our own beliefs in terms of what they mean for ourselves and for other people, how this influences what one understands to be normal or natural, and, connected to this, how one views difference". In Solomon's study on workplace learning as a cultural technology, she explores some cultural differences and complexities in workplace discourse and considers that "[w]orkplace learning can be understood as a cultural practice constructed by contemporary discursive practices of work". Solomon also suggests that an individual should not only reflect on one's own cultural background but it is also important to examine the workplace culture, which will provide greater understanding about organisational expectations, behaviours, and differences. In relation to this, and as evidenced in the stories below, all participants in my study have unique cultural backgrounds. It appears that the challenge for them is endeavouring to adapt their knowledge and skills to the cultural and organisational perspectives of their particular workplaces while at the same time seeking mutual respect.

As a teacher and workplace educator in the classroom and workplace for many years, it has been in the last decade in particular that I have observed significant changes among the diverse cultural backgrounds of PCWs and residents in residential aged care. During this latter period, I have developed more understanding about what the term 'culture' means to others in relation to their backgrounds and the importance of sharing cultural experiences and respecting individual goals, beliefs, and values in order to enhance workplace learning and cooperative work practices. In the six RACFs where my research was conducted, it seems that the increase in culturally diverse backgrounds among PCWs and residents

has contributed significantly to differences in workplace culture and practice in recent years. As the six RACFs are located in different areas, the local demographics among PCWs and residents are not the same, thus highlighting the differences in workplace and learning cultures.

In this chapter, I discuss divisions and difficulties faced by residents and PCWS in RACFs as they live and work alongside each other in their respective busy and culturally diverse environments.

Differences among Personal Care Workers and Residents

Personal care work in residential aged care provides unique encounters for PCWs and residents when so many of them are from culturally diverse backgrounds. These are encounters in which many feel vulnerable due to their cultural and historical differences until they develop constructive working relationships with each other.

Personal Care Workers.

In their stories, PCWs share their stories concerning their experiences of perceived cultural discrimination, use of slang, sarcasm, and bullying tactics and describe how this impacts on them, others, and their work.

Pramila was selected by management to be a Team Leader at her RACF due to her dedicated attitude to work. However, she finds it difficult working with some of the other Team Leaders as she perceives them to be uncooperative and disliking her nationality:

> I have been put down before because of where I have come from. As I am dark skinned, I have been put down and bullied also from Team Leaders in the facility.

As part of her Indian culture, Pramila has been taught to respect her elders and regard them as parental figureheads so did not feel that she was in a position to say anything. It was difficult for her when she finally decided to lodge a complaint to management about one of the team leaders, who was older than her and the main agitator in the group:

> Initially, I was afraid to tell anyone and I just took it because I needed the job, needed to work and needed the income … but it grew and grew and grew and then I had to speak to someone.… For some time it was OK but then it erupted again.

Many of the students who undertake field placements at Pramila's RACF are Indian so she was an obvious choice by management to be involved in the student program with other team leaders:

> Sometimes the students are picked on because they are Indians…. There are plenty of other people who don't discriminate. There is only a handful that does.

Omar finds it difficult to understand discrimination from some residents relating to a person's skin colour as he grew up in an environment where this was never considered:

> We have had some African staff and when they approached these residents they were told, "Oh no you go back, we don't want you". That was a bit strange for me because we are not black or white [Pakistani] but just in the middle but I have never had any trouble with the residents.

In Omar's RACF, there are more Indians and Nepalese working there than other nationalities. Omar's experience is that these PCWs prefer to work together, thereby ostracising him:

> We have staff from a couple of countries and I don't like the way they work and they are from the same area and country.… I am the only one [Pakistani] here.… If I am only with staff from one nationality and one person from that country [India or Nepal] is not happy with me, they will become a unity. All of them can make trouble for one person they don't like.

Omar considers these complaints and dislike shown to him are due to some PCWs having an ingrained aversion towards his country and culture:

> I have had five complaints so far in four years and all of them have been from the same country. Why is that? Australians or others have never made any complaints about me.

Initially, when Mary worked alongside an Indian PCW, she considered him to be very clinical and judgemental. As a result, she was nervous all the time:

> There is only one that was a bit difficult at first and I think it's more his culture but we actually had it out the other day. I'd worked with him a couple of times and I thought "I can't do this anymore. I just can't". I couldn't do anything right.

Mary had only been working for a short time in her RACF when she encountered a difficult situation with this PCW. It was a powerful lesson for her in the value of effective communication and negotiating differences with someone from another culture before the situation worsened:

> I've only ever worked with Aussies … I told this person how I felt … how they made me feel. Since then, totally different and I love working with him now.

Although currently employed as a PCW, Ramil has specialised knowledge and experience gained from working as a qualified nurse in Saudi Arabia for several years. He says that "Filipino people are not confrontational" and wonders if this is perceived by some other staff as a weakness. However, he is concerned that "confrontation can lead to abuse":

> There are some circumstances with colleagues who bully or are bossy and tell me to do something and check on me as if I haven't got any knowledge or experience.… So far, I haven't confronted anyone yet but if they go overboard, I would have to say something.

Ramil experienced many different cultures in Saudi Arabia and knew that Australia was a multicultural country before he arrived. Despite this, he finds it challenging when communicating with so many people from culturally diverse backgrounds in his RACF:

> There are some nationalities here who sound as if they are speaking with sarcasm but somebody told me that it is their way. This is not part of my culture in the way that they deliver their words.

John is an Australian of Chinese parentage and English is his first language. He appreciates how difficult it is for those from different cultures:

> I was brought up in Australia and understand the slang and terminology.… It can be an issue for Indians coming from another culture because they don't quite catch the Australian slang and humour, which is understandable too.

Deepak considers that other carers do not always respect the cultural differences of others when they use slang. As he is able to assert himself, he asks them to explain rather than them dismissing the conversation because he has not understood:

> When some carers come here, they don't know the slang that is used as Aussie slang is used sometimes.… Sometimes, they say to me "Oh, it's alright, you are from India and you don't understand all the words".

Deepak considers gestures and jokes made by some carers as rude and breeding alienation among those who do not understand:

> Sometimes, I think that some carers are being rude by putting their fingers up or saying things like jokes that I don't understand.

Deepak takes a similar approach to his interactions with residents. By asserting himself politely when criticised by residents about his spoken English, he is able to turn the situation around by making them feel important because they are helping him. Deepak is also happy to be corrected by these residents because he is continuing to learn:

> Some residents from Australia and London are very strict with their behaviour and say to me "You don't know English. Why did you come here"? I tell them very nicely "English is my third language and I know

some of this language and can understand you and you can understand me but you can teach me some of these words".

Joan recognises the difficulties that many staff members have with Australian slang and acknowledges that their cultural backgrounds should be respected:

Most of the Indian staff members don't understand Aussie slang and they say "What do you mean by that"?... Even though they speak English as a second language, they find it very hard to understand sometimes.

Iska considers calling people names that she considers derogatory, is disrespectful and unprofessional:

We shouldn't call people names.… Sometimes, staff call each other bad names.… Sometimes this is below the belt.… We have to be respectful about what to call others unless we really know that person.

Iska believes that verbal abuse and bullying not only affects quality of work but also personal and family life for some staff:

If we don't deal with it, it is raised over and over again and is really upsetting.… Some workers are bullied. Workers who cannot stand up for themselves will just keep quiet and work but are not happy. Accidents may happen because their focus is not there and they are mentally distracted. A lot of staff gets upset here.

As Iska feels that some carers are more vulnerable than others, she considers that they need additional support from those who are assertive:

There can be discrimination by words and looks and just judging.… For example, there is a carer who is a very good worker and speaks very good English. If some staff speaks to her very quickly in English, she is lost so she needs support.

Imelda was extremely upset when a staff member did not help her with a resident that she could not manage on her own. After this staff member had continued to chat socially with other residents, ignored her request for support, and demeaned her in front of other residents, she spoke to him about his lack of respect for her:

> This staff member just kept chatting to the residents. I asked him if he checked on the resident that we took to the toilet and he said "no" and he was calling me names and said I was useless in front of the residents.

Imelda became more distressed when this staff member told her that he was only joking. She considered his behaviour to her was discriminatory and alienating and that he was not cooperating in teamwork:

> It doesn't matter what nationalities we are, it depends on who we are working with and it is very upsetting when we are left alone like this.

It is important to note in the above stories of PCWs that these are their individual perceptions of events and encounters. It was clear though that they all appreciated having the opportunity to share their version of events with an outsider in a private and non-threatening space. It also appears in the attempts of PCWs to deal with bullying, discrimination, name- calling, gestures, jokes, and misunderstood language from others in their workplaces that these are clearly significant issues of concern. By sharing their concerns with me, it seems that these PCWs are airing their frustrations in the hope of seeking a wider audience in their quest for additional support.

Residents.

At a vulnerable time in their lives, it is often more difficult for some residents to adjust to living in an environment where they do not understand the spoken languages of others. This creates additional frustration for residents as the much needed opportunity for interaction and conversation is often limited.

In the following stories, residents share their frustrations about language difficulties they experience.

Before relocating to a RACF, Ethel lived in the surrounding area for many years but now finds it difficult living with other residents whose language and culture is completely different to hers:

> There are a lot of Polish people here and they have made multicultural division…. They have Polish dinners and they have no Australian dinners and they speak in Polish and I get sick and tired of hearing the Polish language at times because I can't understand it.

As Ethel is in a minority group of residents, she feels alienated:

> I said to my husband, "Everything is Polish and maybe one day there will be a racist uprising here because everything is Polish". They cause the multicultural division themselves…. The Polish people are in the majority and I'm in the minority".

Ethel is reluctant to discuss her cultural beliefs with others as she fears that she will not be respected:

> They [PCWs and residents] don't know my needs or much about my culture. They would only know that I am Australian and that I'm not Polish.

Eleanor, like Ethel, lived in the surrounding area for many years. When Eleanor relocated, she was also unprepared for the differences in language and culture:

When I came here, my family and I didn't know that there weren't many Australian residents here. They are all Polish here for some reason.

Unlike Ethel, Eleanor considers that others need to be aware that Australians residents want to also socialise with each other and celebrate their culture:

They always have a 'Polish Day' here. One day, they decided to have an 'Australia Day'.… There weren't any Polish there. This wasn't to celebrate 'Australia Day' but just an Australian day for all the Australians. We haven't had one since and I don't know whether we will get another one.

As Eleanor is unable to converse with any of the residents at her table during mealtimes, she would prefer to be seated with those who speak English:

I have more difficulty understanding the residents than the carers. Sometimes she [a resident at the table] will be speaking English and then break into Polish. I say to her, "Speak English as I can't understand you" and she says to me, "You talk Polish".

Eleanor considers that carers should provide more support for minority groups of residents:

I think that the carers should go more our way. We older ones [Australians] are all the same. I said to this resident the other day, "If I thought my country wasn't good enough and I had to leave it, then I would learn the language of my new country".

Sylvia is a very elderly lady, in her late nineties. She has learned five languages in her lifetime so seems very tolerant of language and cultural differences:

> People come from different races and that is hard sometimes when they are from a different country, act in different ways and speak differently. So, in some ways, they may answer in a different way and it was not the answer that I was expecting because of nationality and language difficulties.

Like Sylvia, Don appears tolerant in his understanding of the different ways of speaking among carers:

> Occasionally, there are language problems rather than intent of feeling.… I think that these carers [immigrants] learn American English, which is not Australian English and this can lead to confusion and frustration.

In Mavis's RACF, there are only a few Australians of English speaking background and she wishes there were more as she finds it very difficult to communicate with others of different nationalities:

> Sometimes, I can't understand them. A carer tells me her name and I can't even understand her name.

Rather than becoming overly concerned about not understanding many PCWs, Albert finds it easier and less stressful to clarify what he has not understood with another staff member:

> There are a lot of different languages here and I don't understand them [PCWs]. I really don't understand them most of the time so I have to go to the nurse in charge and find out what they are saying. Sometimes, staff speak to me and I think they are saying something else.

In Barbara's RACF, there are residents from many different nationalities. Apart from Greek residents, Barbara does not experience too much difficulty in understanding them when they converse in English with her:

> When the residents speak English, I understand them but a lot of them speak in their own language a lot of the time. There are a lot of Greek residents and they tend to speak in their own language all the time.

Overall when interviewing all residents at each RACF, many of them appeared more reticent than PCWs about sharing their difficulties. This may be because they fear retribution or because they believe that anything they say will not change their situations. On asking some residents if they voice any of their particular concerns to a staff member or management, they informed me that they usually only tell their families. This was often the situation for my mother, and unless she agreed that something should be taken further, she just wanted to talk about it and usually felt better afterwards. On several occasions, my mother told me that she was just too weary to pursue some issues that she had already complained about beforehand. During my experience, I have found that if residents have good relationships with family members, they usually prefer to speak to them initially about any of their perceived difficulties. After this, if the matter needs to be taken further, it is often a family member who raises the problem with a supervisor or management.

Except for Sylvia who is Polish and multilingual, the other residents are native English speakers. When discussing their difficulties in understanding others in their respective RACFs who do not speak English as their first language, their attitudes varied concerning whether they felt frustrated, confused, or resigned. These attitudes may depend on individual personalities and coping strategies to some extent

but nevertheless it appears evident that this is an important issue that creates difficulties for some residents.

Reflections on differences among Personal Care Workers and residents.

Many RACFs are environments in which staff and residents from many cultures meet at the intersection of personal care. These individuals have various intercultural beliefs and concerns, which impact on communal interaction and delivery of personal care. In the stories above, it is interesting that the predominant themes involving issues of concern for PCWs and residents relate to perceived instances of racism and language interpretation. These issues will be discussed in the following two sections for PCWs and residents.

Personal Care Workers.

During my interviews with PCWs, I was initially surprised that they were so open with me about their difficult experiences, which they perceived as culturally discriminatory. Pramila and Omar from two separate RACFs told me that they had been very keen to participate in my research because it was an opportunity for them to tell their stories. Even though they had both lodged complaints about their perceived discriminatory treatment from others in their workplaces, and received some support from management at the time, this issue has still not been resolved for them as they are not part of the ingroups in their workplaces as they perceive it. As RACFs are not used to having researchers in their midst, and PCWs are often considered by other staff in these environments as on a lower rung of the hierarchical ladder, it was a rare opportunity for Pramila and Omar to have their say in a private forum.

Not being part of ingroups in their workplaces has caused Pramila and Omar considerable stress in accounting to management when other PCWs have lodged complaints about them, which they consider untrue. When monitoring students during their field placements Pramila found that there was a barrier when she needed to communicate with the other team leaders and said "there was always something that I wasn't doing well". Whereas Pramila appreciates that there are others not involved in discriminatory behaviour in her workplace, she found it distressing when she returned from her holidays and was informed that her team leader position had been taken away from her. As Pramila considers that she is the victim of cultural discrimination, and feels let down by others, this workplace issue has not been resolved to her satisfaction.

When Omar received letters from management requesting him to attend a meeting concerning complaints made against him by other PCWs, he said that it was the "worst stress" that he had ever endured and "was ready to resign". Before the meeting with management, Omar sought other work and was offered a position in another RACF. During the meeting, Omar asked for the names of the staff members who had complained about him during his four years of employment as a PCW. He also requested that the staff member who had lodged the latest complaint about him, and the others who were supporting her, were questioned so that he had an opportunity to respond. As a result of this, Omar had the opportunity to defend himself and the staff members involved backed down considerably. When management looked at Omar's file, they acknowledged that the five complaints during his four years of employment had been made by PCWs who all shared the same cultural background. When Omar told management that he had another job, he was told "this is ended now" so he decided to stay because he is very attached to his

residents. Even though Omar finds that it is still not easy at times with some PCWs, he knows now that management is more aware of underlying racial tensions among staff. He believes that if he is doing his work sincerely, he should expect the same from others.

Omar worked as a cleaner at his RACF for three years before undertaking a course in Aged Care. Once Omar completed his studies, he was offered a position as a PCW. Over a period of seven years, he has noticed a significant change in the staff demographics:

> When I started here in 2007 there were mainly Australians working in the field. I only saw one Indian and one from Nepal. Then slowly, slowly I could see that all the Australians left and only Filipinos, Indians and Nepalese were working here.

As the only Pakistani at his RACF, Omar considers that working with some staff is difficult at times "if they don't like us or our culture". Irrespective of any cultural differences among staff, Omar considers that they should all be able to work as a team for the benefit of residents.

Familiarity in intergroup behaviour can occur due to "individuals finding themselves in an unfamiliar social situation" and attempting "to place it within a class already familiar and to which familiar norms of behaviour apply" (Tajfel & Billic, 1974, p. 159). In relation to the authors' argument concerning familiarity, it appears that the ingroup members referred to by Omar in his RACF, consciously categorised themselves into a familiar group for their own interests in order to gain some control in the workplace. This is supported by the fact that Omar was surprised when he found out from other PCWs that some individuals in the ingroup

complaining about him were "sister-in-laws and brothers-in-laws from the same cities and areas in Nepal". As Omar maintained that he was being targeted without reason, he wonders why these relationships were not openly acknowledged beforehand as he finds it difficult working with staff when there is animosity concerning the culture of others. Omar considers that "if they work together, they support each other and never complain about each other" and are therefore protecting their own interests. Similarly, Pramila finds it difficult dealing with discrimination when she has no control over her circumstances.

In their discussion concerning social belonging, and the importance of belonging to particular social groups to determine individual social identities, Bernstein, Sacco, Young, Hugenberg and Cook (2010) refer to rejection by members of ingroups and outgroups with essentialist beliefs as unpleasant. The authors argue that rejection is a negative and potentially harmful experience for recipients in denying them their basic belongingness and it is more satisfying for one's sense of belonging to be accepted by an ingroup rather than by an outgroup. As members of certain groups share some mutual characteristics, Leyens et al (2001, p. 187) suggest that this is what "makes them distinctive from other groups". Based on these arguments, it seems that Omar and Pramila are excluded from the ingroups at their RACFs because the members consider that they are outsiders with separate and distinctive interests so there is no reason to include them. It also appears that the members of these ingroups are engaging in behaviour that is ambiguous to outsiders and denying the human emotions of Pramila and Omar, thus contributing to their feelings of discrimination and alienation.

Racism in RACFs is a difficult area to address if concerns are not articulated or if management considers them as individual or isolated acts. When discussing experiences of racism among female minority and immigrant nursing assistants in nursing homes, Ryoshu (2011, p. 61) mentions that "several managers commented that CNAs [Certified Nursing Assistants] of color were naturally suited for this type of caring work because their culture respects older people" but furthermore "management-level staff" were inclined to underestimate the importance of racial experiences and concerns of these CNAs. If they are not supported in these situations, victims may feel more aggrieved and less happy in their jobs. When Pramila discusses her unresolved situation, it seems obvious that she is passionate about her caregiving role but is disheartened because she feels alienated and unsupported in her workplace, despite there being "only a handful" of staff members who discriminate. Pramila's pain of rejection from the ingroup of team leaders at her RACF is still acute due to the loss of her team leader position, which she enjoyed and considered she had earned through her consistent hard work.

Unlike Omar, Pramila did not have the opportunity to articulate her concerns to management to her satisfaction. Omar acknowledges that the members of the ingroup, who caused so much trouble for him, have still not accepted him. However, the support he received from management at his RACF has given him more confidence to stand up for himself in future. In highlighting the issue of any type of discrimination in the workplace, Iska sums it up by stressing that "[i]f we don't deal with it, it is raised over and over again and is really upsetting" and affects quality of work and the personal lives of victims.

In a study on "The Limits of Multiculturalism in Eldercare Services" in Canada, Brotman (2003, p. 210) suggests that "[i]ssues of "race" and racism are, on the whole, forced underground in elder care and rendered invisible in the everyday experiences of workers and clients". It is also suggested by Brotman that antiracist agendas are seldom expressed in ageing contexts but rather there is an emphasis on "multicultural programs" as they are seen as "less confrontational and based on worker-client interaction … emphasizing the expansion of workers' cultural repertoire". It is considered that if care workers are provided with opportunities to develop greater understanding of concepts of cultural differences among others, they tend to cope better when dealing with perceived racism, rather than dealing with their fear of the unknown or falling back on personal experiences.

From my experience in the classroom and workplace, the aim of delivering programs in cultural diversity is to encourage participants to broaden their understanding of diverse cultures and respect the differences of others so that they are better equipped for working in multicultural environments with staff and residents from various cultural backgrounds. Whereas, it is possible in the classroom to incorporate a cultural diversity program into an aged care course, it is more difficult in the workplace. Many RACFs offer professional development in several areas of interest and staff are often given opportunities to provide suggestions for further education. However, as one Manager of a RACF mentioned, unless education is compulsory and staff are paid to attend or have an interest in a particular area, attendance at programs varies significantly due to personal and family commitments outside their working hours but added:

> Some of them understand that attending education or doing some reading for themselves is absolutely necessary to understand the resident more fully.

They gain a whole lot more understanding of the person or the reason they're doing some of the things they're doing throughout the day.

As many RACFs are becoming more multicultural, ongoing professional development programs in cultural diversity are very important. Perhaps if more PCWs are to actively participate in programs they need to be offered incentives by management of RACFs so that they recognise the need to further develop their skills and knowledge in dealing with issues such as cultural diversity among other workers and residents.

Ramil, Deepak, and Iska consider the use of slang and perceived sarcasm by others as discriminatory patterns of behaviour. As a second language, they all speak English well and have a broad vocabulary but do not always understand the use of colloquial language in their workplaces. In discussing the role of language and culture when using English as a second language, O'Neill (2011, p. 1127) refers to international educated nurses in clinical settings in Australia as being "[c]aught between the need to be a language learner and a competent professional [and] these nurses are not just learning vocabulary and grammar or perfecting their pronunciation. They are learning to navigate between two linguistic and cultural worlds". In the same way as these nurses, many immigrant PCWs find local slang and terminology used by others in their RACFs both difficult to understand and confronting. Ramil, Deepak, John, Joan, and Iska refer to frustrations encountered by themselves and others in not understanding some of the vernacular language in their workplaces. When referring to cultural knowledge, Liddicoat (2002, p. 7) argues that it is "not a case of knowing information about the culture; rather, it is knowing how to engage with the culture". Since Deepak asked some residents to help him with some of his words and pronunciation after they criticised his spoken

English, he has taken control of his situation and has been able to engage better with their cultural understandings, thus enhancing working relationships. Joan also took control of her difficult situation with a co-worker from a different cultural background when she initiated a conversation with him concerning her frustrations. In doing so, they both reached new understandings about each other's cultural differences and now work together very well. In order to deal with any perceived discriminatory behaviour, Iska stresses that it is necessary for those being targeted to be assertive and also to stand up for others. This is a realistic attitude in equipping PCWs from diverse cultural backgrounds with more understanding and skills in dealing with difficult situations and has the potential to provide them with more experience in assisting newcomers to cope better in their workplaces.

Residents.

All the stories by residents involve some aspect of their difficulties in understanding the spoken language of others. Difficulties of residents relate to interactions with other residents who converse in a first language other than English or with PCWs when English is not their native language.

Ethel and Eleanor feel alienated at times in their RACFs and consider that their opportunities for engaging in conversations are limited with many of the residents who converse with each other in Polish. Despite Barbara finding it difficult to communicate with Greek residents who regularly converse in their own language, she appears to have accepted this and has developed relationships with other residents. Having lived in the same area all of her life before moving into her RACF, Mavis feels like an outsider and has difficulty understanding or relating to PCWs and residents from different cultural backgrounds. When many elderly people relocate to

RACFs, it is often the first time that they may have encountered others from different cultures and nationalities living in close proximity to each other. Whereas Ethel, Eleanor and, to some extent, Barbara are frustrated when other residents speak in a language they cannot understand, it seems that these older Polish and Greek immigrants have established their own ethnic communities within their RACFs so as to maintain their identities and sense of belonging at this vulnerable time in their lives.

Albert refers to his difficulty in understanding the PCWs who speak different languages and deals directly with other staff to avoid misinterpreting them. Alternatively, it is often difficult for PCWs to understand elderly residents who revert to their first language. This is not an uncommon occurrence as people age, particularly for some of those suffering from dementia. In support of Albert, I have realised from my experience that many older people who are hearing impaired or not familiar with different accents may misconstrue the meanings of some staff and residents.

When exploring reminiscence among post-war European immigrants living in a multicultural age care setting in Australia, Hodges and Schmidt (2009, p. 254) found that there was "the urge to 'feel' the past to 'fill' the present" as this helped them socially and dealing with their "residual guilt regarding the leaving of their homeland". While Ethel and Eleanor feel that they are part of a minority group of older people in their RACF, it seems that there are benefits for the Polish residents who enjoy getting together and reminiscing about their pasts. It is likely that this fellowship with others who understand their past assists them in coping with living in the present.

As people become older, experiences and beliefs that have shaped their characters during their lifetimes contribute significantly to their perceptions of old age (Townsend, Godfrey & Denby, 2007). In their interviews with two local groups of older people in England, the authors examined older people's different concepts and images of ageing. Their research indicated that these people acknowledged that they were considered older due to their ages, appearances, and physical restraints. However, their individual identities, life experiences, and attitudes shaped their images of who they perceived to be like them and those who are not. Apart from Sylvia, who is a post-war European immigrant, Ethel, Eleanor, Mavis, Don, Albert, and Barbara are ESB Australians. As older people have unique identities, and have experienced individual journeys during their lives prior to relocating to their RACFs, it becomes easier to understand the intricacies of their different worlds within these environments and the various feelings that emerge between different groups of culturally diverse residents as a result of this.

Difficulties for Personal Care Workers and Residents

Personal care work is emotionally and physical demanding. Not only are PCWs expected to provide suitable care for residents but they are also often confronted with difficult situations involving residents, family members, and other carers, which require considerable patience and some skills in diplomacy.

Personal Care Workers.

In the stories below, PCWs discuss some challenging situations and approaches they employ when necessary in an attempt to avoid further escalation.

Raja finds it difficult when he deals with assertive relatives of residents, whom he considers do not necessarily understand the reasons for particular systems in a RACF:

> One of the family members of a resident came to us and said "Why don't you service my mother first"? We told her that we serve everyone in turn.… We have a system and if we serve food to the residents first who cannot eat by themselves, their food is going to get cold so there is no point in serving them earlier.

This was a challenging and confronting situation for Raja as he considered that "there was a class thing happening there" when the family member referred to an affluent suburb where she lived. Raja's foremost concern was providing "equal care for everyone" whatever their social background:

> This family member didn't want this so we said "Today, you are here to feed her but every day you are not here". She was so upset. We respect everyone.

By using "different techniques and approaches" with residents with dementia, Raja usually finds that he can get them to cooperate on the second or third attempt:

> Some residents are agitated and don't want any personal care to be done for them as they may have dementia.

Raja and other PCWs witnessed a PCW telling a female resident that she needed a shower. This resident always refused personal care. However, in this instance, the resident was covered in faeces and the PCW politely insisted that a shower was necessary:

> A PCW pushed [strongly encouraged] this lady to have a shower and she got into trouble and was suspended for one week. The resident was alright at that time and didn't say anything. The resident reported this to her daughter and her daughter reported it to management.

Despite the resident's daughter not witnessing this incident, and Raja and other PCWs supporting this PCW to management, she was extremely upset when she was suspended from her duties for a week:

> This PCW explained but the management didn't listen to this and said that they valued respect for the residents and valued them more than PCWs.

Like Raja, Marek endeavours to appease some residents as much as possible by using different approaches:

> Obviously, with different people, you have to use different psychologies. Some people are not patient and some people are nervous. If we are like this with residents, they become angry very quickly.

Sarah makes allowances for the behaviour of many residents with dementia. However, she considers the daily behaviour of one female resident with dementia as unusually rude and aggressive. In this instance, Sarah reported this behaviour to management and expected that she and other PCWs would receive more support:

> There are sometimes things that the residents say or the way they act and staff take offence to it. They approach management and nothing gets done…. I think that sometimes management don't always support staff.

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Similarly to Sarah, Nima finds it difficult dealing with aggressive residents and says "We need to have a lot of patience to work in this field":

> Sometimes, it is hard to deal with residents who are very aggressive but we have to stay calm and explain things to them and leave them alone for ten to twenty minutes if necessary…. Sometimes, we feel frustrated but we have to control our tempers and anger.

Priya also emphasises the value of being "patient, kind and gentle with elderly people" and allowing them "to be slower in communication" and not rushing them:

> Sometimes, some residents have speech problems and they take time to explain to us what they need. We need a lot of time to spend with them and do what we can for them.

As there are few male carers in Mary's RACF, it is usually difficult to accommodate requests for male residents to be cared for by male PCWs. As there are so many more female carers, Mary says "there's never an issue" when a lady only wants a female carer:

> There was a gentleman and he was Indian or something like that and he really did not respect women at all. He would abuse us. When his daughter was there he was fine but when she wasn't there anybody other than male carers that went anywhere near him were abused. His needs weren't being met because we couldn't supply the male carers.

Mary finds it frustrating when she works alongside some carers who do not seem to understand that some residents are not aware of their behaviour:

> You'll often work with carers who have only done those very short courses and they'll say "Oh, so and so, that's just him" but they don't understand the

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process of what's going on in the brain with the ones with dementia and Alzheimer's that have strokes and all that type of thing.

It is also frustrating for Lam when she works alongside other carers, who she considers are inadequately trained and disrupt daily routines:

If carers are not trained properly, it makes it harder for me and others. They need to have a good understanding before they work.

Omar considers that it would be beneficial for other staff to learn a little more about dementia as this would provide them with some understanding about repetitive questions and behaviour of dementia sufferers, thereby supporting PCWs:

I told the supervisor that cleaners should have a session to teach them about dementia. Sometimes laundry staff and staff from other areas come and say to us "Can you help the resident? If they have dementia, they can ask for anything and it doesn't mean that we should do this.

It is apparent from the above stories that PCWs often experience frustration when subjected to the perceived whims and demands of others around them while endeavouring to carry out their duties as efficiently as possible.

In relaying their stories, all the PCWs discussed encounters and interactions with others in their workplaces that they perceive as difficult. In their efforts to deal with these difficult situations from time to time with relatives, other PCWs, and residents, these PCWs find as one of them states, "with different people, you have to use different psychologies". They also find it difficult dealing with other staff and PCWs who they consider lack sufficient training or knowledge for the work involved and therefore do not provide them with the necessary support they consider is required in the workplace. Also, when PCWs are faced with difficult situations that

escalate, and they are unable to resolve these alone, they consider management should listen to their side of the story and provide them with relevant assistance.

Residents.

The residents, in the stories below, describe some of their challenges associated with daily life in their RACFs.

Mavis is concerned that some staff members are insufficiently trained. This troubles her because she is so dependent on them:

> I think they should be trained longer. Some of them, it's only four months or something when they come out here. Sometimes, it's their first time on. I think that they should be made to do hospital treatment first of all. I don't know how they train them but I don't know why they don't have more experience before they come in.

Ethel considers it insulting that anyone would expect her to socialise at Bingo when she does not enjoy the game or the company. She would "rather have word games like scrabble or other games" but they are not played at her RACF:

> The biggest thing, I would say for socialising is Bingo. I am not into Bingo … it is a boring game.

As a cognitively aware, though physically, disabled man in his sixties living in a RACF, every day is challenging for Don as he has enjoyed many interests during his life and admits to being "a bit of a snob":

> I like classical music, and when I was at home, I had an extensive record collection. Also, I was interested in short-wave radio and had a very expensive multiband short-wave radio and enjoyed chasing up obscure radio

stations in places like South America and Africa. I am a reader but I don't read fiction.

Due to being confined to a wheelchair, and not being able to go out alone, Don misses attending movies and concerts:

> I would like to see a decent movie every now and again.… I used to go to symphony concerts and had a subscription to the MSO [Melbourne Symphony Orchestra] concerts and went to them for thirty odd years.… I was a movie-goer and used to see a good film at least once a month.

Don likes to keep articles that have interested him, hence the stack of newspapers in his room:

> I am a bit of a hoarder of newspapers.… In fact, one of the carers has been on to me every now and again and says "When are you going to reduce the stack from that to that"?

As evidenced above, the major challenges for Mavis, Ethel and Don relate to their feelings of inadequacy and disempowerment. These feelings stem from the necessity to live in their RACFs although not being an ideal 'fit' for them.

Reflections on difficulties for Personal Care Workers and residents

The complexities of working and living in RACFs often present difficulties for PCWs and residents. From all perspectives, interactions with other PCWs and residents, staff members, relatives and visitors in a busy environment can be demanding at times.

Personal Care Workers.

Maintaining effective communication between staff and relatives of older

people living in RACFs involves an ongoing process that needs to be handled

considerately. There are times when relatives want to be more involved in how care

is provided for their loved ones but their desires may not be communicated in the

most effective manner (Hertzberg & Ekman, 2000). In their interviews with relatives

of older people living permanently in nursing homes, the authors found that relatives

did not know how to convey their wishes to the staff. For Raja, it was a difficult and

confronting situation when a relative expected him to serve her mother first in the

dining room and he realised that "there was a class thing happening here" when she

referred to the suburb in which she lived. Raja diplomatically explained the system

in place for serving residents who needed additional assistance and suggested that

she assist her mother with the meal on this occasion as she happened to be there at

that time. Raja seems to have handled this situation well in an environment where

the work is involved enough without feeling that a relative is attempting to assert

control over him.

In their findings of Registered Nurses' views and experiences relating to

relatives of nursing home residents', Hertzberg, Ekman and Axelsson (2003, p. 435)

reported that some nurses said that "they were the ones who could see the care in an

holistic way, while relatives could only see and understand part of residents' care".

Many PCWs in RACFs have similar attitudes concerning the provision of care to

residents. On the other hand, from my personal experience over a period of six years

with my parents in their RACF, I had a few instances when it was extremely difficult

to communicate my care concerns to staff members. These difficult instances were

compensated for by many other PCWs and nurses who were keen to communicate

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and always listened to my concerns and considered any information that I was able to impart about my mother or father. There is no doubt that PCWs and nurses are much more involved in the overall care of residents than relatives but it is essential that reasonable and respectful communication between PCWs and relatives is reached in deciding what is best for residents.

Raja, Celina, Nima, and Mary find that when dealing with residents who are agitated, impatient, aggressive, or not very articulate, it is necessary to be tolerant and consider different ways of providing care. As some residents have varying degrees of dementia, these PCWs know that many of them have become less inhibited and therefore not as responsible for their behaviour. When some PCWs or other staff members are limited in their understanding about the effects of dementia on residents, or are insufficiently trained, it is frustrating for Mary, Lam, and Omar as it adds to their busy workloads.

Sometimes PCWs deal with difficult situations with residents and relatives that do not go to plan. An example of this is Raja's account of him and other PCWs witnessing another PCW politely insisting that a female resident required a shower, and her daughter lodging a complaint to management later, despite not being there at the time. In their research on exploitation and race in nursing homes, Dodson and Zincavage found that "[m]anagers referred to CNAs [Certified Nursing Assistants] as being the "eyes and ears" of the facility or the "hearts and hands" of care; the people who really understand the needs and conditions of the residents" (2007, p.915). In light of Raja's and Mary's perceptions regarding management sometimes not listening to them or being unsupportive, they consider that they should receive support from management in difficult situations.

Residents.

As taking up residence in any RACF is usually due to necessity, and is such a life-changing event, some residents find it difficult and confronting when they are involved in situations that seem beyond their control.

Mavis appears very frustrated and disgruntled and admits to finding every day challenging. She is a single woman and rarely has visitors. When Mavis refers to life in her RACF, she says "I wish that we had more Aussies". She considers that she can relate to them better than other nationalities. Like Mary and Lam who are PCWs, Mavis finds it more difficult to cope when she considers that some carers have not been trained properly because it significantly affects their daily routines.

Ethel, Mavis, and Don admit that they are not interested in any of the leisure activities provided as they all have physical limitations so they cannot participate or do not find them appealing. Don prefers to pursue his favourite activities in his own room rather than attend leisure activities that do not appeal to him and which mean that he is forced to also mix with older people of another generation. In their study in residential settings concerning participation in recreational activities and its effect on life satisfaction perceptions, McGuinn and Mosher-Ashley (2001) found that activities were inclined to cater more for females and also that involvement in any activities did not result in increased life satisfaction or adjustment for residents. Don is living in a facility where there are more female than male residents so the activities offered may not be as appealing to him. Personalities and interests vary significantly among residents and adapting to their new environments takes considerable time.

In their study of residents' perceptions and experiences of social interaction and participation in leisure activities in an Australian RACF, Thomas, O'Connell and

Gaskin (2013, p. 249) found that "[p]articipation in leisure activities was found to facilitate social interaction. Participants indicated that they often attended activities for social reasons rather than the enjoyment of the activity". In defence of staff who initiate leisure activities, residents have different personalities, interests, and health issues that may considerably influence their involvement in social interaction and leisure activities. Hence, it is often difficult catering for the different moods, abilities, and needs of residents as seems the case for Ethel, Mavis, and Don.

Many residents who have attentive family members, rely on them for transport to outside activities, thus providing them with emotional and social contact. Most RACFs have a community bus that transports residents once or twice weekly to the local shopping centre or to other activities. Many residents like to utilise the community bus as it provides them with opportunities to engage in activities outside their living environment. However, the demand for seats on these community buses often outweighs availability. There were times at my parents' RACF when they were unable to go on bus outings as there were not enough seats or staff available to provide assistance. Of course, my parents were not the only residents who missed out on outings. It is important that staff members involved in recreational activities in RACFs keep up to date with residents' preferences and reasons for liking or disliking certain leisure activities so as to cater for them as best as possible.

Discussion

In discussing the divisions and difficulties for PCWs and residents in this chapter, I do not wish to convey the impression that their work and lives are full of difficulties but there is no doubt that those PCWs and residents involved in my study indicated that they are often presented with unique circumstances in their daily lives

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in RACFs. As discussed in other chapters, there are many enjoyable and rewarding aspects of working as a PCW. When I interviewed PCWs, most stated that the greatest benefits for them were being able to care for elderly people, participate in teamwork with their co-workers, and develop reciprocal and satisfying relationships with many residents who in turn value such care and friendship at this time in their lives.

Care work is often taken for granted as it is assumed that those people who regard it as a vocation are naturally suited to nurturing others. The role of providing suitable care to the satisfaction of older, vulnerable residents requires ongoing personal development, patience, compassion, and good communication skills in order to cope in demanding environments as effectively as possible. As the residential aged care environment has become increasingly multicultural, it is vital that effective communication is not only established and fostered among staff and residents from culturally diverse backgrounds but is also encouraged by supervisors and management. RACFs are significant workplaces for professional practice and communal activities. It is important that PCWs are recognised for their experience and expertise by supervisors and managers and provided with relevant assistance if required during any difficult encounters with residents, staff, and relatives.

In light of the stories from PCWs relating to perceived cultural discrimination, it appears that the term 'racism' is a difficult and veiled topic that is avoided as much as possible in RACFs. This certainly makes it more difficult for those who consider themselves victims to initiate open dialogue concerning perceived instances of racism with other workers or management if they do not consider there is enough awareness and support in their workplaces. As the cultural

demographics among PCWs and residents have changed significantly in recent years in the residential aged care sector, the issue of dealing with culturally discriminatory behaviour among them is certainly an area that seems to require more attention.

In referring to Communities of Practice, Wenger, McDermott and Snyder (2002, p. 139) liken them to "human institutions [that] also have a downside. They can hoard knowledge, limit innovation, and hold others hostage to their expertise". When many people think about 'communities', it is not uncommon that they consider them as cooperative and peaceful environments that dispense goodwill. Wenger, McDermott and Synder (p. 144) also mention that many Communities of Practice "have their share of conflicts, jealousies and intrigues [and] even when there are tight bonds between members, the result is not always positive". Such bonds may result in exclusive ownership among some members and create overwhelming hurdles for others to be involved or gain entry. In considering Pramila's and Omar's situations in particular, their perceived feelings of isolation and rejection from ingroups in their respective workplaces could be likened to Communities of Practice among PCWs that have become cliques within large organisations. When this occurs, Wenger, McDermott and Synder suggest that strong connections among its members are at the expense of other people and concerns. As PCWs share a common practice in providing for the personal care needs of older people, it is important that they all work together with common agendas to share and increase knowledge for the benefit of all members within their specific workplace teams (Tolson et al, 2011).

Whereas Ethel, Eleanor, and Mavis as ESB Australian residents perceive that their specific cultural needs are often not considered by other residents or some

PCWs of different nationalities, Wenger (2008, p. 164) suggests that "[w]e not only produce our identities by the practices that we engage in, but we also define our identities through practices we do not engage in". From the stories of many residents, it appears that Ethel, Eleanor, and Mavis and others have deliberately chosen to be non-participants in practices that do not interest them so as to preserve their cultural identities.

Learning to adapt presents unique challenges for many PCWs and residents even while they are endeavouring to come to terms with different accents, conversational language, cultural practices, and workplace routines. It takes considerable time to develop effective workplace relationships and daily interaction involved for these individuals is quite daunting at times.

In the following chapter, cultural approaches to caring and communication in residential aged care for PCWs and residents are examined. Issues raised concern perceptions of culturally different approaches in caring for the elderly, ethno-specific care versus mainstream care, and intercultural interactions among PCWs and residents in RACFs.

Chapter 7

Cultural Approaches to Caring and Communication in Residential Aged Care

People may be said to resemble
not the bricks of which a house is built,
but the pieces of a picture puzzle,
each differing in shape, but matching the rest,
and thus bringing out the picture.
Felix Adler

A Cultural Mosaic

At the six RACFs where my research was conducted, approximately three quarters of the PCWs are immigrants to Australia. During the last fifteen years, there has been a huge shift in demographics in the PCW workforce and those I interviewed emigrated from the Philippines, Vietnam, China, Tibet, South Korea, Sri Lanka, India, Nepal, Pakistan, Poland, Croatia, Italy, Germany, Serbia, and Africa. In addition, I interviewed several ESB Australian PCWs at some of the RACFs. Overall, in the area of residential aged care, there are fewer ESB Australians working as PCWs; this change has occurred during the last decade in particular.

There has also been a significant change over time in the demographics of residents in residential aged care. My research indicates that the demographics of residents at individual RACFs vary depending on the cultural makeup of the surrounding population and proximity for residents and relatives. The residents that I interviewed in RACFs are from England, Croatia, Poland, Scotland, Serbia, the Netherlands, Germany, Italy, Hong Kong, Austria, and Australia.

One of my most memorable teaching experiences was six years ago when I coordinated a triple certificate course in Aged Care, Home and Community Care and Language and Literacy for fifteen immigrant students from different countries, cultures, and backgrounds. There were twelve different nationalities among these students and motivation for each other and ensuing learning that took place was remarkable. These students all required additional assistance with their written and spoken English in order to satisfy the classroom and workplace standards in Aged Care and Home and Community Care, hence the need for an additional qualification in Language and Literacy. The duration of the full-time course was one year and involved classroom and fieldwork. Whenever I reflect on this experience, I think fondly of fifteen culturally diverse students from different parts of the world. These students were tolerant of each other, grateful for the opportunities in furthering their education, and united in their desire to succeed so fitted together neatly like pieces of 'a picture puzzle'. Dooley (2009, p. 497) emphasises the importance of classroom discussion as crucial for learning and suggests, "[i]n today's diverse classrooms, students must learn to manage intercultural conversations productively not only to talk to their peers but also to engage with their ideas and experiences". Not only did my students learn a great deal from their engagement with each other, and the teachers involved in the program, but it also reinforced my own cultural identity when exchanging insights. Overall, participating in a cooperative and non-discriminatory community and learning environment produced encouraging learning outcomes and goodwill.

In discussing the importance of culture in communication and the acquisition of intercultural language, Liddicoat (2002, p 10) suggests that "[w]e cannot teach everything about culture. What we can do is help learners to develop ways of

finding out about the culture they are learning by analysing their experiences and developing their awareness". At the beginning of the course, I suggested to the students that they each bring a dish once a fortnight for a communal lunch. During these luncheons, discussion always took place between students concerning preparation, cooking, and sharing of recipes. As sharing food is a worldwide cultural experience, this was another positive learning outcome for the students. At the end of the course, these students not only all received a worthwhile qualification but their interactive and integrated learning provided them with valuable knowledge and intercultural experience to prepare them for navigating the culturally diverse field of aged care in their future roles as PCWs.

Culturally Different Approaches in Caring for the Elderly

In the following stories, many immigrant PCWs discuss cultural expectations and responsibilities involved in caring for their own parents when the time arises. They do so from the perspectives of their countries of origin where there are few homes for the elderly. In these individual stories, PCWs reflect on the differences and challenges involved in care relationships with the elderly in their homelands compared to workplaces in Australia.

Ania, who is Polish, works in a RACF that has a large number of Polish residents and describes the difference in caring for the aged in Poland and Australia:

> In Poland, there are no nursing homes. Poland is a little bit different to
> Australia. Here, Polish children bring their parents here but in Poland it is the
> responsibility of children to care for their parents while they are sick and until
> they die.

As more women are going out to work in Poland since Ania immigrated, she discusses her perception of caring for the elderly there now:

> Sometimes when I hear stories from my neighbours, it is not working that well especially now. Things are different in Poland now because the children go to work, they have mortgages and husbands and wives are working so it is not easy. I think that they need nursing homes in Poland now.

Arvin compares the care provided to the elderly in Australia and the Philippines:

> When I compare the care here in Australia to the care in my country, most elderly people are situated in the homes of their families and not in aged care. Mostly, I notice here that most elderly people are brought to aged care facilities for care.

The lifestyle is different in his country and Arvin considers this is why care for the elderly differs between both countries:

> Maybe, I think this is because people here are too busy to take care of them. Back in my country, they are a bit busy but they have really close family ties.… My parents would rather have my grandparents in their home rather than outside because they want to care for them personally.

Catarina's Italian grandmother died in an Australian RACF so she is aware of the different understandings relating to care provided to the elderly in Italy and Australia:

> Care is different because normally in a European culture, the elderly are taken into the homes of families. They expect more because they know that you are there all the time. Italians have their families together and have the elderly in their own homes and look after them as much as they can.

Although Catarina has lived in Australia all of her life, she has experienced Italian culture through her parents and grandparents. She believes that she has been able to put her thoughts into perspective by recognising the values of caring for the elderly in both cultural contexts:

> They [Australians] try if they can but put them into homes more. There are different situations and it depends on a lot of different things. The good thing is that it is nice for families to be close but the bad thing is that the elderly person relies on family members all the time and that can be exhausting. I see this all the time with different cultures as they get too attached to their family members. It is nice but it is necessary to be strong and say "I am going to spend a couple of hours with my mother and go home and come back". Both ways have their good and bad aspects.

Raja briefly outlines the difference in the provision of care for elderly people in Nepal and Australia:

> In Nepal, the family members look after their parents and they have to stay home all the time to do so.… It is not easy to push or pull our Mum or Dad at home because we cannot lift a 100 kg mother as it is very, very hard. So what is happening here is that we are putting them into aged care where professional care is given and people are highly skilled.

Since living in Australia and working in RACFs, Raja admits that his perception of caring for the elderly has changed:

> Before I started working in aged care, I thought that people were not looking after their parents at home and couldn't understand why they were putting them into aged care. After working in aged care, my thinking has changed. To put them in aged care is best as they get the best care, the best food, the best personal hygiene and the best social life that a human needs.

Now that Raja has gained a few years' experience working as a PCW, he sees the benefits of receiving more professional support and having necessary equipment on-site to effectively care for elderly family members as long as they live in "good" RACFs:

> What I personally feel is go to work and our jobs and put parents into professional care where the best job will be done. We can spend quality time with our parents as when we do a lot of jobs on our own, we get frustrated. That is why I think that it is better to put our parents into aged care than keeping them at home.

Deepak considers the knowledge gained from working in aged care as a PCW will benefit him in the future when he cares for his parents:

> I thought that when I go back to India, I will have to look after my parents. It is a good part of my learning here so it is better to know everything before I look after them.… In India, it is traditional that when parents get older that their children have to look after them.

Similar to Raja, Deepak values the opportunity to learn more about how to better care for the elderly by using the correct techniques:

> It is good if I know everything about care in how to do everything and manage things. Sometimes, if we don't know everything, we still look after them but don't know the correct techniques to use so I know the techniques now.

Priya discusses her experience of care in her home country:

> There is more caring in my country. Most people are not put in homes but looked after at home. We don't have many homes for the elderly in India. Only those who are rich go into homes. Most people are middle class and

look after their family at home although they don't have time but somebody has to look after them in the evening.

When asked if this system works well in her country, Priya mentioned that "enough money" is important to provide good care:

> If there is enough money in the family, yes the elderly are happy because when families live together, they can see what they need from time to time. Even the elderly people are happy because they are sticking together with their families. They are happy to see their children, grandchildren, and family around them.

Priya understands that living conditions are different in Australia:

> It [the system] is better in Australia because everyone is so busy. It is completely different with children, school, and work and not enough time.

As the provision of care for the elderly in India and Australia differs, Desa recognises that this is due to cultural differences:

> In India, we don't have any aged care facilities so we look after our grandparents at home.… I see a very big difference here in Australia as there is not this type of care in India. There are a lot of aged care facilities here because life is very different here. The culture is different and elderly people need to go into aged care facilities.

Desa has realised since working as a PCW that there are advantages for the elderly who live in RACFs:

> When they can't do things for themselves, they need to go into aged care. It is very nice here as people are looking after them. There are twenty four hour nurses for them and staff for them. All their food and other things are according to their wishes.

As an ESB Australian PCW, Sarah is not able to make any comparisons with caring for the elderly in other countries. However, as she works with PCWs from other cultures, she shares some insights:

> It doesn't apply to me but just speaking to some of the co-workers, it is totally different because I work with a lot of Sri Lankans and Indians and all their care is at home. Grandparents or family members don't go into an aged care facility because this is pretty much non-existent and it is all done at home. I guess that was how it was here too before aged care became such a big business.

As the system of caring for the elderly is different in Sri Lanka and India, Sarah appreciates that some PCWs may have some difficulty in understanding the cultural differences:

> It is very different and I guess that they find it very hard to understand why we can just put our parents or grandparents into a nursing home.

Although PCWs from various countries have strong family ties, it is evident that their cultural backgrounds influence their perceptions concerning caring for the elderly in RACFs. They also see the advantages and disadvantages of different systems of caring for the elderly in their homelands and Australia.

Reflections on culturally different approaches in caring for the elderly.

It is evident that these PCWs have recognised that the cultural concept of caring for the elderly in their home countries and Australia is different. However, they have all been employed in RACFs in Australia long enough now to recognise that the context and living arrangements are also different to their homelands. Raja and Deepak both appreciate the training they receive at their facilities in the provision of care concerning the safe transfer of residents and lifting procedures and

are comforted by the fact that all staff are expected to comply with the guidelines. As Raja states, "[e]ven if a person is not trained properly, they get training when they come and work here. It is important and the training is good here because they want to maintain their standards".

Sarah considers that once PCWs from different cultural backgrounds have worked in aged care for a while, they tend to develop more understanding about an alternative type of care for the elderly as "working in aged care has opened up their eyes to possibilities in that there are different choices that they can make if available to them".

From, these stories, it has also become evident to me that many of the PCWs I interviewed genuinely like older people and enjoy caring for them. As so many RACFs are multicultural now, many immigrant PCWs possess similar cultural characteristics to elderly residents from culturally diverse backgrounds, which are beneficial in providing culturally appropriate care and establishing good caring relationships with residents.

Ethno-Specific Care Versus Mainstream Provision of Care

Although I have not conducted any research in ethno-specific RACFs, I consider it important to briefly discuss some differences between these and mainstream RACFs. These types of facilities cater for specific ethnic groups of people while the majority of RACFs in Australia accommodate residents from various backgrounds. In ethno-specific RACFs, members of staff converse in the languages required and understand the cultural needs of particular groups.

As John previously worked in a Chinese RACF for several years before working in a mainstream context, and is Australian of Chinese parentage, he understands the cultural differences for PCWs and residents working and living in both environments.

John discusses his experience and the advantages that he and the residents enjoyed in this ethno-specific environment:

> I found that because the residents were all the same culture, it was a lot easier to deal with people because they spoke in the same tongue and I can still speak my own dialect, which is Cantonese. The food, of course, was all Chinese and it was perfect. They had soup every meal so there weren't any problems with fluid intake because the residents loved their soups. There were distinct advantages for them in being of the same culture as the residents were also more tolerant and amenable to each other because they understood each other.

Despite John being aware of some cultural differences between Chinese and Malaysian residents, he was not aware of any intolerance between them:

> Some of the residents believed in this and that and had different religions but there was no discrimination so it was interesting from that point of view because there were some cultural differences.

John provides a valuable insight into his previous position as a PCW for several years at an ethno-specific RACF, prior to now working in a mainstream environment. John considered that the greatest difficulty for staff was coping with workplace documentation and translating from "English into Chinese" as "some of the staff were not fully conversant with English and found it hard to understand medical terms" Overall, John considered the residents in this ethno-specific RACF shared benefits related to their mutual understandings of Chinese culture.

Reflections on ethno-specific care versus mainstream provision of care.

As referred to in more detail in Chapter Two, a large-scale immigration program to Australia since the end of the Second World War in 1945 has had a significant impact on the aged care sector. As the Australian population continues to age, a large number of these older people from CALD backgrounds require suitable accommodation and care, hence the ongoing need for service providers to consider individual and community needs.

In relation to cultural diversity in residential aged care, Petrov (2011) discusses an approach that was introduced early in the 1990s:

> A clustering model was initiated based on the principle that the elderly from specific ethnic groups could be grouped together in 'mainstream' or 'generalist' aged care facilities". The model provided smaller communities with an opportunity to live in a facility that enabled them to receive the benefits that the ethno-specific model offered. (p. 22)

As John has provided care in both types of residential environments, he is able to offer some interesting comparisons. Overall, John found it easier to care for the residents in a "wholly Chinese small aged care facility" because they spoke in Mandarin or Cantonese, enjoyed the same food and interacted more with each other. He also found it easier to provide support and communicate with the residents in his caring role due to his understanding of their spoken language and specific cultural needs. Alternatively, at the mainstream RACF where John is currently employed, he mentions that there are a few Asian residents there and "rapport seems to be immediately there as they think that I look like them so must have their understanding, which is true".

John understands their food preferences so ensures that he looks after them:

One man wanted to have rice but wasn't getting it. It was his usual daily food so I suggested to the kitchen staff that they cooked some rice as it easy to put in the microwave and he will be quite happy. Asians are very particular about food and life is about enjoying eating so we ask the residents what they want and give their suggestions to the kitchen.

After commencing this chapter, I had the opportunity to visit China for a few weeks. While in the Sichuan Province, my host kindly arranged a visit to a local elder care community. The managers of this community were very welcoming and pleased to show me around and introduce me to staff members and residents. As I have had limited contact with ethno-specific care in Australia, it was an interesting experience spending time in an aged care environment with only Chinese carers and Chinese residents. Despite not being able to speak Mandarin, I was able to engage with the carers and residents using a few English words. During this time, I was reminded of John's story relating to his perception of differences for PCWs and residents between mainstream and Chinese ethno-specific care in Australian RACFs. Visiting this elder care community of Chinese residents provided me with some interesting insights. In particular, I was reminded of John's experience in a Chinese ethno-specific RACF regarding his perception of residents all sharing the same understandings concerning culture and food and their more tolerant attitudes to each other. As I freely walked around the elder care community, I observed that there was constant interaction among carers and residents as they all spoke the same language. Attached to the outside gate, before entering the community, there is a large board displaying a variety of menus. As well as catering for the residents, relatives and others from the surrounding community on any day of the week are welcome to join the community and enjoy a meal for a small fee. As I considered John's experience

of Chinese ethno-specific care in Australia, and my experience in an entirely Chinese elder care community in China, I understood why he considered it easier to provide care for residents in such an environment when the carers and residents spoke a common language, enjoyed the same food, and regularly interacted with each other.

Sarah works in a mainstream RACF and also understands the importance of ensuring that dietary requirements and preferences of residents are respected:

> I think that catering for the residents needs to be looked at because there are people who are Jewish and that presents issues about everything so it is huge. Sometimes the kitchen doesn't think about a person who doesn't eat pork so he could be served pea and ham soup or a quiche with bacon in it. Food is always a big issue and can apply to any resident of course if Irish stew doesn't look like Irish stew and soup doesn't look like soup.

It is evident that John's and Sarah's understanding of the cultural food preferences of their residents is significant in viewing the provision of care holistically within mainstream RACFs.

When comparing family satisfaction in Australian ethno-specific and mainstream aged care facilities, Runci, Eppingstall, van der Ploeg and O'Connor (2014, p. 56) reported that residents in mainstream facilities were "significantly less likely to be involved in verbal communication with other residents". This is supported by John's experience as he considers the residents in the Chinese RACF interacted more "because they understood each other".

In their article on culturally and linguistically diverse adults relocating to aged care, Yeboah, Bowers and Rolls (2013, p. 59) found that despite immigrants relocating to nursing home environments that were not equipped with the support they required, they continued "to weave their cultures of origin into their lives,

through food, music and language". In light of this, it is understandable that the Polish and Greek residents referred to in Chapter Six have formed their familiar communities at their RACFs as they are able to share their cultural experiences with each other while managing to cope as best as possible in their present environments.

Radermacher, Feldman and Browning (2009, p. 60) review some of the considerations regarding the different models of mainstream and ethno-specific aged care services and recognise that "[p]eople from CALD backgrounds have been identified as a special needs group, but 'antiracism' advocates warn against cultural approaches to difference, as they are in danger of homogenising people and their needs". As ESB Australians, Ethel and Eleanor perceive themselves as a minority group with unmet needs at their RACFs. It might be argued though that they could be more proactive about their concerns as their cultural needs are just as important as those of older people from CALD communities. Nevertheless, as mentioned in the previous chapter, it is likely that they prefer family members to advocate on their behalf as they may not feel confident enough to approach this topic or consider they will not be taken seriously.

On the other hand, it could be argued that Ethel, Eleanor and their families could have researched a more suitable model of aged care to meet their cultural needs before relocating as the surrounding areas they lived in beforehand have a high CALD population.

As there are relatively few ethno-specific RACFs throughout Australia, there is a need for culturally inclusive care in mainstream environments and it is an ongoing challenge to cater for the cultural needs of older people from so many different backgrounds. Whereas many older people may prefer to receive ethno-

specific care to suit their specific cultural requirements, this is not always feasible in their surrounding communities. It is generally agreed that there is not a particular model in the aged care sector that supports all the diverse cultural and linguistic needs of older people so more research concerning strategies, policies, and best practice is required for mainstream environments to cater for unfilled needs and the welfare and cultural inclusivity of CALD residents in the future (Mold, Fitzpatrick & Roberts, 2005; Petrov, 2011; Radermacher, Feldman & Browning, 2009; Runci et al., 2014). There is no doubt that the specific cultural and linguistic requirements of the older CALD population in the aged care sector are ongoing items on the agenda that need to be continually addressed. It appears that, in order to improve practice and meet culturally diverse needs of residents from all backgrounds as effectively as possible, this is an ongoing process that could also be closely connected with budgetary, administrative, and human resources in individual RACFs.

Intercultural Interactions in the Workplace

The following stories relate to Jean's and Don's intercultural encounters in their RACFs with others from different cultural backgrounds.

Jean, as an ESB Australian PCW, finds it challenging working with others from culturally diverse backgrounds as she considers that they do not have her understanding and experience concerning how various tasks should be carried out for the welfare of elderly residents. As an experienced PCW and team leader, Jean likes to support and encourage students but also corrects them if she considers it necessary.

As there are now few ESB Australian PCWs employed at Jean's RACF, her role as a PCW and team leader has changed significantly during the last few years, and especially in the way in which she finds herself communicating with PCWs of other nationalities:

> I am in the minority here. I have watched the field with nearly all of us being Anglo-Celtic a few years ago and now it is the other way around. I don't mind this because we need more carers because of our ageing population.

A major part of Jean's role involves training newly inducted PCWs and students during fieldwork. In her supervisory role, Jean believes that there are times when she needs to say, "Look, we do it this way":

> A funny instance was when one of the residents asked for more gravy and the carer asked "What's gravy"? Another instance was about cream and that how we put it on the cake so the residents have cream and cake.… When they first make a cup of tea, I say to them "No you don't do it that way, you put the tea-bag in first and then the hot water".… Also, they don't know how to set a table.… Making beds is shocking. Even though there are doonas, they still have to know how to make beds because there are blankets and sheets.

Jean admits to being "a bit of a neat freak" but considers that there should be consistency in the way in which tasks are performed:

> There needs to be more attention to this because we are dealing with residents with dementia who are not sure as to how they are dealing with things.

The topic of hygiene is a "really difficult issue" for Jean to address, despite often reminding carers "not to forget to use the resident's deodorant, perfume and moisturiser so that they smell nice":

> Concerning the issue of hygiene for residents, I know that we put deodorant on because we grew up that way. I still don't know how to address this as BO [body odour] still seems to be a bit of an issue for some people. They seem to come from areas where I assume that that they don't use soap, deodorant and perfume. I wonder if this is a cultural thing among Africans for example. I still don't know how to tell someone when I can smell it and a resident may say to me, "Do I have to have that person again because they smell of BO"?

Despite Jean's definite views concerning holistic care for residents, she knows that she needs to acquire better awareness of the body language of others when she realises that her advice and instructions have not been understood:

> I never know how someone is going to take me and a lot of the time I am taken the wrong way.

Don is an ESB Australian resident who is considerably younger than other residents in his RACF. Don misses his former lifestyle and freedom and really enjoys the opportunity to engage in friendly conversation with others:

> After I had been here for a couple of years, and it was a week or so before Christmas, one of the female carers came in to see me and said, "I am about to go off on a few day's leave and I won't be here until after Christmas but Happy Christmas". She handed me this parcel and said "Don't open it until Christmas morning". Come Christmas morning, I opened the parcel and inside the parcel was a shirt, not just any old shirt but about the most expensive shirt that I had ever seen.

From Don's cultural perspective, he was very surprised when he opened his gift on Christmas morning, as not only was it "the most expensive shirt", but it was not what he considered appropriate or might have expected:

> After Christmas, this carer [non-European] came back and she asked me if I liked the shirt. I said to her, "It's an incredible shirt. Why did you buy me a shirt like that"? She said "I like you" and I said "Oh, that's nice. I like you too". A couple of days later, she came in and said "Have you worn your shirt". I said "No, I'll put it on today". This is the bit that really embarrassed me like crazy when she said "In my culture, when a woman gives a man a shirt like this, she is inviting him into her bed".

Despite Don's embarrassment, he said that he was "able to laugh it off" to some extent by saying, "It might be so in your culture but it's not so in ours":

Jean's and John's stories highlight the differences among PCWs and residents from diverse cultures in their individual and perceived understandings of cultural workplace practices and communication when working alongside each other in mainstream RACFs.

Reflections on intercultural interactions in the workplace.

The above stories highlight some major differences in cultural understandings concerning Jean's and Don's intercultural encounters in their RACFs with others from culturally diverse backgrounds. These experiences also highlight the need for all PCWs, irrespective of their diverse cultural backgrounds, to continue to develop more understanding and knowledge concerning what is considered as culturally competent care in aged care workplaces. This is necessary to appreciate the diverse cultural needs of residents in their care.

In discussing working beyond the classroom with second language learners in nursing homes in Denmark, Parsons and Junge (2001, p. 204) suggest that "[d]eveloping intercultural communicative competence is a process which requires an awareness of how we perceive others and how they perceive us". The authors also suggest that our own cultural backgrounds have an effect on how we perceive others and what we judge as typical or reasonable. In the stories in this chapter, it is apparent that PCWs and residents encounter difficulties at times when their cultural understandings differ from those of others.

Jean commenced working in her RACF many years ago and worked predominantly with others from similar cultural backgrounds to herself. As she has always cared for residents in the manner that she considers appropriate, she encounters difficulties at times among other carers whose understandings of reasonable care for elderly residents are different to her own.

The provision of daily and intimate personal care by PCWs to residents involves assisting them with showering, washing, bathing, dressing, making beds, monitoring meals, respecting individual possessions and routines, feeding, and toileting. Jean has been working as a PCW in the same RACF for many years and her personal philosophies and practices in providing personal care have been shaped from what she refers to as her "Anglo-Celtic culture". In their article about nursing education in Australia, Dickson, Lock and Carey (2007, p. 2) refer to the changing face of the profession and "student cohorts [as being] increasingly and linguistically different from the traditional white female, mainstream domestic student". The same applies to aged care education in the classroom and workplace. As more people from culturally diverse backgrounds are working in RACFs now, the profile of a

Personal Care Worker is no longer that of the "traditional white female". Jean's social understandings are derived from her perceptions of Australian cultural practices so it is challenging for her as a PCW and team leader when others in her workplace have different cultural perspectives and expectations that do not meet her required standards of care.

During discussion concerning intercultural residential care in New Zealand, and the culturally diverse beliefs among carers and elderly residents, Kiata and Kerse (2004, p. 324) suggest that "the behaviour of the care recipient will influence the care relationship, and many things, including culturally related beliefs and expectations, would influence that behaviour". In Chapter Four, residents from various cultural backgrounds discussed their interactions with PCWs, which involve their experiences relating to some perceptions concerning the individual type of care they require. When Jean says, "Look we do it this way", she is not only considering the way in which she expects tasks to be acceptably performed in her workplace but also that she understands the different needs and expectations of residents, which will determine the quality of care relationships and maintain consistency.

Similarly to many residents in RACFs, who are so dependent on receiving care from others, my mother had certain expectations regarding what she considered as the required quality of personal care. During the five years that my mother lived in her RACF, there were occasions when she was upset with the ways in which some PCWs performed certain tasks. There were many times when I remade the beds for my mother and father because they had not been made to my parents' standards and my mother did not want to complain again. There was one occasion when my mother asked one of the PCWs if she would pass the toast to her with tongs, rather

than giving it to her by hand. When involved in food handling, it is required that all staff use tongs or wear gloves. In response to my mother, the PCW said "my hands are clean". My mother responded by saying "I don't care if you think your hands are clean, this is what I prefer". As the PCW ignored this request, my mother asked me to lodge a complaint to management as she believed she would be taken more seriously if I complained. Usually, my mother used humour when complaining about how some carers could not make a decent cup of tea to her satisfaction and often said "I think that they must wave a tea bag over the cup because it looks like dishwater". On other occasions, she would be annoyed when her clothes and items were not returned to their correct places and she could not find them later. I know that my mother would have preferred to have been more independent and performed these tasks herself. However, her vision was extremely limited due to macular degeneration and she was legally blind for the last couple of years of her life. For this reason, she was very dependent on carers to respect her personal and specific needs, which were so important to her. There were times though when my mother overlooked some issues with PCWs that she really liked. This was because she knew these PCWs genuinely cared about her and she did not want to be considered as a person who was always complaining.

From my experience in culturally diverse workplaces in aged care, it is not uncommon for difficulties to be experienced cross-culturally as PCWs work alongside each other delivering care when their perceived ways of performing tasks differ. This is supported by Denier and Gastmans (2013) in their study on cross-cultural diversity in healthcare organisations in Belgium and what is perceived to be the correct way to perform tasks. This may result in part from the limited international literature on ethical guidelines relating to cross-cultural care. The

authors suggest that it is important that there is open cooperation between staff and management to ensure that the specific requirements of individuals are met, thus developing trust in order to provide competent cross-cultural care.

Jean refers to her difficulty in addressing the issue of body odour of some carers and considers whether it may be "a cultural thing among Africans". Not only does she have to remind these carers "not to forget to use the resident's deodorant, perfume and moisturiser" in their roles as PCWs but it becomes even more of an issue when a resident mentions to her the body odour of a carer and their reluctance to have that person attend to their personal care needs again . While undertaking my research for my Master of Education a few years ago, one of the managers that I interviewed at a RACF discussed how difficult it was for him dealing with the issue of body odour among some of the "black male students" as it was such a sensitive and intimate problem. Despite the manager referring this problem to workplace officers from the RTOs who were supervising these students during their fieldwork, the situation was not resolved to his satisfaction. This issue became even more of a problem when some of the elderly female residents would say "I don't want black men looking after me" and it would then escalate into a situation that seemed racist. In the meantime, these elderly women had complained to their relatives about the body odour of these carers. Once the relatives had passed on these complaints to the manager, the facility had to respond quickly and deal with the issue as diplomatically as possible to avoid further tension between residents and PCWs. The manager considered that the issue of body odour was never satisfactorily resolved as it was such a delicate issue for all involved. In attempting to address this issue, a cross-cultural element was added, which added to the difficulty of the situation. In her discussion concerning odours in other people, Classen (1992, p. 158) suggests "[t]o

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characterize a certain group as foul-smelling, therefore, it is to render it repellent at a very basic physical and emotional level, not simply at a cognitive level" and that while everyone emits odours, most of us only notice the odours of others because we are so familiar with our own individual and group smells.

Confronting someone who has body odour is generally regarded as a taboo topic in our western society. It is significant to mention that this issue can also arise among people of any nationalities. As a coordinator, I was confronted with the task of chatting to an ESB Australian student concerning this issue several years ago and it was the most difficult conversation that I have ever initiated. Despite the student making an effort to conform to the perceived norms of the classroom and workplace, this issue was not satisfactorily resolved either. As difficult as this conversation was at the time, my manager and I considered it necessary as the nature of care work in working closely with others and providing care for residents in RACFs is very personal. Hannigan (1995, p. 502) suggests that "[f]or those working in cross-cultural settings, the potential for conflict about body odor is present, since another person's body odor may be perceived as an intrusion into one's personal space".

In discussing the management of smells in daily life experiences, Low (2006, p. 613) mentions that "[a]ny loss of control over our bodies not only becomes socially embarrassing but also indicates a loss of control over ourselves" so it is "therefore justified to make a claim for how bodily odors can represent a loss of control over ourselves". In support of RACFs, as unpleasant odours are often experienced for various reasons, there is a strong emphasis on constantly maintaining hygienic and fresh smelling working and living environments so there is already a heightened awareness among many of the staff and residents regarding their

perceptions of odours and personal hygiene. It is particularly important for those who work in any cross-cultural environment to acquire some understanding about customs and cultural significance that body odour has for different people from diverse backgrounds in order to handle this difficult issue as sensitively as possible and minimise conflict.

For Don, living in a RACF is culturally challenging every day as he considers that he has little in common with other residents who are much older than him but he has established some good relationships with several PCWs who regularly attend to his personal care needs. Don was embarrassed to receive an expensive and intimate gift from one of the female carers. He was even more embarrassed when the cultural meaning of the gift was explained to him. However, rather than Don viewing this situation negatively, and causing himself further embarrassment, he diffused it by referring calmly and firmly to each other's differences of opinion concerning such a cultural practice.

Obviously customs relating to the giving and receiving of gifts vary considerably in different countries. Having taught many students from diverse backgrounds, I have always incorporated classroom discussion concerning their perceptions of etiquette and boundaries related to giving and receiving gifts when caring for elderly residents in RACFs or private homes. This is necessary in order to provide students with appreciation of what may be considered by others in their future workplaces as acceptable or unacceptable. At the same time, it is important for these students to acquire understanding about the practices of different cultures and workplace guidelines to avoid major mistakes, embarrassing recipients, and possible breaches of regulations.

During my years of teaching and working in aged care, my understanding has always been that it is not acceptable for PCWs and nurses to give or receive significant gifts. Whereas I recognise that this is my understanding of gift protocol, I have been unable to access a Policy and Procedures Manual, an Employees Manual, or any other specific information relating to this. However, appropriate communication and explicit clarification of such policies in all RACFs is essential as small gifts expressing appreciation, such as chocolates, are generally considered appropriate when shared among all staff in workplaces.

Don was placed in a vulnerable and potentially embarrassing situation but appears to have coped with it well despite his initial discomfort. This story is significant because it appears that this PCW was not aware of any policies or procedures concerning providing and receiving gifts in her workplace, thus blurring the line between professionalism and personal practice. In Don's situation, he obviously appreciated the caring relationship and communication that he had already established with the PCW before she presented him with an expensive gift that embarrassed him. It is also obvious that Don still appreciates the friendship with this person as he has maintained a "cordial relationship" with her. Don's story demonstrates the fact that even though people may be respectful and friendly towards each other, their respective cultural meanings and understandings may vary considerably depending on their cultural backgrounds.

It is evident from Jean's and Don's stories that PCWs and residents from culturally diverse backgrounds are not homogenous groups of people and that the process of developing intercultural understanding and competence is ongoing. This process requires awareness of our perception of others, their perceptions of us,

understanding and self-reflection concerning our own cultural backgrounds, behaviours, and biases and ultimately how to effectively engage with others from different cultural backgrounds (Liddicoat, 2002; Parsons & Junge, 2001; Montenery, Jones, Perry, Ross & Zoucha, 2013). It may also necessitate the development of specific guidelines or policy particularly in culturally diverse RACFs.

Discussion

The main focus in this chapter has been on culturally different approaches to caring, communication, and intercultural interaction among PCWs and residents from culturally diverse backgrounds.

As an educator and researcher, the stories in this chapter have once again led me to consider the ongoing process and journey involved in the quest to acquire cultural competence in personal care work and what it involves for PCWs, teachers, supervisors, and management in aged care education and practice in Australian mainstream RACFs. It is recognised in Australian nursing programs that the concept of cultural competence is a continually evolving process that poses a challenge for nurses. To be considered "culturally competent" requires awareness of one's own culture and beliefs, recognition of cultural differences at all levels of society thereby building knowledge, understanding, and skills (Chenowethm, Jeon, Goff & Burke, 2006; Montenery et al, 2013; Starr, Shatell & Gonzales, 2011).

In their discussion about whether nurse educators consider they are competent to teach cultural competency concepts, Starr, Shatell and Gonzales (2011, p 86) refer to "[s]ome nursing educators [as being] intimidated by the responsibility of teaching the content". Their intimidation is due to "not feel[ing] qualified unless they have had additional preparation in transcultural nursing or they have repeated

exposure to the content or to individuals from diverse cultures and ethnicities".
These concerns do not seem unreasonable as from my experience in the classroom
and workplace, teachers are more comfortable teaching any particular unit if they
have confidence in their knowledge, skills, and experience.

As a result of my recent experience in an elder care community in China,
where all residents are Chinese, I have reflected on my early experiences as a nurse
in low-care and high-care nursing homes (now RACFs) when most of the staff and
residents were ESB Australians. As in China, all the staff and residents in nursing
homes where I worked in my early years of aged care, conversed with each other in
the same language. Despite some special dietary requirements, residents usually
enjoyed the same food. In particular, they all looked forward to fish and chips every
Friday, a roast dinner every Sunday and their scones, cakes, or desserts followed by a
cup of tea on any day of the week. Undoubtedly, sharing a similar cultural
background to the majority of residents helped me considerably in caring for them.
At the same time, I was aware of individual attitudes and preferences among
residents. Regardless of the culturally diverse backgrounds of residents, it is
necessary to develop an understanding of the individual so as to provide appropriate
care and foster good working relationships.

People from diverse cultural backgrounds often communicate differently with
each other and within their communities, which can result in misunderstandings even
if everyone is speaking a common language (Wenger et al, 2002). This supports the
accounts of John, Sarah, Jean and Don when referring to their experiences of cultural
differences relating to issues such as food, workplace routines and
misunderstandings. In all of the stories told by PCWs and residents, they have

shared their knowledge while reflecting on their experiences. As Wenger, McDermott and Snyder, (p. 166) suggest "[e]very organization has a knowledge system, although it is generally not recognized or managed". Accounts from PCWs at each RACF provide significant cultural resources that can be used in "managing knowledge" to improve practice within learning communities such as residential aged care. Workplace practices and procedures may vary in different environments but in any community of practice that provides the opportunity to share and manage knowledge, it is possible to learn from the perceptions and experiences of others. It is important that PCWs continually develop their awareness, knowledge and skills in order to work effectively in culturally diverse workplaces. At the same time, it is important that PCWs receive relevant professional development from knowledgeable and experienced educators in order to achieve this.

In the next chapter, the narratives of the PCWs in my study demonstrate some of the challenges faced when caring for residents who are close to death and the emotional stress involved in coping with a resident's death.

Chapter 8

Death and Dying in Residential Aged Care

While Waiting for Thee

Don't weep at my grave, for I am not there,
I've a date with a butterfly to dance in the air.
I'll be singing in the sunshine, wild and free,
Playing tag with the wind, while I'm waiting for thee.
Author Unknown

Saying Goodbye

The above poem, which my mother quietly presented to me inscribed on a bookmark about a year before her death, has provided me with much solace during many sad moments. This poem must have provided solace for my mother as well as I found the same bookmark in her bible when sorting through some of her possessions.

When my mother died, I was fortunate enough to be there as I did not want her to die alone and I know that I provided her with as much emotional comfort as I could in her last days. My father, who was in the final stages of Alzheimer's Disease, was unable to communicate his needs prior to dying a year after my mother. Although I was not there at the time my father died, I had spent a lot of time with him and sensed that he knew family, PCWs and nurses were supporting him in the lead up to his death.

During the last three months of my mother's life, when her decline was particularly significant, I spent time sitting by her bedside providing her with

emotional support and dealing with my own sadness but also at the same time continuing to conduct my research across six RACFs. When individually interviewing Personal Care Workers (PCWs), one of the questions that I asked them was to think of a situation that was important to them in which they had experienced a deep emotion. Interestingly across all facilities, many PCWs referred to the difficult emotions they experienced when dealing with the decline and subsequent death of residents. In contrast, it was not a topic that elderly residents or managers alluded to at all when I interviewed them. The closest comment that one elderly male resident in his late eighties made concerning his mortality was when he said "despite my fall, I am still alive". On conducting research in nursing and care homes, Percival & Johnson (2013, p. 21) reported that some residents did not want to discuss end-of-life issues with staff. The attitude was that they had lived long enough to have come across death. Consequently, they "lived day by day and did not wish to dwell on mortality".

Having arrived at this moment now as a daughter and a researcher with a background in nursing and teaching in aged care, I am able to reflect on this critical time in my life that led me to greater awareness and appreciation of the emotion and grief involved in losing two elderly parents in a RACF. At the same time, I can attest to the way that PCWs who have cared for residents up to the time of their death may be affected. During this time, I not only heard accounts from many PCWs involved in my research project at all six RACFs concerning their perspectives on this topic but at the same time witnessed firsthand how much my mother's and father's demise and death affected several PCWs who had cared for them. As a researcher, I believe that my background knowledge, personal experience, and some

shared considerations with PCWS concerning death and dying all contribute to the analysis and comprehension of stories on what is an emotional and confronting topic.

Aged Care – A Place for Living and Dying

RACFs are unique settings for many elderly people to spend their final years and function as homes for living and dying. Older people who live in these settings are entitled to privacy and Froggatt (2001, p. 35) suggests it is "the duality of these care needs that sets RACFs aside as different from other health care settings such as hospitals or hospices". As living and dying occur in the same space, carers who work in RACFs often experience the intimacy of the approaching death of one of their residents while at the same time having to provide care for others who are still reasonably well and continuing to live their lives in their "homes" (Allen, Chapman, O'Connor & Francis, 2008; Froggatt, 2001; Parker, 2011).

In an Australian Institute of Health and Welfare report, Karmel, Lloyd and Anderson (2008, p. vii) state that "almost 10% of the 1 million or so hospital discharges for older people [sixty-five years and older] are for people who then go into or return to residential aged care". They advise that respiratory conditions and falls are the main causes of admission for permanent aged care residents. From my professional and personal experience I have found that it is traumatic for aged care residents to be admitted to hospital as the nursing staff, doctors, and other support workers are unfamiliar and their anxiety is increased. They experience difficulties in communication, their daily routines are disrupted and those with some degree of memory loss become more disorientated. During the time that my mother lived in a RACF, she was admitted to hospital on two occasions, each one after a serious fall. On the second occasion, she was extremely anxious and wanted to return home as

soon as possible as she missed her routine, familiar faces, and my father. Although

my mother was not able to walk again after the last fall, her wish was fulfilled and

she returned home. Four months later my mother died peacefully, having received

care and emotional support from family, staff, and her doctor who understood her

needs.

During their interviews with elderly residents in nursing and care homes,

Percival and Johnson (2013, p. 22) found that many regularly said "they would

prefer to die in their care home than in hospital citing its relative homeliness, privacy

in having their own room and the scope for relatives to be comfortable when

visiting". In a Gratton Institute report on "Dying Well", Swerissen and Duckett

(2014, p. 8) suggest "a good death" in one's own home or a homely environment

with family, friends and appropriate care "meets the individual physical,

psychological, social and spiritual needs of the dying person". Concern surrounding

the issue of death and dying in homes for older people suggests there is not enough

attention provided to managing this process although so much effort is directed to

preserving lives (Komaromy, Sidell & Katz, 2000).

As already mentioned in more detail in Chapter Two, when the

Commonwealth Aged Care Act (1997) was implemented, one of the particular

objectives was the Ageing in Place policy. The majority of older people who enter

RACFs do so when they require extensive physical and emotional care. Inevitably,

this means that Dying in Place is also a significant issue.

Ageing in Place – Dying in Place.

The Ageing in Place policy has allowed many residents to remain in low-care rather than being transferred to high-care within the facility or elsewhere despite their increased dependency.

As healthy ageing is emphasised in the Australian Government Aged Care Policy, O'Connor, Bullwinkel and Pearson (2004, p. 32) suggest that despite death occurring regularly in an aged care environment "minimal policy exists to underpin activities that surround dying in this setting …'Dying in place' ought to be attached to the Australian Government's policy slogan – 'ageing in place', to make a complete model of care".

In light of the suggestion by Österlind, Hansebo, Andersson, Ternestedt & Hellström (2011, p. 173) that "dying is silent and silenced, that emotions are pushed into the background, and that attentiveness to death occurs after the moment of the older person's death", the proposal of a government slogan that recognises a "complete model of care" seems appropriate in challenging the prevailing discourse in RACFs of remoteness between death and dying and life.

Emotional Attachment to Residents

It is in the nature of the job that PCWs, who provide daily personal care to residents, will form close relationships with many and will provide a level of comfort to them as they draw near to death and dying. In the following stories, several PCWs describe their feelings during this emotional time.

Mary discusses her struggle in dealing with the deteriorating health of her residents:

> When you're watching people going really downhill, and we've got one lady at the moment … first I could distance myself more because I hadn't been here very long. But now, the longer I'm here, I get more attached. I think the only way to look at it is to think to yourself, "Well as long as I've done to the best of my ability in caring for that person, I've done my job and there is nothing more I can do".

In endeavouring to keep her emotions under control, Mary wonders how long she can maintain this:

> We can't save everybody. We can't take everything on board or else we'll end up a mess. I am a very emotional person usually but I'm starting not to become hard but learning to deal with that's work life and that's home life and try and not mix it and try and not bring the work home if that makes sense. But how I can keep it going I'll just have to wait and see how it goes.

Jean discusses how difficult it is for her when she interacts with the relatives of residents and tries to remain calm in the face of impending death while considering their feelings at the same time:

> I find it very emotional and hard talking to family members and still can't get around it about the passing because I like the relatives. When I have to tell them how they are going and I am turning [moving from one side to another] the resident and I am telling them that they are comfortable and relaxed, that is very hard and I still can't get used to it. It is so hard to get around this and say the right words because I don't want them remembering that wrong word that I said.

John feels the loss of residents too and believes he is able to provide the relatives with emotional support by consoling them and sharing his memories:

> When I have been looking after a resident for a while, I do become a bit attached to them and it's almost like a friendship. So when they pass away, I feel the loss but then I can relate to the relatives, comfort them, and tell them what a wonderful resident this person was and that they lived their life with enjoyment.

Raja has elderly grandparents in Nepal. He treats the residents like his grandparents by providing them with "proper care":

> When we start looking after residents, we start loving them if you know what I mean because we are human also. I believe that these residents are my grandparents and I am looking after them and it makes me happy.

It is important to Raja that after his residents have passed away he is able to grieve for them knowing that he cared for them appropriately and treated them with respect:

> When residents pass away, we feel so emotional and when I look after them, I look after them from my heart.… I give them proper care and God is there to see and I know that my own grandmother and grandfather are getting proper care back home.

Omar, from Pakistan, experiences sadness when residents pass away and likes to share his feelings with his friends about working in aged care:

> When we spend time with them, we have feelings for them so when they pass away we feel very bad. Some of my friends ask me about aged care because they don't know what happens here and they ask me about this.

Omar uses the example of pets to illustrate his reaction to the death of residents. Although this is a "bad example", Omar thinks it conveys his feelings:

> This is a very bad example that I use as a dog and cat or some other pet. I say to them, "Look, when you have a pet you don't spend your whole life with the pet as it may only stay with you for only ten or fifteen years. When something happens to that pet, how do you feel"? I have seen some people cry a lot when their pets pass away. We are dealing with humans so when we spend time with them and look after them and when something happens to them we feel bad.

When providing residents with personal care, Catarina likes to make them feel better by sharing jokes and exchanging stories. She finds it difficult when this rapport and emotional and physical contact ends abruptly:

> There have been a few occasions when I have enjoyed a good laugh with a resident the day before he or she has died. It has been very difficult when I have arrived at work the next day to receive this news when I have been laughing the day before with this person and I feel very sad.

When Lam discussed the impending death of residents, she stated that she found it distressing that many of them did not have the type of emotional comfort and support from their extended family and community that she had experienced in Vietnam:

> I feel sorry for them sometimes. I say to my parents in Vietnam, "You don't have much but at least you have lots of people around you to look after you". The first year, I cried all the time because these residents had no children coming to see them. Then some people don't come when the residents are alright and when they are dying everyone comes. In my country, everyone comes to visit before the person dies. I know that people are busy and can't visit every day but at least they should come once a week or once a month.

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Deepak from India, finds it distressing when residents are alone and finds the lack of support from some family members difficult to comprehend:

Sometimes, I feel emotional when a resident tells me that they don't have anybody and they are alone. I feel emotional at that time because nobody is coming to see them. Every day, I go to that resident and talk to them and ask them everything about their life and they will be happy. I tell them, "don't worry we are here for you" because they feel alone.

It is apparent from the above accounts that PCWs often provide vital emotional support to residents who are lonely or approaching death while at the same time dealing with their own emotions and loss.

Reflections on Emotional Attachment to Residents

PCWs in providing emotional and physical support to residents, dealing with death and dying, coping with their own feelings of loss and grief and providing comfort to relatives support observations referred to by Ford and McInerney (2010, p. 252) in which "ancillary staff frequently develop close and trusting relationships with residents and their families as they interact with them in the course of their activities.

All PCWs in the above stories refer to their attachment to residents and the loss and sadness they experience when one of them dies. In describing her sadness and attachment to a dying resident, Mary discussed her efforts to keep her emotions under control and not to "end up a mess". As a listener with personal and professional experience in relating to emotion and grief involved when a family member or elderly residents are "going really downhill" and approaching death, Mary's story resonated with me as we were both living in the moment during a

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difficult time. Watching loved ones approaching death was having a profound effect on us both as we were trying to be brave.

Jean and John's stories reflect my own experience following the deaths of my parents when I had feelings of emptiness. Several PCWs and nurses provided me with comfort in my sadness by telling me about their relationships with my mother, stories that she had shared with them about her life and family and how she had always thanked them for their care until the end. Despite my father's dementia, many of the staff also conveyed some lovely stories to me and referred to him as a gentleman. When discussing the value of understanding personal narratives, Gaydos (2005) suggests:

> When memories are told and really heard, they become the experience of two people – the narrator and listener. In this way, memories not only offer insight into a person's history but also create and maintain a relationship in the present. Meaning is thus constructed between the person telling the story and the person listening. (p. 256)

Many residents and staff develop strong connections with each other over a long period of time. These attachments influence the quality of care and concern that staff want to provide for their residents who are dying (Wilson & Daley, 1998). As evidenced in the above stories, it can be difficult for those PCWs who are unable to suppress their feelings when they are involved in the regular care and well-being of residents. While it is proposed by Black and Rubinstein (2005, p. S4) that "[e]motional detachment might shield the worker from disabling feelings of grief or sorrow", many PCWs who continue to work in aged care for any length of time oppose this outlook. When PCWs recognise that death is imminent for a resident, they usually want to provide as much emotional and physical support as possible

despite their continuing workload with other residents as they do not want anyone left alone in their last days. In their findings, among nursing home staff, Ersek, Kraybill and Hansberry (2000, p. 18) stated that "[a]ttachment enhanced the quality of care provided, but also increased the sense of loss experienced when residents died".

Whether death was anticipated or not, it appears from their stories that it is not unusual for PCWs to experience a deep sense of loss when their residents die. The provision of emotional support for residents who are dying should always be considered as a priority because nursing homes are environments where many elderly people spend the remainder of their lives (Jenull & Bruner, 2008). In their article about bereavement requirements among residents, relatives and staff members, Katz, Sidell and Komaromy (2000) found that "[m]any carers see themselves as a substitute family for residents and therefore experience considerable distress when the resident dies. Establishing close relationships with residents is mutually beneficial in most cases and should not necessarily be discouraged" (p. 274). It is important that other staff comfort carers in their loss to enable them to continue caring for their other residents.

It is important to note that PCWs are constantly confronted with a wide range of demands in providing emotional and physical assistance to their residents while attempting to also look after their own needs. While PCWs have chosen to work in aged care, and enjoy their relationships with residents, only they completely understand the entirety of the role in providing personal care and accompanying support to those in need and their subsequent emotional involvement.

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Death and Dying in Silence

In the following two accounts, Raja and Lam refer to their immediate reactions, sadness and loss when residents are dying or have passed away.

When Raja is criticised by the charge managers, he justifies his need to feel upset when a resident passes away:

> What happens when they pass away is that we start crying and the charge managers say "Be professional, why are you crying?" I think that they are not the person who is looking after them. We are the people who are showering them, brushing their teeth and grooming them and touching them. The charge managers sit and do the paperwork.

Lam refers to her sadness due to the reactions of family members when one of their parents is dying:

> When some residents are dying, the priest comes and the family are not organised and don't come. We ring them and let them know that their father or mother is dying because the resident really needs their family around them. Mostly family members are not good at this when their father or mother is dying. Some family members say, "No worries, when he or she dies, when they come to collect the body, let me know and I will come to see them". Oh, my God I feel sorry for the resident. Here, I see this a lot.

As Raja and Lam are so emotionally involved with residents when they are dying, it appears that their grief is intensified by reactions and responses received from some staff and family members, which they cannot comprehend.

Reflections on death and dying in silence.

It is important at this time to consider the discourses in the residential aged care context that are silenced, said, and not said. These are a means of understanding the process involving emotion and grief for PCWs who are constantly forming close and supportive relationships with elderly residents.

Raja and Lam grieve when a resident in their care is dying. It is not possible for Raja and Lam to maintain a professional distance from residents when they have developed close relationships with them. Consistent with Raja's reaction, Parker (2011) discusses the role of staff and their communications in RACFs and proposes:

> Depending on their designation, the staff had different interactions with the residents and families. The registered nurse's (RN's) time is often spent doing medications, whereas the care workers are responsible for more personal care. Interactions occur during the routine tasks of bathing, turning or assisting with toileting. (p. 38)

Due to responses received from Direct Care Workers in a nursing home concerning their views on death and dying, Black and Rubinstein (2005, S7) also reported that "the more distant a staff member was from hands-on-care" because of administrative demands, "the more they believed that emotional distance from residents was appropriate and necessary".

Most people living in RACFs are of advanced years, fragile, and dependent on others for personal care and daily support so there is no escaping the fact that death and dying is a feature of life in RACFs. For many people, death and dying is a difficult topic to discuss and Österlind et al (2011, p. 534) suggests this is compounded by a "nursing home discourse that distances death and dying from life

and characterises a movement between two partly overlapping positions, avoidance and confrontation of death and dying". Österlind et al. (p. 529) suggest that the manner in which death and dying is expressed and the process involved represent "a discourse that guides staff". It is not common for residents living in nursing homes to return to their own homes to die. They usually die in their nursing home environments or are admitted to hospital while living at home (Black & Rubinstein, 2005).

It is not surprising that the death of a patient can be distressing for staff when they have developed strong attachments, familiarity, and long-term relationships with their patients in residential environments (Ní Chróinin, Haslam, Blake, Kyne & Power (2011). Unfortunately, there is often little discussion concerning the issue of death in care homes and as Richardson and Beynon (2012, p. 255) suggest it is "a taboo subject and consequently many people do not feel confident discussing it or dealing with the practical and emotional issues it evokes." The authors consider that it is the responsibility of management to openly communicate with staff about death so that they are more empowered to deal with death and bereavement and are not afraid to talk about it and express their sorrow in an accepting environment. This view is supported by Ashurst and Ireland (2001, p. 571) who believe that '[s]taff should be given the opportunity to express their own grief, and an atmosphere should be created where grief and sorrow are accepted and welcomed".

In discussing the silent discourse related to dying, Österlind et al. (2011, p. 173) assert that "frailty, ageing, dying and death challenge the prevailing discourse in society, which emphasises values such as health, strength, autonomy, and healthy and active ageing". As we know, by the time most elderly people move into RACFs,

they are advanced in years, unwell or reliant on care and are in the palliative care phase.

Coping and Closure for Personal Care Workers after the Death of Residents

My findings indicate that many of the PCWs interviewed continue to experience feelings of grief after residents have died. Attending funerals when possible is a significant way for PCWs to show respect for the close relationships they enjoyed with their residents.

Joan likes to attend the funerals of residents who have passed away. However, her shifts are organised in advance so it is often not possible to alter them and attend:

> I have become close to quite a few residents so when they passed away, I have had two reactions when I have cried. I have gone to some of the funerals when I have been able to. This is the hardest part of the job as when they pass away, it leaves a hole.

Sarah discusses the respect for residents shown by other PCWs in her RACF:

> One of our residents passed away and there were a lot of different people who went to her funeral. She was an Australian but they went there out of respect. The ways they have their funerals are totally different. They weren't sure what was going to happen, what to wear and things like that. I just said "Look, you are going to show your respect. It doesn't matter what you wear because you are there". All funerals are different anyway. To me, that was showing huge respect because they had never been to a funeral here before and didn't know. Obviously, they had a lot of respect for that resident by just going to that funeral.

Iska discusses the role of siblings in caring for elderly parents in the Philippines before they pass away. She also describes the gatherings that take place at homes after family members have died:

> I lost my parents a long time ago and I didn't have the chance to look after them … we have very close family ties so we want to attend to our elderly until their last days. Even their funerals are still at the family house. Their remains and their coffins are in the house and we have a gathering until they finally leave the house.

As elderly parents are cared for by their extended family members in the same home, Iska is comforted in knowing that they were "very close and inseparable" and spent quality time with them:

> We want to have memories that Mum and Dad haven't left but are still in our house. Maybe, they have left physically but spiritually they are still here with us. That is our belief.

It is apparent from Joan's, Sarah's and Iska's accounts that attending the funerals of residents when possible is important in dealing with loss and grief.

Reflections on coping and closure for Personal Care Workers after the death of residents

In having opportunities to attend funerals, Joan, Sarah, and Iska are provided with the opportunity to pay their respects and reflect on the lives of deceased residents. This is supported by Ersek et al. (2000, p. 20) who states that it is necessary for staff "to work through personal grief following the death of a resident" as this is important for their self-care and preservation. If helping staff do not feel that they have the support of supervisors and management, Strom-Gottfried and Mowbray (2006, p. 14) advise that they "may avoid public mourning rituals, despite

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the benefit to themselves". In a large national study on the management of death and dying in residential and nursing homes for older people, Komaromy, Sidell and Katz, (2000, p. 192) found that just under half of the managers interviewed reported that "staff attended residents' funeral services in their own time". A few care assistants in homes revealed "they came in on their days off to sit with a dying resident to whom they were particularly close". These findings are reflected in my own experience in RACFs as I have found that when staff members attended the funerals of residents, it was usually on their rostered days off. When my parents died, I was disappointed when some PCWs and nurses told me that they would have liked to attend the funerals but had to work instead. Maybe, these PCWs and nurses considered that they could not request a changed shift or had tried and were unable to change. As Katz, Sidell and Komaromy (2000, p. 279) suggest "carers need support in their bereavement and to continue their work with surviving residents".

For many PCWs, attending the funerals of their residents is the last stage in providing end-of-life care and paying their final respects so that they can achieve some closure. As proposed by Brayne, Lovelace and Fenwick (2008, p. 198), this type of care to the elderly is "complex and requires extreme sensitivity from carers". As staff require time for grieving and achieving closure, Wilson and Daley (1998, p. 31) consider that "[n]ursing home administrators and managers need to become more aware of how significant the loss of a resident is for staff". Findings from their data suggested that "[s]taff believed that residents should not die alone, yet it was often not possible to be with a dying resident. Many residents did not have family members or significant others who could be with them". Consequently, in their efforts to care and provide emotional support for residents, staff members become very attached to residents and are like 'family' to them.

Despite managers that I interviewed indicating they encouraged feedback on any concerns and suggestions from all staff members, the affect of grief experienced by PCWs after the death of residents was not referred to by any of them. One manager mentioned that despite regularly telling PCWs to inform her about any concerns, it was difficult at times to know how they coped with issues that presented difficulties for them:

> To be honest, it's hard to know. It's very hard to know. People are very loath to tell us when they've got issues either with other staff members or with residents and family members. I do know that there are issues because I'll often hear things but it is very difficult to get staff to come and talk to us about those issues or report them.

In light of the above quotation, rather than perceiving that there is lack of support for PCWs or not enough emphasis placed on this topic by management, it could also mean that PCWs are uncomfortable discussing such an emotional topic due to their fear of being judged as not coping in their roles.

No Place like Home

In discussing what it is like to be dying, Kübler-Ross (1971) refers to the old days:

> People were more likely to die at home rather than in the hospital. When a person is at home, he's in his own familiar environment, with his family and children around him. Dying under these circumstances, is not only easier and more comfortable for the patient, but it also does something for the family— especially the children, who can share in the preparatory grief for a person who is dying in the house. Such a child will grow up and know that death is part of life". (p. 54)

In order to look at the issue of death more realistically, Worth (2010, p. 148) proposes that we need to "go to a very different society and mingle with a people closer to nature". She refers to taking tea with the family of a young Muslim woman at her home in Southern Morocco. In the midst of other woman and children visiting at the same time, she noticed an elderly woman reclining on cushions and was told by her hostess that it was her grandmother who was nearly one hundred years old and nearing the end of her life. Like Kubler Ross, it was at this time that Worth considered that this was a "realistic acceptance of death" and that "the children will take it in their stride, as children always do, and as they grow up they will look upon death as a natural part of life". From her extensive nursing experience, Worth (p. 153) considers that there is a "[s]ocial taboo surrounding death, and it is most unhealthy [and] has sneaked up on us" as it has not always been like this. In conversations with my mother, she often reminisced about her grandparents and told me that they had all died in their own homes after being cared for by family members. My mother mentioned that it was common practice for the bodies of the deceased to be in open coffins in the front room of homes so that family members and friends could view them before paying their final respects at the funeral services. My mother's stories about her involvement in the lives and deaths of her grandparents reinforced to me how much attitudes have changed about the death and dying process during the last century.

From conversations I have had with elderly people over several years, it seems that many in RACFs who are suffering from various chronic health conditions would have preferred to spend their last days in their own homes. Nevertheless, they claim to understand the burden this places on their families and that they require daily full-time care for improved quality of life. Dying at home certainly seems

more desirable although the process of dying for many elderly people with chronic health conditions often takes a long time.   This can place an overwhelming burden on loved ones who have promised to nurse and support them but may not have the skills, experience, or endurance to do so.

While rationalising their beliefs, the sense of frustration evident in the stories of PCWs from different cultural backgrounds in their RACFs, highlights the emotional difficulties they face in supporting residents who are alone.

In a study on "Multicultural long-term nurses' perceptions of factors influencing patient dignity at the end of life", Vyjeyanthi, Periyakoil, Stevens and Kraemer (2013, p. 445) found that "the nurses' cultural and religious backgrounds influence their perceptions of what constitutes a dignified death". It is evident from my data that many immigrant PCWs care for their residents as they would for their grandparents and parents in their home countries resulting in the development of strong emotional attachments.

Discussion

In an ageing society, it seems reasonable to consider PCWs as 'skilled emotion workers' as Black and Rubinstein (2005, p. 53) suggest that "skilled emotion work might be considered an important social commodity. Yet, direct care work is perceived as the 'lowest' job on the nursing home ladder, in society generally, and is remunerated poorly … [and] requires no special education or talent".

It is apparent that many immigrant PCWs value the professional knowledge, experience, and skills that they acquire in RACFs in Australia. Several participants

consider that they should be well equipped in the future to provide more effective

and safer care when they return to their homelands to care for ageing parents. While

working in Australia as PCWs, their strong family cultural ties, commitment, values,

and respect for older people contribute significantly to creating a sense of 'family'

and providing valuable friendship for their elderly residents in RACFs who are

approaching the end of their lives. Many PCWs derive much comfort from knowing

that they are making a difference to the lives of their residents, despite occasional

feelings of sadness and frustration. Nevertheless, Strom-Gottfried and Mowbray

(2006, p. 9) advise that [i]nsufficient attention, however, has been paid to the ways

that caregiver grief is manifested and the organizational and individual strategies that

can be employed to acknowledge and assist in the grieving process".

The personal care workforce in Australia is culturally diverse in educational

backgrounds, age, gender, race, and religious beliefs. These characteristics, as

Strom-Gottfried and Mowbray (2006, p. 10) suggest, will "shape the individual

caregiver's experience of a patient's death, as will his or her personal experiences

and the nature and length of the relationship with the deceased". Many residents

spend several years in RACFs before they die and close relationships are formed

between them and PCWs as I witnessed, in particular, with my mother. There were

many occasions when my mother told me about conversations she had enjoyed with

some of the PCWs whom she really liked. It was obvious that my mother also cared

about the welfare of these PCWs.

In RACFs, it is the PCWs who provide most of the personal care to residents.

PCWs also spend more time with them than nurses and other support workers. They

are more likely to understand the needs and body language of residents, whether they

are articulate or not, so their roles should never be underestimated despite their lower hierarchical standing in RACFs.

For PCWs who choose to continue working in RACFs for several years, it is inevitable that they will experience multiple losses as residents near the end of their lives and die. From my experience, and through listening to the accounts of several PCWs, there is concern that there is not enough encouragement or attention from other staff and management relating to counselling following the deaths of residents. In order to deal with grief positively, PCWs need to be able to debrief and talk with senior staff within their working environments. This is necessary for them to avoid burnout and prolonged grief as residents die. By recognising that staff members require appropriate supervision and education programs about the dying process and grieving, Österlind et al. (2011, p. 540) make the assumption "that this also could promote personal growth and enhance clinical competence".

There is an overriding theme throughout this chapter that the issue of death and dying has profound emotional effects on PCWs who develop close relationships with their residents. When caring for residents, PCWs are emotionally involved in informal Communities of Practice in their individual RACFs as they have a common desire to provide as much comfort and support as possible to their residents as they approach death. There are also informal Communities of Practice in RACFs among other staff members who perform in their distinct roles within their separate communities in their RACFs. In order to participate fully in any Community of Practice, it is necessary to develop knowledge and understanding of the experiences of others to maintain and preserve a sense of community in workplaces (Wenger, 2008). It seems evident from the various accounts of PCWs across six RACFs, that

many staff members do not completely understand or share the same personal connections and experiences of PCWs concerning sadness and grief surrounding the death and dying process. Providing end-of-life care is a time when PCWs are preparing themselves to farewell their residents while respecting their dignity. This is not only an emotional time for PCWs but also a time that is meaningful for them. It is important for PCWs to use their personal experiences as agency to negotiate the meanings of their roles through this unique Community of Practice of PCWs and residents during this critical time so that they are able to maintain a sense of self-worth and feel confident sharing their insights with others (Wenger, 2006).

It is apparent in my findings that the process of death and dying in RACFs is silenced for PCWs and that their emotions recede into the background. This appears to be due to lack of understanding and recognition from other staff members concerning the close relationships that have developed between PCWs and elderly residents and the comfort and nature of emotional and physical support that they regularly provide. These close relationships between PCWs and residents highlight the fact that the issue of death and dying, and losses experienced, need to be addressed by management in RACFs. From my personal experience with my mother and father, and listening to the accounts of PCWs in six RACFs, my findings suggest that PCWs will feel more empowered and valued in their personal care roles if this silent discourse surrounding the process of death and dying is recognised and addressed by management. In order to achieve this, it would require all nurses and PCWs in RACFs to actively consider ways in which to provide appropriate emotional support for each other by encouraging more dialogue and learning as part of a supportive Community of Practice.

Incorporating the topic of death and dying into ongoing professional development in RACFs will also assist in 'normalising' it, benefit all staff members by fostering greater support for each other, develop more understanding of the issues involved, and enhance overall job performance and satisfaction.

In the following chapter, I discuss managing a RACF including the perceptions and understandings of managers concerning their roles in overseeing the diverse needs of staff and residents and the overall daily administration of busy and demanding working and living environments.

Chapter 9

Managing a Residential Aged Care Facility

The Dignity Tree

I'm planting my first seed today
The seed of dignity
In time you'll see my seed will grow
And grow into a tree
A tree fulfilled with knowledge
A plant for all to see
What being a dignity champion
Really means to me
It's a leaf with an idea on
It's an idea I'd like to share
It's an inspirational idea
It's a leaf to show I care
The tree will always be there
Long after I have gone
To stand up for dignity in care
A challenge to be won
I know you will support me
And I know you'll love the tree
It's not just a tree you know
It's what dignity means to me.
Sheryl Parkman

Dignity in Caregiving

The above poem was written by the Assistant Manager of a residential home located on the Isle of Wight in the United Kingdom. The purpose of the "Dignity Tree" that was constructed in the home, and is now located in the entrance hall, is to

provide residents, families, visitors, and staff with opportunities to share their individual thoughts concerning dignity in care by writing on its leaves.

The concept of dignity is difficult to define and has different meanings in different contexts. In relation to caring for residents in RACFs and preserving their dignity, it involves recognising and attending to their care needs and actively listening and responding to them and their family members.

When considering the position of the "Dignity Tree" in the front entrance of the residential home, I am reminded of my initial impressions when I walk through the front doors of RACFs for the first time and whether they appear welcoming or otherwise. During the time that I conducted my research at six RACFs, I became even more aware of this. At three facilities, the reception areas are at the entrances of the buildings and are welcoming, quite spacious with comfortable areas to sit, and are always attended by friendly and helpful receptionists. In another RACF, the reception desk is in a small room around the corner from the main entrance. Initially, this was uninviting until I became more comfortable with the staff and the environment. In the other two RACFs, I did not see any frontline receptionists in attendance during several visits. After pressing the buzzers, and waiting for several minutes, my calls were usually responded to by PCWs who were covering the reception area in addition to their other designated duties. Whatever the reasons for this, it appears to me that all RACFs that are in the business of providing care for residents, should consider the importance of having receptionists always in attendance to provide a professional service and present a welcoming and friendly environment for visitors.

The Role of Managers

Managing a RACF is a responsible and challenging role due primarily to the dependence of residents who all need to receive appropriate care and services that cater to their physical and cognitive requirements. Good leadership and management skills are essential for managers in order to cultivate a supportive and professional workplace so that staff can rely on adequate supervision and feedback, thereby improving the quality of care practices and increasing staff retention (Yun-Hee, Merlyn & Chenoweth, 2010; Siegal, Young, Leo & Santillan, 2013).

From my experience in visiting and supporting students in many different RACFs, I have observed that managers who regularly interact with staff and residents 'on the floor' and engage in spontaneous spot checks at different times of the day, also appear enthusiastic about the provision of good care and so seem ultimately more aware and proactive in dealing with any clinical or cultural issues as they arise. However, managing a RACF encompasses a very diverse role and is difficult to define as all managers have different styles depending on the size of their facilities.

In different RACFs, the use of the term 'manager' varies. A manager may also be referred to as a Director of Nursing, Facility Manager, Aged Care Services Manager or Care Manager. Three of the managers who were interviewed are Directors of Nursing and one is a Care Manager. The types of RACFs where I conducted my interviews are discussed in detail in Chapter Three.

In the following stories, managers often refer to those who provide personal care as nurses. In all of the RACFs, PCWs who are not qualified nurses provide the majority of the personal care to residents.

Expectations by Managers of Personal Care Workers in Residential Aged Care Facilities

In this chapter, the managers of four RACFs provide insights into their expectations of PCWs and the responsibilities involved in the daily supervision of busy living and working environments. Miriam and Leanne are ESB Australians, Heather is English and Abel has a CALD background. When initially considering PCWs for potential employment at their RACFs, the managers discuss the importance of good communication skills, the ability to speak a second language, good spoken and written English and an understanding of working with others from CALD backgrounds. Managers also discuss what is most important to them in endeavouring to achieve workplace balance and harmony among culturally diverse PCWs and residents.

Miriam refers to the importance of communication in caring for residents and her criteria during interviews with PCWs as to whether she is prepared to employ them or not:

> Often, they haven't had any experience and they say to me, "Well, where I am going to get it"?… If they can't talk to me, talking with the residents will be very difficult.… So it is pending on how they communicate with me. I'm open to giving them that opportunity and often we see them flourish significantly. Others don't do quite so well but we can work with those to move them forward.

Miriam considers that her main priorities are communication and further education so that she and PCWs can work together effectively:

Sometimes, they'll all have days off and all of a sudden I'll get a rush of three, four or five of them all wanting the same day off. What is going on, I say? Understanding more of their culture that's through education.

Leanne prefers PCWs who are both personable and speak second languages as her RACF caters for many Eastern European residents:

When we are employing, we may target a specific cultural group. Recently, we were looking for someone who speaks Croatian so we would advertise in Croatian newspapers.… We also look at personality as well.

In order to respect everyone, Leanne believes that it is necessary to look at the diversity of cultures among residents and staff:

With staff in particular, we make sure that there is not a majority of a particular culture so we look at that when we hire staff as well. We do look at that with residents as well. Our Australian population is dwindling a little so we actually need to pick that up a bit.

To avoid staff feeling excluded from groups, Leanne considers the nationalities of resident groups to determine the hiring of PCWs who speak their language:

If we bring in someone who is Greek, we look at hiring someone who speaks their language because we don't want anyone isolated or left out due to a language barrier.… We do look to have one Polish speaking person working every day and actually have two on per day to that population group.… We're looking at increasing our Vietnamese population and already have six or seven staff who speak the language.

Despite only a few Australian residents at Leanne's RACF, she considers that they get along well with other residents of different nationalities:

> I've had some comments from a family member or two but not with the residents because they have integrated…. We find our Polish residents, and it does depend on personalities, are very welcoming to other nationalities so it is very good. A lot of our Polish women have their friend groups but they do welcome others into their community as well.

Staff and residents have the opportunity to voice any concerns, which Leanne believes is necessary:

> I see it as a person's right when something is not right for them and that's how they perceive that to be. As management of a facility, it is our responsibility to ensure that the person is satisfied with what they're getting so it is more an issue or a concern and is not a complaint. I think calling it that gives it a really negative aspect.

When considering PCWs for potential employment, Heather discusses the values outlined on the Position Description:

> The criteria to work here is that you do uphold the values of the organisation....That's respect, honesty, integrity, cooperation so we always have that conversation.

As Heather manages a facility that has many ESB Australian residents, it is important that she considers the English language skills of PCWs are adequate before they are employed:

> We always make sure that they have good English skills, spoken and written, and when we advertise for new PCWs, we always ask that they have at least twelve months experience.

Heather does not place too much emphasis on the interview proforma as she looks for specific qualities in PCWs that she considers really important:

> I'm much more interested in their heart and passion for the job rather than necessarily just their knowledge…. If there are knowledge gaps around things like compulsory reporting we can teach them those other aspects of the job.

Once PCWs are employed, Heather still refers to the organisational values if necessary:

> We have had this conversation pre-employment. It's a constant. We all need to keep going back and being reminded of it, I think.

Like Heather, Abel considers it is necessary for PCWs to uphold the values of the organisation:

> Equality and respect for others should be established. Reflect their intentions to do so through well thought-out values statements at an organisational level [and] introduce theme days, such as a CALD day to celebrate diversity.

The RACF that Abel manages is very multicultural as there are residents and PCWs from many culturally diverse backgrounds:

> A carer needs to be values driven, respectful and understand the concept of CALD [Culturally and Linguistically Diverse] and have a willingness to abide by the organisation's Mission and Values.

In the above stories, the managers discuss what they consider as essential attributes when interviewing PCWs for potential employment at their RACFS. Managers also referred to and acknowledged the importance of good communication skills, further education, staff and resident integration, endorsement of organisational values, equality, and respect.

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Reflections on expectations by managers of Personal Care Workers in residential aged care facilities.

As managers of RACFs are in senior management roles, it is important to recognise that despite any differences in their leadership styles, their personal ideals, considerations and experiences influence the cultures of their organisations, quality of care delivery and staff attitudes. Managers have opportunities to inspire and motivate staff in the practice of caring for residents. This can be achieved by adopting an holistic approach that involves seeking input from staff and residents concerning their perceptions of suitable care for residents and encouraging teamwork and regular feedback (Jeong & Keatinge, 2004; Siegal, Mueller, Anderson & Dellefield, 2010).

Miriam, Leanne, Heather, and Abel manage RACFs that have PCWs and residents from culturally diverse backgrounds. When discussing workplace expectations during interviews with prospective PCWs, they all recognise the significance of addressing effective communication and language skills to ensure that residents are provided with culturally appropriate physical and emotional care. As Miriam says, "if they can't talk to me, talking to the residents will be very difficult". As building relationships with residents is very rewarding for many PCWs in obtaining job satisfaction and meeting individual care needs, effective communication skills are clearly important. This is supported by concerns about communication and language skills acknowledged by many RACFs in the "Aged Care Workforce Final Report 2012" commissioned by the Department of Health and Ageing. These concerns involved problems with PCWs communicating with residents, family members, management, and staff.

At Abel's RACF, there are many CALD residents and PCWs and only a few ESB Australians. As Abel is also from a CALD background, he is extremely aware of the needs of these people from diverse cultural backgrounds who do not speak English as their first language. As identified also in the "Aged Care Workforce Final Report", some PCWs are restricted from being completely involved in the workplace due to their inadequate skills in English language. Nevertheless, many PCWs are able to utilise their language skills and cultural awareness in caring for residents from their own or similar cultural backgrounds.

Providing support to all individuals in culturally diverse living and working environments is extremely demanding for managers of RACFs. As reflected in the managers' stories, the management of cultural diversity in the workplace requires understanding and frequent communication with staff and residents. This is because different cultural backgrounds of individuals are shaped by their unique experiences, beliefs, and expectations.

Miriam realises that she needs to know more about particular cultures when some of the PCWs are away for the same days or are requesting "the same day off". By Miriam recognising that she also needs to develop understanding about different cultures and communication styles, she is willing to educate herself further to break down cultural barriers, thus encouraging workplace harmony. Heather and Abel both consider that PCWs need to understand the organisational values of their RACFs, which incorporate certain modes of expected conduct from their staff. This is important because "having a good match between organisational values and workers' values regarding aged care purposes and practices strongly influenced participants' identification with organisational philosophy" (Marquis, Freegard &

Hoogland, 2004, p. 6). If staff members acknowledge organisational values and rules for conduct as a result of effective leadership and supervision, there are positive outcomes such as improved teamwork and quality of care, less absenteeism and increased staff retention (Siegal, Mueller, Anderson & Dellefield, 2010; Moiden, 2002). It seems in order to achieve positive and effective outcomes, managers need to understand the importance of different styles of leadership for different situations so as to demonstrate respect for all staff as individuals and encourage consideration and teamwork among them. Miriam, like the other managers, relies on effective teamwork among PCWs to avoid absenteeism, which creates rostering difficulties, thereby increasing the workload of others and having the potential to reduce the level of satisfactory care to residents.

At Leanne's facility, there is considerable emphasis on cross-cultural care as there are many residents from diverse sociocultural backgrounds. Consequently, Leanne considers it important to employ PCWs who are able to converse in the first languages of the residents and understand the delivery of culturally appropriate care to residents with different ideals, attitudes, and behaviours. Management backs up this philosophy by having a system that provides staff and residents with opportunities to voice any concerns. In the past it was referred to as a comments and complaints system but Leanne prefers to refer to it as a concerns system because she considers this is less negative.

Leanne mentions that the Australian residents have integrated well with other residents from culturally diverse backgrounds and that she has only "had some comments from a family member or two but not with the residents". Her comments are not supported by the residents. Ethel and Eleanor, who are two of the Australian

residents at this facility, both expressed their frustrations in being in the minority and not being able to understand or converse with the Polish residents. As mentioned in Chapter Four, residents are more likely to complain to their family members. Given this, it seems that Leanne's positive view of the integration of residents may not be an accurate reflection of their experiences and the comments from family members are being delivered on behalf of residents.

In this section, managers have touched on some of their expectations of PCWs in their culturally diverse workplaces. As Moiden (2002, p. 28) suggests, "[t]he key to effective leadership is knowing how to use the right styles in each situation". This presents constant demands for managers in RACFs to ensure that appropriate education and support systems are available for the culturally diverse needs of all staff and residents to promote a healthy living and working environment. In a busy and demanding aged care environment, good communication skills are necessary for PCWs to engage in cooperative, safe, and rewarding workplace practices. The ability to monitor communication is an ongoing and demanding process for managers as evidenced in the following section.

Abilities of Personal Care Workers in Managing Culturally Diverse Behaviour

Managers discuss difficulties in communication and understanding encountered between culturally diverse PCWs and residents in the following stories.

At Miriam's RACF, she mentions that any differences in religions and cultures among residents are identified in discussions between PCWs and residents so considers it is not a big issue because PCWs "treat them all the same":

> I think because the staff are so diverse in their culture, in their language and in their religion, those residents who come from the same country and have the same religion tend to be able to communicate and understand perhaps what the staff is talking about.

Miriam acknowledges though that there are sometimes specific areas in nursing care that warrant group discussion with staff due to the lack of understanding of particular customs of some residents. Such a situation involved a female resident who told one of the male PCWs that she did not want males attending to her personal care needs due to her religious beliefs:

> The male nurse wasn't initially aware of that and the nursing staff as a whole was not aware of that. Once that was identified, he was quite happy to leave the personal care side to the female nurses but he was quite happy to go back in and talk to the resident after that and have that interaction with her.

Leanne is aware that misunderstandings occur between staff members and residents:

> At times we do have some issues where a staff member may be offended or a resident may be offended by a staff member [and] we target our education to staff. We'll also learn things from families and residents themselves.

Seventy percent of the residents at Leanne's RACF are Slavic speaking and many are Polish. All staff members are encouraged to participate in Polish language lessons and educational sessions on Polish and Eastern European culture, which are provided by external organisations. Sometimes residents are offended so they are also educated about the cultures of staff:

> We do have residents that say "Oh, that person won't look at me" so it is a cultural thing for that person so we can explain that. Usually, we get the staff member and the resident together and they can explain their cultures to each other and they learn from each other as well.

At Heather's RACF, there is a site policy stipulating that only English is spoken among staff in the workplace. She often receives feedback that staff members are speaking to each other in their own languages and reminds them that it is inappropriate:

> It is disrespectful to others to be talking amongst yourselves knowing that there is somebody in the room that can't understand the conversation as this can mislead people to what you're talking about.

Heather ensures that no-one is rostered to work in the same unit all the time as she considers that flexibility in staff movement is important:

> We do have a lot of Indian staff and they will tend to try and get the same shifts together and Nepalese staff will do something similar to that. We're quite mindful of that and we try to keep a balance across all the shifts.

At times Heather has dealt with issues between staff and residents and family members that involved racist remarks:

Mainly they are residents with a diagnosis of dementia. Again, it can be quite subtle so that staff are spoken to as if they don't have the same intellect but again they're very loath to report it.

Heather considers that the following instance can only be described as "racial vilification" towards her staff members:

We had a family member who told the RN [Registered Nurse] in charge who is Indian, but an Australian citizen with Indian background, that as an Australian he has more authority than her to speak on behalf of all the residents, not just his father.

Another instance involved one of Heather's RN's supporting two PCWs who had a difficult encounter with a resident's daughter when they asked her to leave the room while they provided personal care:

I had two Nepalese staff looking after a resident who has advanced dementia. The resident needs full nursing care and they've gone to the resident's room to give her care and the daughter was present…. The daughter wasn't happy about being asked to leave the room.

Heather was pleased with the outcome as she considers that the RN demonstrated that she has a responsibility to protect her staff and ensure that they are "emotionally and physically safe" in their workplace:

They [PCWs] said they were racially vilified by the daughter [and] reported the incident straight away to the RN in charge [who] went directly to the daughter and told her what been alleged. The RN then asked the two PCWs to come in and the daughter apologised to them.

In general, Abel considers that staff members in his RACF respect each other. Like Heather, he sometimes needs to remind staff that it is necessary "to respect all cultures" as they are employed in an English speaking workplace:

> Occasionally people of the same ethnic background will converse in their own language and other staff feel disrespected. We work hard to stop that.

In the above stories, managers discuss how they deal with situations that they consider involve inadequate communication and racist behaviour amongst PCWs and residents.

Reflections on abilities of Personal Care Workers in coping with culturally diverse behaviour.

In the managers' stories, it is apparent that they are aware of some issues that PCWs find difficult in their daily work with residents and other staff. In support of her staff, Heather considers that "quite often Personal Carers feel quite disempowered and uncertain of who they are in the whole scheme of a residential aged care facility". She knows that many PCWs grapple with issues because she often hears about them indirectly. Heather considers that these PCWs are concerned that they may not receive support if they report their issues to supervisors or managers so perhaps should "just put up with it". Heather finds that she is regularly telling PCWs, "please let us know if you need support. We are here for you".

Miriam and Leanne find that involving PCWs in individual or group discussions concerning difficult issues or cultural misunderstandings assists in alleviating tension and improving communication not only between them but also in their interactions with residents. Usually, Miriam and Leanne find that once PCWs

and residents have sat down together to discuss their cultural differences, stronger relationships are forged.

Heather is aware of discriminatory behaviour among some PCWs that is often surreptitious and believes that it is manifested in body language. As referred to by some PCWs in previous chapters, Heather and Abel are also aware that some discriminatory behaviour involves staff "of the same ethnic background" speaking "in their own language" in front of others, perceived racism and not including others in their ingroups. According to Heather, "it's not overt in that anybody is particularly saying anything directly but there is that underlying body language, the unspoken word, turning their back on them when they go for their breaks, not involving them in communication effectively and so on". In regard to perceived racism, Heather adds that even though some situations may appear racist, it is difficult to pinpoint racism as it may be that the persons causing offence have unrelated issues that are not communicated effectively to recipients. The type of covert behaviour that Heather refers to is discussed in more depth by some PCWs in Chapter Six. It seems to these PCWs when they encounter situations with others, which are difficult to resolve, that they are being singled out due to their ethnic backgrounds. This may or may not be the case but as Heather says, "We can certainly say that white Caucasians could do that to each other".

Unlike Leanne's and Abel's workplaces where there are many different cultures among the staff, Heather's RACF employs more Indian and Nepalese PCWs in comparison to other cultures. Heather mentions that her RACF has a majority of ESB Australian residents, who are from surrounding areas that are still predominantly Anglo-Australian. Therefore, it is considered a priority by

management that any PCWs applying for positions have good spoken and written English language skills in order to communicate as effectively as possible with residents and their families. As mentioned earlier, one of the PCWs who works at Heather's facility encountered a situation that he considered racist, which involved the daughter of a resident. To add more weight to her demand, the daughter told the PCW where she lived so he believed that "there was a class thing happening here" as his main concern was that all residents receive the same care irrespective of their backgrounds.

In previous chapters, it was evident that several of the PCWs considered that they sometimes felt unsupported by management when dealing with lack of cooperation or difficult behaviour by other workers or residents. From the above stories of managers, it appears that they are endeavouring to intervene as best as possible with the information they have concerning difficulties with culturally diverse behaviour among PCWs and residents. As the managers supervise busy working environments that depend on staff from various cultural and ethnic backgrounds working together, and at the same time providing emotional and physical support to elderly residents, it seems that there is only so much time that they can commit to every situation. In Chapter Five, Hakim and Jean who are both PCWs say that they require more preparation and courses to gain increased understanding about different cultures to assist them in coping better with so many different issues. In these working and living environments, it seems there are times when there are differences in perceptions between PCWs and managers concerning the level of preparation and support required for PCWs to cope with culturally diverse behaviour.

Professional Development Programs

Managers discuss the types of internal or external programs offered at their RACFs in the following stories.

At Miriam's RACF, one of the programs offered for staff is called 'Cultural Diversity' and is a self-directed learning package with information about various cultures that includes a questionnaire:

> I remember one of those questions on that is about pain … how do people from diverse cultures see nursing staff, see doctors, see the other interventions that we would do other than medication for pain?... I often get some very different answers. I think sometimes the person doing the answering is doing it from their perspective and perhaps not looking at it from the residents as a whole.

Once a year, Miriam provides PCWs with the opportunity to comment on the programs that have been offered. They are also encouraged to make any suggestions for further education:

> The mode of delivery of this education is either one on one or in a group setting or handouts or the questionnaire after they're given the handout so most of them seem to be quite happy with that.

Miriam believes that staff who take the time to attend these programs consider that they are effective:

> They relate specifically to their work areas. Others [some staff], unless they have an interest in a particular area, they think, "Oh well, no I won't attend but if they really think about it, there's always something small that can be gained from any education session.

Miriam recognises that some PCWs do not want to attend programs outside their work hours:

> They do what they have to do and they go home but some of them understand that attending education or doing some reading for themselves is absolutely necessary for them to understand the resident more fully and they gain a whole lot more understanding of the person or the reason they're doing some of the things they're doing throughout the day.

Leanne's RACF has networking connections with two external organisations that provide educational support. This provides many opportunities for staff and residents to interact socially with each other and learn more about each others' cultures. One organisation is the Australian Multicultural Society, which was formally called the Polish Association. Many resident referrals are through this organisation:

> We have some staff that used to work with a lot of our Polish residents when they were at home and had community care. It is a wonderful continuity of care for these people when they come into an aged care facility and their workers are still here and it makes that transition a whole lot easier.

Another connection has recently been established with the Australian Women's Vietnamese Association as there are three Vietnamese residents at Leanne's RACF. Several Vietnamese and Chinese families live in the area so the management is keen to participate in a mutual support arrangement with this organisation in order to reflect the local area and not cater solely for Eastern European residents:

> We look after their students and they train here…. It is all about the environment that we provide for our residents and to be sensitive to all the

cultures and to respect all cultures that enable everyone to be able to live together in the one facility.

Heather considers that her RACF does not provide enough professional development for staff that is culturally specific:

> We offer programs on dementia. We have offered programs in the past about managing difficult people but it's usually aimed at the nursing staff rather than the Personal Carers…. We obviously offer training programs on bullying in the workplace. Across the organisation, we obviously have our incident reporting system.

Heather considers that Head Office needs to provide more education and support for staff concerning incident reporting as everything has been done "at a site level". This is despite some of the guidelines being reviewed "as to what we will tolerate and what we won't tolerate":

> I have incident reports where staff has felt that they have been quite harassed and intimidated by some of these family members.

As Abel and most of his staff and residents are from a CALD background, he considers that the content of the programs offered at his RACF is inadequate:

> The last session was held last year for all staff and also one specifically for managers…. I feel that most of these sessions are run by people who don't have a CALD background and I note some lack of insight as to what people of CALD background actually go through.

It is evident in the above stories that professional development programs vary in content at each RACF depending on the perceived cultural and workplace needs of PCWs.

Reflections on professional development programs.

In reviewing the literature on professional development for PCWs, I have found that most information relates to nurses working in aged care rather than PCWs. Despite requiring a recognised qualification to work in aged care, and obtaining additional skills and knowledge through workplace learning, PCWs also require opportunities to further develop skills and awareness that contribute to their personal development and job satisfaction.

Depending on how the training needs of PCWs are perceived in each RACF, internal and external programs vary. Heather and Abel recognise that their RACFs do not offer enough culturally specific professional development for their staff. As both of their facilities are under the banner of a large community organisation not only catering for aged care, any additional support or program usually involves discussion with Head Office.

Heather is aware that "at the coalface, it can be an ongoing day-to-day process of wearing people down" and considers that if relevant support and training is not provided in RACFs, that "many PCWs will not want to continue working in residential aged care", which inevitably results in higher staff turnover. Abel refers to "some lack of insight as to what people of CALD backgrounds actually go through". In regard to this, I found it interesting that when I discussed my research with Abel, he suggested a specific time and day for me to meet PCWs to discuss my topic of cultural diversity as he considered it interesting and relevant for his facility. The only PCW in attendance that day was an ESB Australian who was interested in being interviewed for my research. After this, I spoke individually to other PCWs at this RACF on other days about my research but was unable to enlist any support.

Also, I was unable to gain any additional assistance from others at this facility in promoting the reasons for my research and possible benefits for PCWs. As Abel had initially appeared so keen about my research, I spoke to him again as I thought that he may have been able to shed some light on how I could gain the interest of some more PCWs but this was to no avail. As already mentioned in Chapter 3, this lack of response could have been because these PCWs did not feel confident enough to be interviewed because they considered their spoken English was inadequate.

The links that Leanne's RACF has with two outside organisations offer benefits for PCWs and residents in providing culturally specific activities and educational support and foster greater understanding and friendships between them. These arrangements seem to work well as Leanne's facility "is keen to reflect the local area" that is culturally diverse.

Miriam considers that the self-directed learning package called 'Cultural Diversity' works well for her staff as they can do it in their own time and then get together later in small groups to discuss different cultural issues. It seems in the internal and external programs offered that all managers are endeavouring to cater for the perceived needs of their individual facilities and are also aware of having programs with specific cultural content to support PCWs in their work with residents. As Miriam mentions, many PCWs tend to choose only the programs they consider necessary. It seems that they prefer not to attend programs outside their working hours and would rather return home to their families at the end of their shifts. It may also be that many PCWs consider that there is not enough value placed on their time and professional development by RACFs when they are unable to attend programs within paid working hours.

Support Offered by Management to Personal Care Workers

As there are many times in culturally diverse RACFs when PCWs encounter situations that they find difficult to resolve alone, managers discuss how they encourage them in the stories below.

Miriam believes that having an open door policy helps significantly if any PCWs or other staff members want to discuss issues with her:

> There are some of the other senior nurses and they can go and speak with them as well but it's a matter of that staff member finding someone who they're comfortable with and to know that information discussed will be kept confidential as well.

At times, Miriam is aware that some PCWs are not happy with the work practices of others. In these instances, she finds that meeting with small groups on a weekly basis is beneficial to monitor that everyone is working together and respecting the cultures of others:

> I think it's that ability to be able to talk and to be listened to that's important and not necessarily give any suggestions or solutions but being able to listen. On the other hand, they have to look after each other. It's really important they look after each other.

As Miriam's workplace is so multicultural, she considers that discussing concerns tolerantly with others in a monitored environment helps to avoid further misunderstandings and any difficult situations getting out of control:

> I think by just allowing them to be able to talk to me or talk to the other senior nurses and feel comfortable and know that they can come to me knowing that what is discussed is not going somewhere else, I think they're quite happy with that.

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However, Miriam acknowledges that there are different styles of communication and some PCWs have endured difficult journeys to Australia.

> I guess that is part of them not being confident in trusting [and] being totally trusting with someone that they can be open and know that there's no fear of retribution from that discussion.

When PCWs find that they are dealing with some difficult issues, Leanne believes they require professional development or individual counselling, which are offered at her RACF:

> If we find that someone is not really understanding a culture, we'll look at sending them off to education or we'll have someone come in and do a talk on the importance of these events. We'll invite everybody so we're not singling them out but encourage them to come along.

Recently Leanne successfully mediated and resolved a difficult issue between a resident and a PCW who were offended with each other:

> It covered a whole lot of areas and it was a real misunderstanding and when I spoke to both, this person was offended by her reaction and this one was offended by what she'd said.… We got them together for a cup of tea and they sorted that out and they're great friends now.

There are several times when Heather needs to act as a mediator in difficult situations. She often "gets that sense that it is about cultural differences" but finds it hard to determine whether or not this is so. The following story involves one of the Unit Managers and Heather considers it important because what was regarded as the verbal abuse from this woman could relate to any of her staff:

> We've got a wife of a German gent upstairs and she is very, very verbally volatile towards staff and I've observed how she speaks to the Unit Manager.

It's quite different to the way she talks to me. She may not even realise she does it, but I've had to intervene and tell her, "Stop, that's enough. It stops now or you leave".

From Heather's observation, the behaviour mentioned above occurs with people who "are trying to get what they want". Although such incidents are not common, Heather believes that these verbally abusive situations undermine the confidence of staff:

> I've had male PCWs in tears because of the way they've been treated by a resident. They may be in the room with a resident and the resident is treating them in a certain way and a white Caucasian Personal Carer or other person will enter the room and they will talk to them in a completely different way, different tone, different body language. It's subtle but it's felt.

Overall, Heather considers that all staff at her RACF realise that they are supported by her and understand their workplace rights:

> We're happy to have conversations with anybody about anything and give it as much as time as it needs but it cannot turn into a personal attack on a staff member.

As Abel can personally relate to so many of the experiences of his culturally diverse staff, he believes that this has been a main factor in alleviating tension at his RACF:

> A manager with a CALD background has greatly diffused the main issues of racial discrimination, which existed with previous management. At least that is the response I get from staff with a CALD background.

Abel refers to a situation that he considered racist and which directly involved him. However, he did not share details about the situation:

> As a manager, I have encountered racial comments, which were discriminative in nature. My message is to establish respect for all in a workplace and although we never got to resolve this issue, I believe that the message was very clear that discrimination will not be tolerated.

Whether the situations above have arisen due to cultural misunderstandings, lack of confidence, or perceived racism, it appears from the above accounts of the managers that they are prepared to offer individual or group support to PCWs and other staff when necessary.

Reflections on support offered by management to Personal Care Workers.

An important role for managers of RACFs is that of encouraging and monitoring effective workplace communication between PCWs, residents, and visitors all of whom have different but equally salient perceptions of events and interactions. In relation to this, Riggs and Rantz suggest that "[a]ll individuals living within, working within, or visiting the nursing home" have different insights about a nursing home. These are founded on "past experiences, educational background, socioeconomic status, innate abilities, self-concept, and current goals and needs" (2001, p. 4). Due to these differences, relationships for PCWs with individuals in a RACF are not always straightforward so it seems inevitable that they will be prone to some level of conflict as they endeavour to cope with various demands. Many direct care workers in long-term residential care become disillusioned when faced with ongoing difficulties if they feel unsupported by superiors. This in turn contributes to

a higher staff turnover among these workers that has an impact on the quality of care provided to residents (Anderson, 2009; Noelker, Ejaz, Menne & Jones, 2006).

There is a direct relationship between leadership practices and job satisfaction and staff turnover and "managers can influence turnover by addressing climate and communication patterns as well as by encouraging stable leadership" (Tourangeau, Cranley, Laschinger & Pachis, 2010, p. 1062). Managers require effective skills in communication and leadership to identify individual and group requirements and concerns among PCWs in order to provide them with appropriate support, guidelines, and goals. As Miriam mentions, "it's that ability to be able to talk and to be listened to and not necessarily give any suggestions or solutions", to involve other supervisors when possible in also providing support and to recognise culturally different ways of communicating among individuals that helps to support PCWs. Leanne has found that utilising some external educational support is beneficial in educating staff about cultural differences, particularly when "someone is not really understanding a culture". In their discussion regarding the meaning of work for nursing assistants in long-term-care, and providing support and motivation for them to stay, Secrest, Iorio and Martz (2005, p. 96) recommend that "hiring an outside facilitator with expertise in group process … would greatly enhance implementing this change". Leanne finds that there are times when group sessions managed by an outside facilitator work well because everyone is invited and no person is singled out.

In my interviews with many of the PCWs involved in this research, it is evident that often their most difficult encounters have involved residents whose behaviour towards them has been considered as rude, hostile, or racist. As the main

role of PCWs is to provide appropriate care for these residents, and respect their individual needs, these situations present them with additional demands in dealing with such behaviour. In relation to difficult residents with varying degrees of dementia, PCWs generally find it easier to understand and forgive them and consider alternative strategies to enlist their cooperation. Nevertheless, Heather understands the distress that her staff experiences when encountering challenging and disruptive behaviour and the need to defend them as much as possible by encouraging "conversations with anybody about anything".

Unlike the other managers, Abel has personal experience of what he considers as racist and discriminatory comments towards him due to his CALD background. It is likely that this strengthened his resolve to protect his staff from any form of perceived discrimination.

It is apparent from the situations above discussed by managers that they have an essential role in providing effective leadership to support PCWs in their demanding and challenging working relationships with the diverse individuals in their workplaces. Effective leadership is not only essential for PCWs but also for other staff. This is necessary to promote job satisfaction and retention in the residential aged care workforce and provide consistency in the provision of recognised standards of occupational health and safety and personal care to residents.

Discussion

In this chapter, managers of RACFs have discussed their leadership roles in assisting PCWs to undertake their work as effectively as possible by offering individual and group support and internal or external educational programs to improve communication and teamwork skills, and understanding of cultural

differences. When discussing the impact of stress and support on nursing assistants and poor leadership from supervisors, Noelker et al., (2006, p, 320) argue "without this leadership from supervisors, NA [Nursing Assistant] turnover can escalate, resulting in a lack of continuity in resident-NA relationships, difficulty establishing and maintaining teamwork among NAs, and higher personal costs". Heather endorsed this when she mentioned that she did not consider there were enough culturally specific programs for PCWs at her RACF and that many of the PCWs would not want to continue working in aged care if relevant training and support were not targeted to their needs.

As residential aged care is such a busy working environment, the quest for high standards of management, staffing, health, and personal care depends on the ability of PCWs from culturally diverse backgrounds to work together and support each other. At the same time, PCWs are required to provide emotional and physical care and support to elderly people from culturally diverse backgrounds and also interact with management, nurses, relatives, and visitors. Consequently, the nature of work for a PCW requires a diverse set of skills. Many PCWs bring various skills and life experiences to the job but still recognise that they require ongoing training and support that is specific to their workplaces so that they can continue to work effectively. A report on "Workplace training practices in the residential aged care sector" mentions that:

> Workers [PCWs] said that they require well-developed communication skills for dealing with residents, their families and other staff members. Some workers mentioned that, although they are the main carers for residents, they are often overlooked in decisions made about the residents. They felt that training programs had increased their confidence and improved their

communication skills, enabling them to become more involved in decision-making. (Booth, Roy, Jenkins, Clayton & Sutcliffe, 2005, p. 22)

In a study of nurse aides working in long-term residential aged care in Canada, Anderson (2009, p. 6) found that the role of carers will become of greater concern "as the population ages" and there is a "cost to society for overlooking the work of nurse aides [and] portraying nurse aide work as unskilled or ignoring aides as valuable sources of information". As this research has demonstrated, the same applies to PCWs whose needs and knowledge should be considered and valued in regard to providing care for the elderly in the Australian context.

In the field of aged care during the last ten to fifteen years in particular, the required levels of language and literacy in English for PCWs have increased. These requirements may differ in relation to the procedures at different RACFs but overall it is expected that PCWs have adequate reading, writing, and spoken skills and are able to meet system, reporting, and documentation requirements for the aged care industry (Booth et al., 2005; Wyse & Casarotto, 2004). As a manager, Heather ensures that prospective PCWs have adequate spoken and written English language skills before she employs them as there are more ESB Australian residents than other nationalities at her RACF. In the other RACFs where I conducted my interviews, it is expected that prospective PCWs will have satisfactory English skills but speaking another language is also considered advantageous due to the diverse language backgrounds of their residents.

The task of ensuring that PCWS receive ongoing training and learning opportunities is not easy for managers to coordinate. This is due to many PCWS working in part-time and casual positions and working across different shifts. From

my experience, I have found that many RACFs provide induction training for PCWs in areas such as manual handling, occupational health and safety, infection control, and incident reporting. However, many PCWs work in demanding and culturally diverse environments and require additional training and support, specific to their working requirements.

Despite Communities of Practice not being commonly used in nursing, supervision and the utilisation of new and current knowledge are increasingly important for practice (Andrew, Tolson & Ferguson, 2007). The same applies in residential aged care. If RACFs are considered as ongoing learning communities in which all staff members consider themselves as learners within their communities, and are open to new information and willing to share their existing knowledge, it is possible that greater workplace cooperation will occur that may also improve the care provided to residents. In their discussion concerning the potential of Communities of Practice within nursing homes, Tolson et al (2011, p. 169) suggest that "[i]n nursing homes, quality involves clinical excellence and creating a culture of care that provides an enriched living experience desired by older people and their families".

Irrespective of whether an organisation is recognised as a Community of Practice or not, such organisations naturally occur and need to be cultivated otherwise they may not reach maximum potential (Wenger et al, 2002). If a community of practice fails to reach its potential due to differing alliances among members, it is likely that it will not contribute fully to its organisation. When stories are shared and progress is monitored through communities of practice, there are opportunities for members to compare and learn from each other rather than

concerning themselves with localised problems that may prevent them from focussing on improvements within their organisations (Tolson et al, 2011). In support of this, Miriam mentioned earlier in this chapter that she has found that her weekly meetings with small groups of PCWs have been beneficial as some members of her RACF think that their ways are correct and resist alternatives. Miriam considers "it's that ability to be able to talk and to be listened to that's important because caring is not only about caring for their residents but for each other as well". By committing to these weekly meetings with PCWs, Miriam is setting aside valuable time to learn more about them and also provide them with opportunities to understand each other better in a supervised environment. Miriam has also found that difficult situations that occur from time in her RACF are less likely to escalate as a result of these meetings.

In a global economy that is changing, Wyse and Casarotto (2004, p. 19) argue that "the role of education and training are seen as key planks in the drive to increase the range of workers' skills in response to the demand for greater flexibility, productivity, efficiency, and profitability". If PCWs are to meet the requirements of Australia's ageing population, they need to be able to access specific and ongoing training and support in RACFS that equips them adequately for their roles and provides job satisfaction. It is also important that PCWs are paid for attending education and training programs that are offered by RACFs if offered outside their working hours. This should provide many PCWs with more incentive. In turn, this should benefit the wider community as PCWs feel more valued and empowered about the responsibility of their roles within their working environments, thus leading to more job satisfaction and retention.

In the following concluding chapter of this thesis, I discuss my findings in relation to the main research questions, implications of findings, limitations of research and recommendations for future research and work.

Chapter 10

Working and Living in Residential Aged Care: Research Findings and Directions for the Future

It is very hard to describe exactly in words what we do because a lot of things roll into one. We are like the granddaughter, daughter and friend. It is a very complex relationship.
Wendy (Personal Care Worker)

All of a sudden, I broke down. I had always lived on my own after my husband died. All of a sudden I couldn't deal with it anymore. I had been quite happy with myself but all of a sudden, I couldn't do anything and just lost the lot and needed care.
Johanna (Resident)

This chapter discusses main findings and identified themes, recommendations, implications, and limitations and offers suggestions for further research.

During this study, my aim has been to develop greater awareness concerning the motivations, perceptions, and experiences of PCWs and residents in order to contribute to existing knowledge in residential aged care.

The above quotes, that capture Wendy's and Joanna's reflections, provide a glimpse into the emotional connections and the significance of relationships that exist between PCWs and residents. Residential aged care is a shared environment in which it is beneficial for PCWs and residents to develop good working relationships with each other. Residents rely on PCWs to understand and provide daily care to their satisfaction. PCWs and residents need to establish mutual understandings and

respect for each other to ensure that personal care is delivered correctly and relationships between them are positive. Due to the nature and importance of these relationships, it is vital that the voices of PCWs and residents are heard as they are the people who have the most contact with each other. RACFs are the homes of residents in which PCWs provide intimate personal care.

In considering future demands of residential aged care, it is important that the emotional and physical wellbeing of PCWs and residents is taken into account.

Main Findings

The main findings that emerged from this study relate to themes of relocation and transition, reciprocity in caring, death and dying, culturally different approaches in caring, and intercultural communication. When investigating the intricacies of working and living in residential aged care for PCWs and residents, the research questions below provided guidance in gaining insight into their motivations and experiences.

1. What are the motivations and experiences of Personal Care Workers in residential aged care facilities?

2. What are the experiences of residents in residential aged care facilities in their interactions with Personal Care Workers?

3. What are the motivations and experiences of Managers in residential aged care facilities?

4. How do the above experiences and understandings influence the care provided in residential aged care facilities?

The five identified themes and associated issues that emerged from this study are summarised below.

Relocation and transition.

When older people relocate to RACFs, the transition process involved for most of them is usually one of the most difficult and vulnerable times of their lives as they endeavor to come to terms with life in communal environments and accept that they are no longer able to care for themselves. Issues of concern for residents, associated with the transition process, relate to anxiety concerning loss of independence, possessions, power, self-esteem, and the possibility of cognitive decline. Residents interviewed differed in their personalities and coping abilities. Despite their various reactions of sadness, frustration, gratitude, compromise, or resentment, it is evident that they have resigned themselves as much as possible to the need to spend the remainder of their lives in residential aged care. It is also evident that residents want positive working relationships with PCWs who understand their specific personal care needs so that they feel cared for and valued.

This transition process also has an effect on PCWs as they seek to negotiate, establish, and maintain individual relationships with residents in busy environments. The development of new relationships between residents and PCWs requires considerable contribution from both as they get to know each other and become familiar with each other's cultural practices.

Reciprocity in caring.

Findings indicate that PCWs derive satisfaction from caring for the needs of older people and are motivated in their roles by relationships they have enjoyed with parents, grandparents, and others within their communities.

The nature of providing and receiving personal care is intimate. From interviews conducted with PCWs and residents, it is clear that the reciprocal relationships established between them are emotional investments based on mutual understandings, respect, and caring about each other. Despite the constant emotional and physical demands for PCWs in their work in RACFs, they consider that forming constructive relationships with residents is not only meaningful and rewarding but an essential part of their role.

During the final years of their lives, residents are often sad, lonely, and vulnerable so establishing satisfying relationships with PCWs is significant in reducing their anxiety and preserving their self-esteem and identities. My findings indicate that when PCWs and residents are involved in positive relationships with each other, and share mutual understandings, the provision of personal care is more enjoyable and productive.

Death and dying.

PCWs are frequently confronted with the death of residents. Residential aged care is an environment where most residents spend the remaining years of their lives once they have moved from their former homes. In many instances, residents live in RACFs for several years before they die and form strong attachments with PCWs. Consequently, PCWs in the six RACFs where I conducted interviews, expressed

their feelings of loss and grief relating to emotional connections they shared with residents who had died. It is important to them that they spend as much as time as possible with dying residents and also support relatives. PCWs find it even more difficult to cope with the impending death if they know that a resident has inattentive family members or no family at all. Many PCWs want to attend funerals of residents to pay their last respects but this is not always possible if they have been rostered to work.

The most difficult aspect for PCWs following the death of residents is that their grief is often intensified when it is not acknowledged or understood by other staff in their workplaces due to a lack of understanding of the strong emotional connections developed during personal care work.

Culturally different approaches in caring.

During recent years, the PCW workforce has become more culturally diverse throughout the field of residential aged care. Three quarters of the PCWs who participated in my research are immigrants to Australia. These participants initially decided to undertake a course in aged care because of the desire to care for elderly people. They described care for the elderly in Australia as different to their homelands where it is common practice to look after their parents and grandparents at home. Nevertheless, after working in residential aged care, PCWs acknowledged a better understanding of the system and appreciation of the knowledge and experience they have obtained.

All RACFs also have residents from culturally diverse backgrounds and there is awareness among managers that it is beneficial to employ PCWs who share similar

cultural characteristics as this assists in the provision of culturally appropriate care and the development of constructive caring relationships. My findings also indicate that individual differences in understandings occur during interactions among PCWs and residents in regard to what is considered as culturally appropriate care.

Intercultural communication.

Although English is the common language spoken among PCWs in their workplaces, and all of my participants have good spoken English, many experience difficulties in understanding slang, colloquialisms and humour used by some of their ESB Australian co-workers. As a result, misunderstandings often occur. In particular, jokes that are not understood are perceived as rude or sarcastic.

Residents often experience difficulties in understanding the spoken English of PCWs from different cultures. This is not necessarily due to the level of fluency in English of PCWs but can be the result of, for example, differences in pronunciation. It is important that when residents engage in conversation in English with PCWs that they know their personal care needs are understood and provided to their satisfaction.

PCWs, residents, and managers in all RACFs consider it offensive to others when staff converse in languages other than English in their presence. There is a policy for staff in all RACFs that they are English speaking workplaces and it is expected that this will be respected. Despite this, findings also indicate that, when PCWs and residents from culturally diverse backgrounds share a language other than English, there are times when it is beneficial for them to converse with each other in

their first language. This often improves communication and clarifies any misunderstandings that may have occurred between residents and staff members.

Implications

This research has provided me with a challenging and absorbing journey. As a researcher, it has increased my knowledge and provided me with new insights into work and life in residential aged care. My study has indicated that it is essential that RACFs provide ongoing education and training for PCWs to promote their learning and development and empower them as individuals. As PCWs acquire more knowledge and skills, they will be better equipped to support each other and care for the diverse emotional and physical needs of elderly residents and more likely to continue working in the field.

Throughout this research, I have identified a number of issues that require attention to foster better understanding in practice, education, and research in the field of residential aged care and offer several recommendations below.

Recommendations

Residents experience a range of emotions when transitioning into residential aged care. It is natural for them to grieve for the loss of their former homes and/or partners. At this time, residents require emotional support from others around them to ensure that their loss and grief is frequently monitored. Structured professional development and workshops in RACFs, involving PCWs, nurses, and relatives of residents would provide opportunities to share insights, increase understanding, identify losses and behaviours, and develop strategies and skills to support residents and each other during this difficult time.

When a resident dies it is an emotional and difficult time for many PCWs. If PCWs experience multiple losses over long periods, there is a risk that their grief may escalate and become overwhelming if it is unacknowledged by others and opportunities are not available for debriefing. To monitor this grief more effectively, there should be procedures in place in all RACFs for PCWs to access debriefing if they require it. Further education is also necessary to equip PCWs, nurses, and managers with more understanding concerning each other's roles when a resident dies. As PCWS in all RACFs were the only participants in my study who referred to the difficult emotions and grief encountered during these times, it is important that nurses and managers are also regularly involved in these programs. An educational program should include issues concerning psychological support, coping skills, debriefing opportunities, and strategies in self-care and support for each other. If PCWS have previously shared a close relationship with a resident, and want to attend the funeral out of respect for the resident and the family, it is important that this be acknowledged by management and they be paid during this time.

All RACFs employ PCWs from culturally diverse backgrounds. Although it helps to recruit PCWs with similar backgrounds to residents, findings suggest that further education in intercultural communication is required to enable all PCWs to acquire more understanding about the diverse backgrounds of residents and each other. Professional development and workshops are required that focus on acquiring more understanding concerning this. Significant issues need to incorporate verbal and non-verbal behaviour, asking questions, expressing opinions, seeking clarification, assertiveness, listening, small talk, values, beliefs, prejudices, and Australian slang and colloquialisms. It is important that PCWs from all backgrounds are involved in cultural communication training and share their experiences. Further

education in intercultural communication will assist PCWs in identifying their needs

to acquire suitable coping strategies when involved in teamwork with others. It will

also assist PCWs in their communication with nurses, residents, and relatives to

minimise misunderstandings as miscommunication can threaten understanding and

safe workplace practices.

Many residents appreciate having opportunities to regularly engage in long

conversations with others because time is generally not an issue for them. Even

though many PCWs enjoy good relationships with residents, they often feel guilty

about not spending enough time with them due to being so busy. It is evident from

my study that most residents I interviewed really enjoyed talking about their lives

and sharing their experiences and were grateful for the time I spent with them.

Whereas there are a few volunteers who assist with various activities at all of the

RACFs where I conducted my research, many more are required. A specific

volunteer program that involves participants who speak different languages is

required so that they can spend time chatting to residents individually. This program

would provide residents with more opportunities to reminisce and engage in

conversations for longer periods of time. It would also help residents to feel more

valued and less lonely.

Communities of Practice provide a useful way to encourage continuous

professional development for PCWs. McDermott, (2000) argues that Communities

of Practice "share ideas and experiences, [and] community members often develop a

shared way of doing things, a set of common practices, and a greater sense of

common purpose" (p. 4). Recognised Communities of Practice in RACFs would

promote a stronger learning culture, foster resilience, and assist in reducing any

perceived feelings of isolation and discrimination among PCWs and contribute to organisational goals. Communities of Practice that also involve PCWs and nurses, would provide both with opportunities to acquire more understanding about the breadth and differences of their respective roles, and how they can best support each other in mutual workplaces.

When newly qualified PCWs commence work in a RACF, they are unfamiliar with the culture of the work environment. This also applies to PCWs who have been working in residential aged care for some time and commence work at another RACF. The induction process is an ideal time for supervisors and managers of RACFS to provide PCWs with a general overview of the diversity of their workplaces. It is also a good opportunity to introduce all newcomers to other staff and residents from different backgrounds and discuss the importance of peer support networks, professional development, and training opportunities as initial impressions are important.

Implementing a buddy scheme in RACFs, and allocating a buddy to each newly employed PCW for some time would assist in helping PCWs to adapt to their roles sooner. It is important that managers regularly monitor buddy schemes to ensure that buddies are provided with suitable training programs and feedback and not rely on a casual process, which is predominant in many RACFs. It is also necessary that staff members, involved in buddy schemes, are provided with workplace incentives so that they do not consider they are being taken for granted or their goodwill is being exploited. Helpful buddies encourage and share relevant knowledge and experience with newcomers, which in turn support the culture of the work environment and organisational practices and goals.

Not all students who study Certificate III in Aged Care have the opportunity to undertake the unit, 'Work effectively with culturally diverse clients and co-workers' because it is an elective. Although many students study this unit, they only have the opportunity to do so if it is offered as one of four electives at the TAFE college or RTO where they are studying Certificate III in Aged Care. Such a unit should, ideally, form part of the program for all students. In addition, although this unit may provide students with some insights into interacting with elderly people and other workers from culturally diverse backgrounds, there is only so much information that can be covered in the classroom. TAFE colleges and RTOs, in liaison with RACFs, should provide students undertaking a course in Aged Care with the opportunity to visit two to three different RACFs. Even though students undertake a field placement in a RACF as part of the course requirements, they need to be exposed to more than one to provide them with better understanding of different aged care environments. During these visits, students would have opportunities to interact with PCWs, nurses, supervisors, and residents in different cultural contexts. This can be followed by individual and group reflection in the classroom.

My final recommendation is that RACFs implement a suggestion program for PCWs. Several PCWs involved in my research were reluctant to offer any suggestions or voice any concerns despite managers indicating that they encouraged feedback. Some PCWs may prefer to remain anonymous so suggestions could be put into a suggestion box. It is important though that this suggestion program is not seen as an opportunity for PCWs to air their grievances but rather to offer constructive suggestions that may relate to areas such as provision of care and workplace practices and relationships. As long as regular feedback is provided by management

regarding any suggestions, this program could result in more effective teamwork, increased motivation, and improved job satisfaction among PCWs.

Limitations

This is a small in-depth multiple case study involving participants at six RACFs in inner and outer suburbs of Melbourne and has limitations. It does not represent the total population of PCWs, residents, and managers in RACFs so my findings cannot be considered as representative of all contexts. There may have been some differences in the perceptions and experiences of individuals who declined to be interviewed although the individuals who participated in my research were those who were "convenient to study [because] they were available" and prepared to share their stories (Creswell, 2013, p. 155). Nevertheless, my findings provide a rich set of insights into the lived experiences of PCWs and residents and fill a gap in the existing literature.

Further Research

There is limited research in Australia relating to work and life in residential aged care that relates to the perceptions, motivations, and experiences of both PCWs and residents. This is due to the fact that it is an environment that is unaccustomed to having researchers in its midst. To ensure that there will be enough PCWs employed in residential aged care in the future, and the needs of elderly people are adequately met, further research in the sector concerning the above issues is required.

As Australia's population continues to age, the cultural landscape is shifting significantly in the residential aged care environment. This has presented challenges for many elderly residents and PCWs from culturally diverse backgrounds whose

cultural identities are shaped by their past experiences and circumstances. The

demand for residential care will continue to increase in the future. PCWs are

engaged in emotionally and physically demanding work and RACFs depend on them

to provide appropriate personal care to elderly residents with various needs.

I consider that my study provides much needed insight into the everyday

realities facing PCWs and residents who share working and living environments.

Now that I have completed this thesis, I am looking forward to contributing to future

directions in education and research by exchanging ideas and sharing my insight with

other educators and researchers in RACFs, training organisations, and the wider

community.

References

Adams, V., & Sharp, R. (2013). Reciprocity in caring labor: Nurses' work in
residential aged care in Australia. *Feminist Economics, 19*(2), 100-121. doi:
10.1080/13545701.2013.767982

Allen, S., Chapman, Y., O'Connor, M., & Francis, K. (2008). Discourses associated
with nursing aged people who are dying in the Australian context: A review
of the literature. *International Nursing Review, 55*(3), 349-354. doi:
10.1111/j.1466-7657.2008.00628.x

Andersen, E. (2009). Working in long-term residential care: A qualitative
metasummary encompassing roles, working environments, work satisfaction,
and factors affecting recruitment and retention of nurse aides. *Global Journal
of Health Science, 1*(2), 2-41. doi: 10.5539/gjhs.v1n2p2

Andrew, N., Tolson, D., & Ferguson, D. (2007). Building on Wenger: Communities
of practice in nursing. *Nurse Education Today, 28*(2), 246-252. doi:
10.1016/j.nedt.2007.05.002

Ashurst, A., & Ireland, I. (2001). Last office following the death of a resident.
Nursing and Residential Care, 3(12), 568-571. doi:
10.12968/nrec.2001.3.12.9266

Australian Bureau of Statistics (2014a). *Labour force.* (No. 6291.0.55.003).
Canberra, ACT: Author. Retrieved from
http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6291.0.55.003Feb
%202014?OpenDocument

Australian Bureau of Statistics. (2014b*). Australian demographic statistics.* (No. 3101.0). Canberra, ACT: Author. Retrieved from http://www.abs.gov.au/ausstats/abs@.nsf/0/1CD2B1952AFC5E7ACA25729 8000F2E76?OpenDocument

Australian Government. (2014). *Aged care act 1997.* Canberra, ACT. Australia. Retrieved from http://www.comlaw.gov.au/Details/C2014C00810

Australian Institute of Health and Welfare. (2008). *Movement from hospital to residential aged care*. AIHW: Canberra, ACT. Australia.

Australian Skills Quality Authority. (2013). *Training for aged and community care in Australia.* ASQA. Canberra, ACT. Australia. Retrieved from: http://www.asqa.gov.au/verve/_resources/Strategic_Reviews_2013_Aged_Ca re_Report.pdf

Bauer, M., Fetherstonhaugh, D., Tarzia, L., & Chenco, C. (2014). Staff-family relationships in residential aged care facilities: The views of residents' family members and care staff. *Journal of Applied Gerontology, 33*(5), 564-585. doi: 10.1177/0733464812468503

Bergland, A., & Kirkevold, M. (2005). Resident-caregiver relationships and thriving among nursing home residents. *Research in Nursing and Health, 28*(5), 365-375. doi: 10.1002/nur.20097

Bernstein, M. J., Sacco, D. F., Young, S. G., Hugenberg, K., & Cook, E. (2010). Being "in" with the in-crowd: The effects of social exclusion and inclusion are enhanced by the perceived essentialism of ingroups and outgroups. *Personality and Social Psychology Bulletin, 36*(8), 999-1009. doi: 10.1177/0146167210376059

Billett, S. (2001). *Learning in the workplace. Strategies for effective practice*. Crows Nest, NSW, Australia: Allen & Unwin.

Billett, S., & Somerville, M. (2004). Transformations at work: Identity and learning. *Studies in Continuing Education, 26*(2), 309-326. doi: 10.1080/15807042000225272

Black, H. K., & Rubinstein, R. L. (2005). Direct care workers' response to dying and death in the nursing home: A case study. *The Journals of Gerontology Series B, 60*(1), S3-S10. doi: 10.1093/geronb/60.1.S3

Booth, R., Roy, S., Jenkins, H., Clayton, B., & Sutcliffe, S. (2005). *Workplace training practices in the residential aged care sector* (pp. 1-38). Adelaide, South Australia: National Centre for Vocational Education Research (NCVER).

Bowers, B. J., Esmond, S., & Jacobson, N. (2000). The relationship between staffing and quality in long-term facilities: Exploring the views of nurse aides. *Journal of Nursing Care Quality, 14*(4), 55-64. doi: 10.1097/00001786-200007000-00009

Brandburg, G. L. (2007). Making the transition to nursing home life: A framework to help older adults adapt to the long-term care environment. *Journal of Gerontological Nursing, 33*(6), 50-56.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi: 10.1191/1478088706qp063oa

Brayne, S., Lovelace, H., & Fenwick, P. (2008). End-of-life experiences and the dying process in a Gloucestershire nursing home as reported by nurses and care assistants. *American Journal of Hospice and Palliative Medicine, 25*(3), 195-207. doi: 10.1177/1049909108315302

Brooke, V. (1989). Nursing home life: How elders adjust. *Geriatric Nursing, 10*(2), 66-68. doi: 10.1016/S0197-4572(89)80054-0

Brotman, S. (2003). The limits of multiculturalism in elder care services. *Journal of Aging Studies, 17*(2), 209-229. doi: 10.1016/S0890-4065(03)00003-3

Bruner, J. (2004). Life as narrative. *Social Research, 71*(3), 691-710.

Bryman, A. (2012). *Social research methods* (4th ed.). New York: Oxford University Press.

Carel, H. (2009). A reply to 'Towards an understanding of nursing as a response to human vulnerability' by Derek Sellman: vulnerability and illness. *Nursing Philosophy, 10*(3), 214-219. doi: 10.1111/j.1466-769X.2009.00401.x

Chenowethm, L., Jeon, Y., Goff, M., & Burke, C. (2006). Cultural competency and nursing care: An Australian perspective. *International Nursing Review, 53*(1), 34-40. doi: 10.1111/j.1466-7657.2006.00441.x

Clandinin, J. D., & Connelly, M. F. (2000). *Narrative inquiry. Experience and story in qualitative research*. San Francisco, California: Jossey-Bass.

Classen, C. (1992). The odor of the other: Olfactory symbolism and cultural categories. *Journal of the Society for Psychological Anthropology, 20*(2), 133-166. doi: 10.1525/eth.1992.20.2.02a00010

Commonwealth of Australia. (2012). *Commonwealth HACC program manual*. Canberra: Department of Health and Ageing. Retrieved from https://www.dss.gov.au/sites/default/files/documents/08_2014/annexure_10b_-_hacc_manual.pdf

Community Services & Health Industry Skills Council. (2014). Industry qualifications - Training packages. Retrieved from http://www.cshisc.com.au/develop/industry-qualifications-training-packages/

Connelly, M. F., & Clandinin, J. D. (1990). Stories of experience and narrative

inquiry. *Educational Researcher, 19*(5), 2-14. doi:

10.3102/0013189X019005002

Connelly, M. F., & Clandinin, D. J. (2006). Narrative inquiry. In J. Green, G. Camilli

& P. Elmore (Eds.), *Handbook of complementary methods in education*

research (3rd ed., pp. 477-487). Mahwah, New Jersey: Lawrence Erlbaum

Associates.

Cooney, A. (2010). 'Finding home': A grounded theory on how older people 'find

home' in long-term care settings. *International Journal of Older People*

Nursing, 7(3), 188-199. doi: 10.1111/j.1748-3743.2011.00278.x

Coughlan, R., & Ward, L. (2007). Experiences of recently relocated residents of a

long-term facility in Ontario: Assessing quality qualitatively. *International*

Journal of Nursing Studies, 44(1), 47-57. doi: 10.1016/j.ijnurstu.2005.11.022

Creswell, J. W. (2007). *Qualitative inquiry & research design. Choosing among five*

approaches (2nd ed.). Thousand Oaks, California: Sage Publications.

Creswell, J. W. (2013. *Qualitative inquiry & research design. Choosing among five*

approaches (3rd ed.). Thousand Oaks, California: Sage Publications.

Czarniawska, B. (2004). *Narratives in social science research. The 'narrative turn'*

in social studies. Thousand Oaks, California: Sage Publications, Inc.

Denier, Y., & Gastmans, C. (2013). Realizing good care within a context of cross-

cultural diversity: An ethical guideline for healthcare organizations in

Flanders, Belgium. *Social Science & Medicine, 93*, 38-46. doi:

10.1016/j.socscimed.2013.03.045

Denzin, N. (1978). *The research act: A theoretical introduction to sociological*

methods (2nd ed.). New York: McGraw Hill.

Denzin, N. K., & Lincoln, Y. S. (2005). *The sage handbook of qualitative research* (3rd ed.). California: Sage Publications.

Dickson, C., Lock, L., & Carey, M. (2007). *"In my country nurses don't..." Australian undergraduate nurse education and the international culturally and linguistically different student*. Paper presented at the ISANA International Conference "Student success in international education", Glenelg, Adelaide, Australia. Retrieved from http://d1711667.i165.quadrahosting.com.au/files/isana07final00009.pdf

Dodson, L., & Zincavage, R. M. (2007). "It's like a family": Caring labor, exploitation, and race in nursing homes. *Gender & Society, 21*(6), 905-928. doi: 10.1177/0891243207309899

Dooley, K. (2009). Intercultural conversation: Building understanding together. *Journal of Adolescent & Adult Literacy, 52*(6), 497-506. doi: 10.1598/JAAL.52.6.4

Engster, D. (2005). Rethinking care theory: The practice of caring and the obligation to care. *Hypatia, 20*(3), 50-74. doi: 10.1111/j.1527-2001.2005.tb00486.x

Ersek, M., Kraybill, B., & Hansberry, J. (2000). Assessing the educational needs and concerns of nursing home staff regarding end-of-life care. *Journal of Gerontological Nursing, 26*(10), 16-26. doi: 10.3928/0098-9134-20001001-05

Ethnic Communities' Council of Victoria. (2011). *Ageing and cultural diversity strategy* (pp. 1-16).

Fair Work Commission. (2010). *Aged care award 2010.* Retrieved from https://www.fwc.gov.au/documents/documents/modern_awards/award/ma000018/default.htm

Federation of Ethnic Communities' Councils of Australia (FECCA) (2007). *Caring*

for older Australians from culturally and linguistically diverse backgrounds,

(CLDB). (pp. 1-13). Canberra.

Folbre, N. (1995). "Holding hands at midnight". The paradox of caring labor.

Feminist Economics, 1(1), 73-92. doi: 10.1080/714042215

Ford, R., & McInerney, F. (2010). An evaluation of aged-care workers' knowledge

of and attitudes toward the palliative approach. *Research in Gerontological*

Nursing, 4(4), 251-259. doi: 10.3928/19404921-20101103-01

Frid, I., Öhlén, J., & Bergbom, I. (2000). On the use of narratives in nursing

research. *Journal of Advanced Nursing, 32*(3), 695-703. doi: 10.1046/j.1365-

2648.2000.01530.x

Froggatt, K. (2001). Life and death in English nursing homes: Sequestration or

transition? *Ageing and Society, 21*(3), 319-322. doi:

10.1017/S0144686X0100825X

Gaydos, L. H. (2005). Understanding personal narratives: An approach to practice.

Journal of Advanced Nursing, 49(3), 254-259. doi: 10.1111/j.1365-

2648.2004.03284.x

Griffin, A. P. (1983). A philosophical analysis of caring in nursing. *Journal of*

Advanced Nursing, 8(4), 289-295. doi: 10.1111/j.1365-2648.1983.tb00328.x

Hall, S. (1997). *Representation: Cultural representations and signifying practices*.

London, UK: Sage Publications Ltd in association with the Open University.

Hannigan, T. P. (1995). Body Odor: The international student and cross-cultural

communication. *Culture and Psychology, 1*(4), 497-503. doi:

10.1177/1354067X9514006

Heliker, D., & Nguyen, H. T. (2010). Enhancing nurse aide-resident relationships in long-term care. *Research in Gerontological Nursing, 3*(4), 240-252. doi: 10.3928/19404921-20100303-01

Hertzberg, A., & Ekman, S.-L. (2000). 'We, not them and us?' Views on the relationships and interactions between staff and relatives of older people permanently living in nursing homes. *Journal of Advanced Nursing, 31*(3), 614-622. doi: 10.1046/j.1365-2648.2000.01317.x

Hertzberg, A., Ekman, S.-L., & Axelsson, K. (2003). 'Relatives are a resource, but...': Registered nurses' views and experiences of relatives of residents in nursing homes. *Journal of Clinical Nursing, 12*(3), 431-441. doi: 10.1046/j.1365-2702.2003.00761.x

Hochschild, A. R. (1983). *The managed heart. Commercialization of human feeling*. Berkley, California: University of California Press.

Hodges, C., & Schmidt, R. (2009). An exploration of reminiscence and post-war European immigrants living in a multicultural aged care setting in Australia. *Occupational Therapy International, 16*(2), 154-168. doi: 10.1002/oti.271

Hoenig, S. A., & Page, A. R. E. (2012). *Counting on care work in Australia* (pp. 1-57). North Sydney, Australia: economic Security4Women (eS4W).

Huage, S., & Heggen, K. (2007). The nursing home as a home: A field study of residents' daily life in the common living rooms. *Journal of Clinical Nursing, 17*(4), 460-467. doi: 10.1111/j.1365-2702.2007.02031.x

Hudelson, P. (1994). Qualitative research for health programmes (pp. 1-102): Division of Mental Health, World Health Organization, Geneva, Switzerland.

Innovation and Business Skills Australia. (2012). *Changes ahead for VET trainers and assessors* (pp. 1-10). East Melbourne, Australia.

Jacelon, C. S. (2002). Attitudes and behaviors of hospital staff toward elders in an

    acute care setting. *Applied Nursing Research, 15*(4), 227-234. doi:

    10.1053/apnr.2002.35958

Jenull, B., & Brunner, E. (2008). Death and dying in nursing homes: A burden for

    the staff? *Journal of Applied Gerontology, 27*(2), 166-180. doi:

    10.1177/0733464807313404

Jeong, S. Y., & Keatinge, D. (2004). Innovative leadership and management in a

    nursing home. *Journal of Nursing Management, 12*(6), 445-451. doi:

    10.1111/j.1365-2834.2004.00451.x

Katan, J. (1991). Democratic processes in old age homes: Supporting and hindering

    factors. *Journal of Gerontological Social Work, 17*(1-2), 163-181. doi:

    10.1300/J083v17n01_13

Katz, J., Sidell, M., & Komaromy, C. (2000). Death in homes: Bereavement needs of

    residents, relatives and staff. *International Journal of Palliative Nursing,*

    6(6), 274-279. doi: 10.12968/ijpn.2000.6.6.9076

Kiata, L., & Kerse, N. (2004). Intercultural residential care in New Zealand. *Sage*

    Journals Online, 14(3), 313-326. doi: 10.1177/1049732303261820

King, D., Mavromaras, K., Wei, Z., He, B., Healy, J., Macaitis, K., Moscos, M., &

    Smith, L. (2013). *The aged care workforce 2012: final report,* Department of

    Health and Ageing, Canberra.

Komaromy, C., Sidell, M., & Katz, J. (2000). The quality of terminal care in

    residential and nursing homes. *International Journal of Palliative Nursing,*

    6(4), 192-199. doi: 10.12968/ijpn.2000.6.4.8933

Kübler-Ross, E. (1971). What is it like to be dying? *American Journal of Nursing,*

    71(1), 54-61.

Lather, P. (1991). *Getting smart. Feminist research and pedagogy with/in the postmodern*. London: Routledge.

Lee, V. S. P., Simpson, J., & Froggatt, K. (2013). A narrative exploration of older people's transitions into residential care. *Age & Mental Health, 17*(1), 48-56. doi: 10.1080/13607863.2012.715139

Leyens, J.-P., Rodriguez-Perez, A., Rodriguez-Torres, R., Gaunt, R., Paladino, M.-P., Vaes, J., & Demoulin, S. (2001). Psychological essentialism and the differential attribution of uniquely human emotions to ingroups and outgroups. *European Journal of Social Psychology, 31*(4), 395-411. doi: 10.1002/ejsp.50

Liddicoat, A. J. (2002). Static and dynamic views of culture and intercultural language acquisition. *Babel, 36*(3), 4-11.

Lawler, S. (2002). Narrative in social research. In T. May, *Qualitative research in action* (pp. 242-258). UK: Sage Publications Inc.

Low, K. E. Y. (2006). Presenting the self, the social body, and the olfactory: Managing smells in everyday life experiences. *Pacific Sociological Association, 49*(4), 607-631. doi: 10.1525/sop.2006.49.4.607

Marck, P. (1990). Therapeutic reciprocity: A caring phenomenon. *Advances in Nursing Science, 13*(1), 49-59. doi: 10.1097/00012272-199009000-00007

Marquis, R., Freegard, H., & Hoogland, L. (2004). Cultures that support caregiver retention in residential aged care. *Geriaction, 22*(1), 3-12.

Martin, B. (2007). Good jobs, bad jobs?: Understanding the quality of aged care jobs, and why it matters. *Journal of Social Issues, 42*(2), 183-197.

McCracken, A. (1987). Emotional impact of possession loss. *Journal of Gerontological Nursing, 13*(2), 14-19. doi: 10.3928/0098-9134-19870201-06

McDermott, R. (2001). Knowing in community: 10 critical success factors in building communities of practice. Retrieved from http://www.co-i-l.com/coil/knowledge-garden/cop/knowing.shtml

McGilton, K. S., & Boscart, V. M. (2007). Close care provider-resident relationships in long-term care. *Journal of Clinical Nursing, 16*(11), 2149-2157. doi: 10.1111/j.1365-2702.2006.01636.x

McGuinn, K., & Mosher-Ashley, P. M. (2001). Participation in recreational activities and its effects on perception of life satisfaction in residential settings. *Activities, Adaptation & Aging, 25*(1), 77-86. doi: 10.1300/j016v25n01_06

Meagher, G. (2006). What can we expect from paid carers? *Politics Society, 34*(33), 33-54. doi: 10.1177/0032329205284755

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, California: Jossey-Bass.

Mikhail, M. L. (1992). Psychological responses to relocation to a nursing home. *Journal of Gerontological Nursing, 18*(3), 35-39. doi: 10.3928/0098-9134-19920301-08

Mishler, E. G. (1986). *Research interviewing. Context and narrative*: Harvard University Press, England.

Moiden, N. (2002). Leadership in the elderly home care sector. *Nursing Management, 9*(8), 24-28. doi: 10.7748/nm2002.12.9.8.24.c2135

Mok, B., & Mui, A. (2008). Empowerment in residential care for the elders: The case of an aged home in Hong Kong. *Journal of Gerontological Social Work, 27*(1-2), 23-35. doi: 10.1300/j083v27n01_03

Mold, F., Fitzpatrick, J. M., & Roberts, J. D. (2005). Caring for minority ethnic older people in nursing care homes. *British Journal of Nursing, 14*(11), 601-606. doi: 10.12968/bjon.2005.14.11.18203

Montenery, S. M., Jones, A. D., Perry, N., Ross, D., & Zoucha, R. (2013). Cultural competence in nursing faculty: A journey, not a destination. *Journal of Professional Nursing, 29*(6), 51-57. doi: 10.1016/j.profnurs.2013.09.003

Nakrem, S., Vinsnes, A. G., & Seim, A. (2011). Residents' experiences of interpersonal factors in nursing home care: A qualitative study. *In ternational Journal of Nursing Studies, 48*(11), 1357-1366. doi: 10.1016/j.ijnurstu.2011.05.012

National Aged Care Alliance. (2012). *Blueprint for aged care reform* (pp. 1-17). Kingston, ACT: NACA.

National Seniors Australia. (2011). *The ageing experience of Australians from migrant backgrounds* (pp. 1-32): National Seniors Productive Ageing Centre, Canberra.

Nay, R. (1995). Nursing home residents' perception of relocation. *Journal of Clinical Nursing, 4*(5), 319-325. doi: 10.1111/j.1365-2702.1995.tb00030.x

Ní Chróinin, D., Haslam, R., Blake, C. R., K, Kyne, L., & Power, D. (2011). Death in long-term care facilities: Attitudes and reactions of patients and staff. A qualitative study. *European Geriatric Medicine, 2*(1), 56-59. doi: 10.1016/j.eurger.2010.12.002

Noelker, L. S., Ejaz, F. K., Menne, H. L., & Jones, J. A. (2006). The impact of stress and support on nursing assistant satisfaction with supervision. *Journal of Applied Gerontology, 25*(4), 307 - 323. doi: 10.1177/0733464806290935

NSW Migration Heritage Centre (2010). *Australia's migration history.* Retrieved

    from http://www.migrationheritage.nsw.gov.au/belongings-home/about-

    belongings/australias-migration-history/

O'Connor, M., Bullwinkel, V., & Pearson, A. (2004). Ageing in place - dying in

    place: Competing discourses for care of the dying in aged care policy.

    Australian Journal of Advanced Nursing, 22(2), 32-38.

O'Neill, F. (2011). From language classroom to clinical context: The role of

    language and culture in communication for nurses using English as a second

    language. A thematic analysis. *International Journal of Nursing Studies,*

    48(9), 1120-1128. doi: 10.1016/j.ijnurstu.2011.02.008

Österlind, J., Hansebo, G., Andersson, J., Ternestedt, B.-M., & Hellström, I. (2011).

    A discourse of silence: Professional carers reasoning about death and dying

    in nursing homes. *Ageing and Society, 31*(4), 529-544. doi:

    10.1017/s0144686x10000905

Packer, M. (2011). *The science of qualitative research*. New York: Cambridge

    University Press.

Parker, D. (2011). Residential aged care facilities. Places for living and dying.

    Cultural Studies Review, 17(1), 31-51. doi: 10.5130/csr.v17i1.1972

Parsons, J., & Junge, P. (2001). Why do Danes put their elderly in nursing homes?-

    Working outside the classroom with adult second language learners. In M.

    Byram, A. Nichols, & D. Stevens (Eds.), *Developing intercultural competence in*

    practice (pp. 203-216). Clevedon, UK: Multilingual Matters.

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis.

    Health Services Research, 34(5), 1189-1208.

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.): Sage

    Publications, Inc. Thousand Oaks, California.

Percival, J., & Johnson, M. (2013). End-of-life care in nursing and care homes.

    Nursing Times, 108(1-2), 20-22.

Petrov, L. (2011). Residential aged care: approaches to cultural diversity.

    Diversity(2), 22-22.

Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis.

    International Journal of Qualitative Studies in Education, 8(1), 5-23. doi:

    10.1080/0951839950080103

Productivity Commission. (2011). *Caring for older Australians*, Report No. 53, Final

    Inquiry Report, Canberra.

Productivity Commission. (2013). *An ageing Australia: preparing for the future.*

    Commission Research Paper, Canberra.

Pryor, K. (2005). Literacy support and aged care students. *Fine Print, 28*(4), 2-20.

Qian, S.-Y., Zhang, Z.-Y., Hailey, D. M., Davy, P. J., & Nelson, M. I. (2012). The

    work pattern of personal care workers in two Australian nursing homes: a

    time-motion study. *BMC Health Services Research, 12*(1), 2-8. doi:

    10.1186/1472-6963-12-305

Radermacher, H., Feldman, S., & Browning, C. (2009). Mainstream versus ethno-

    specific community aged care services: It's not an 'either or'. *Australasian*

    Journal on Ageing, 28(2), 58-63. doi: 10.1111/j.1741-6612.2008.00342.x

Richardson, E., & Beynon, S. (2012). Supporting staff to cope with death and dying.

    Nursing and Residential Care, 14(5), 255-256. doi:

    10.12968/nrec.2012.14.5.255

Riggs, J. C., & Rantz, M. J. (2001). A model of staff support to improve retention in
long-term care. *Nursing Administration Quarterly, 25*(2), 43-54. doi:
10.1097/00006216-200101000-00009

Rodriquez, J. (2011). "It's a dignity thing": Nursing home care workers' use of
emotions. *Sociological Forum, 26*(2), 265-286. doi: 10.1111/j.1573-
7861.2011.01240.x

Runci, S. J., Eppingstall, B. J., van der Ploeg, E. S., & O'Connor, D. W. (2014).
Comparison of family satisfaction in Australian ethno-specific and
mainstream aged care facilities. *Journal of Gerontological Nursing, 40*(4),
54-63. doi: 10.3928/00989134-20131219-01

Ryoshu, N. (2011). Experiences of racism by female minority and immigrant nursing
assistants. *Affilia, 26*(1), 59-71. doi: 10.1177/0886109910392519

Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Los
Angeles: Sage Publications.

Secrest, J., Iorio, D. H., & Martz, W. (2005). The meaning of work for nursing
assistants who stay in long-term care. *Journal of Clinical Nursing, 14*, 90-97.
doi: 10.1111/j.1365-2702.2005.01282.x

Siegal, E. O., Mueller, C., Anderson, K. L., & Dellefield, M. E. (2010). The pivotal
role of the Director of Nursing in nursing homes. *Nursing Administration
Quarterly, 34*(2), 110-121. doi: 10.1097/naq.0b013e3181d91813

Siegel, E. O., Young, H. M., Leo, M. C., & Santillan, V. (2012). Managing up,
down, and across the nursing home roles and responsibilities of Directors of
Nursing. *Policy, Politics, & Nursing Practice*, *13*(4), 214-223. doi:
10.1177/1527154413481629

Slettebø, A. (2008). Safe, but lonely: Living in a nursing home. *Nursing Science, 28*(1), 22-25.

Solomon, N. (2001). Workplace learning as a cultural technology. *New directions for adult and continuing education, 2001*(92), 41-52. doi: 10.1002/ace.39

Spradley. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth Publishing.

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, California: Sage Publications.

Stake, R. E. (1998). Case studies. In N. Denzin & Y. Lincoln (Eds.), *Strategies of qualitative inquiry* (Vol. 2). Thousand Oaks, California: Sage.

Stake, R. E. (2000). Case Studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 435-450). Thousand Oaks, California: Sage Publications.

Stake, R. E. (2006). *Multiple case study analysis*. New York: The Guilford Press.

Stake, R. E. (2013). *Multiple case study analysis*. Guilford Press.

Standards for registered training organisations (RTOs). 2015 (2015). ASQA regulatory standards for training providers and regulators, Commonwealth of Australia, Canberra. Retrieved from http://www.comlaw.gov.au/Details/F2014L01377

Starr, S., Shatell, M. M., & Gonzales, C. (2011). Do nurse educators feel competent to teach cultural competency concepts? *Teaching and Learning in Nursing, 6*(2), 84-88. doi: 10.1016/j.teln.2010.12.004

Stenbock-Hult, B., & Sarvimäki, A. (2011). The meaning of vulnerability to nurses caring for older people. *Nursing Ethics, 18*(1), 31-41. doi: 10.1177/0969733010385533

Strom-Gottfried, K., & Mowbray, N. D. (2006). Who heals the helper? Facilitating

    the social worker's grief. *Families in Society, 87*(1), 9-15. doi: 10.1606/1044-

    3894.3479

Stronach, I., & Maclure, M. (1997). *Educational research undone. The postmodern*

    embrace. Buckingham, UK: Open University Press.

Swerissen, H., & Duckett, S. (2014). Dying well. *Melbourne: The Gratten Institute*.

Tajfel, H., & Billic, M. (1974). Familiarity and categorization in intergroup

    behaviour. *Journal of Experimental Social Psychology, 10*(2), 159-170. doi:

    10.1016/0022-1031(74)90064-x

Thomas, J. E., O'Connell, B. O., & Gaskin, C. J. (2013). Residents' perceptions and

    experiences of social interaction and participation in leisure activities in

    residential aged care. *Contemporary Nurse, 45*(2), 244-254. doi:

    10.5172/conu.2013.45.2.244

Thomasma, M., Yeaworth, R., & McCabe, B. (1990). Moving day: Relocation and

    anxiety in institutionalized elderly. *Journal of Gerontological Nursing, 16*(7),

    18-25. doi: 10.3928/0098-9134-19900701-06

Tolson, D., Lowndes, A., Booth, J., Schofield, I., & Wales, A. (2011). The potential

    of communities of practice to promote evidence-informed practice within

    nursing homes. *Journal of Post-Acute and Long-Term Care Medicine, 12*(3),

    169-173. doi: 10.1016/j.jamda.2010.08.010

Tourangeau, A., Cranley, L., Laschinger, H. K. S., & Pachis, J. (2010). Relationships among leadership practices, work environments, staff communication and outcomes in long-term care. *Journal of Nursing Management, 18*(8), 1060-1072. doi: 10.1111/j.1365-2834.2010.01125.x

Townsend, J., Godfrey, M., & Denby, T. (2007). Heroines, villains and victims: older people's perceptions of others. *Ageing & Society, 26*(6), 883-900. doi: 10.1017/s0144686x06005149

Training.com.au. (2015). RTO - *Registered training organisations.* Retrieved from http://www.training.com.au/rto/

Vyjeyanthi, S., Periyakoil, V. S., Stevens, M., & Kraemer, H. (2013). Multicultural long-term care nurses' perceptions of factors influencing patient dignity at the end of life. *Journal of the American Geriatrics Society, 61*(3), 440-446. doi: /10.1111/jgs.12145

Wenger, E. (2006). *Introduction to communities of practice. A brief overview of its concepts and its uses*. Retrieved from http://wenger-trayner.com/theory/

Wenger, E. (2008). *Communities of practice. Learning, meaning and identity*. New York: Cambridge University Press.

Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice*.

Westin, L., & Danielson, E. (2007). Encounters in Swedish nursing homes: A hermeneutic study of residents' experiences. *Journal of Advanced Nursing, 60*(2), 172-180. doi: 10.1111/j.1365-2648.2007.04396.x

Wilson, C. B., & Davies, S. (2009). Developing relationships in long term care environments: the contribution of staff. *Journal of Clinical Nursing, 18*(12), 1746-1755. doi: 10.1111/j.1365-2702.2008.02748.x

Wilson, S. A., & Daley, B. J. (1998). Attachment/detachment: Forces influencing care of the dying in long-term care. *Journal of Palliative Medicine, 1*(1), 21-34. doi: 10.1089/jpm.1998.1.21

Worth, J. (2010). *In the midst of life*. London: Phoenix, Orion Publishing Group.

Wyse, L., & Casarotto, N. (2004). Literacy in the world of the aged care worker. *Literacy and Numeracy Studies, 13*(1), 19-30.

Yeboah, C., Bowers, B., & Rolls, C. (2013). Culturally and linguistically diverse older adults relocating to residential aged care. *Contemporary Nurse, 44*(1), 50-61. doi: 10.5172/conu.2013.44.1.50

Yin, R. K. (1994). *Case study research: Design and methods* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Yin, R. K. (2003a). *Applications of case study research* (2nd ed.). Thousand Oaks, California: Sage Publications.

Yin, R. K. (Ed.). (2003b). *Case study research. Design and methods* (3rd ed.). Thousand Oaks, California: Sage Publications.

Yin, R. K. (2012). *Applications of case study research* (3rd ed.). Thousand Oaks, California: Sage Publications.

Yin, R. K. (2014). *Case study research. Design and methods* (5th ed.). Thousand Oaks, California: Sage Publications.

Young, H. M. (1990). The transition of relocation to a nursing home. *Holistic Nursing Practice, 4*(3), 74-83. doi: 10.1097/00004650-199005000-00011

Yun-Hee, J., Merlyn, T., & Chenoweth, L. (2010). Leadership and management in the aged care sector: A narrative analysis. *Australasian Journal on Ageing, 29*(2), 54-60. doi: 10.1111/j.1741-6612.2010.00426.x