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The Impact of a Cross-Cultural Care Education Program on Cultural Competence of Aged Care Staff

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Purpose:

Cultural and linguistic diversity between residents and staff is significant in aged care homes in Australia. Residents are from over 170 countries with 31% born overseas and 20% born in a non-English speaking country (Australian Institute of Health and Welfare 2016). Staff who care for residents are also from culturally and linguistically (CALD) diverse backgrounds. It is estimated that 32% of staff were born overseas and 26% were born in a non-English speaking country (Mavromaras et al. 2017). The diversity generates demands for education interventions to improve cultural competence for staff in cross-cultural interactions with older people and team members. However, research evidence on the impact of a cross-cultural care education program on staff cultural competence is scarce.

The aim of the study was to test the hypothesis that an evidence-based cross-cultural care education program would improve cultural competence for staff in skill-mixed and resource poor care settings in aged care homes. This study was part of a 3-year project conducted between 2015 and 2017 undertaken by a university partnering with two aged care organisations.

Methods:

A pre-test- post-test design was applied to address the aim of the study. Staff who participated in the study were from four large size aged care homes in a state of Australia. The University concerned formed a consortium with these aged care organisations to co-design and implement the education program. The program included five modules: An introduction to cross-cultural care for new staff; Cross-cultural Communication; Cross-cultural leadership; Cross-cultural dementia care and Cross-cultural end of life care. The intervention lasted 12 months and was led by site champions who were Registered Nurses.

Data were collected at three time points prior to the intervention, at 6 months and 12 months after the commencement of the intervention. The study adapted the Clinical Cultural Competency Questionnaire (CCCQ) to measure staff cultural competence. The CCCQ was developed by Like (2004) and revised by Mareno and Hart (Mareno and Hart 2014). The CCCQ shows acceptable internal consistency (Cronbach's alpha 0.8). Participants' socio-cultural demographics were also collected. Data were entered into SPSS Statistics Version 22 for descriptive and inferential statistical analysis. A Mann-Whitney Test for two independent samples was used to test the differences between Australian-born groups and Overseas-born groups. One-way ANOVA was used to test the differences of (i) 'Cultural competencies' and (ii) 'Aged care facilities' capacity to create and sustain improvement' across the three-time points of the intervention evaluation.

Results:

The number of staff who participated in the program evaluation prior to the intervention, at 6 months and at 12 months were 113, 104 and 97 respectively. The baseline data revealed that overseas-born staff made up 45% of the participants and were from 18 countries that were mainly low- and middle-income countries where aged care homes were underdeveloped. The vast majority of participants were female (98%) with a median age of 50 years. Unlicensed staff made up 51% of the participants while Registered Nurses and Enrolled Nurses made up 28% of the participants.

Changes of the CCCQ scores among the whole group:

1. Staff self-perceived knowledge, skills, comfort level, self-awareness and education and training showed a statistically significant increase. The increase of the scores in these areas between time 1 and time 3, provide an indication that a sufficient time period was needed for the intervention to be effective.
2. The factor of 'Importance of awareness' showed no statistically significant changes over time. The mean score for this factor was relatively higher across the 3 time points. This might be an indicator that staff were cognisant that cultural awareness was an important aspect of their care activities prior to the intervention.

Changes of the CCCQ scores between Australian-born and overseas-born groups:

1. Knowledge: Prior to the intervention, there was no statistically significant difference between Australian-born and overseas-born groups in cultural knowledge. Across the 3-time points, both Australian-born and overseas-born groups showed a statistically significant increase in 'knowledge' scores.
2. Skills: Prior to the intervention, overseas-born groups showed a statistically significant higher score in 'skills' compared to Australian-born group. Across the 3-time points, Australian-born groups showed a statistically significant increase in skill scores while overseas-born groups showed no statistically significant change.
3. Comfort level: Prior to the intervention, overseas-born groups showed a statistically significant higher score on 'Comfort level' compared to Australian-born groups. Across the 3-time points, Australian-born groups showed a statistically significant increase on 'Comfort level' scores while overseas-born groups showed no statistically significant change.
4. Importance of Awareness: Prior to the intervention, overseas-born groups showed a statistically significant higher score on 'Importance of Awareness' compared to Australian-born groups. Across the 3-time points, Australian-born groups showed a statistically significant increase on 'Importance of Awareness' score while overseas-born group showed no statistically significant change.
5. Self-awareness: Prior to the intervention, there was no statistically significant difference between the two groups. Across the 3-time points, both Australian-born and overseas-born groups showed statistically significant increase of 'Self-awareness' scores.
6. Education and training: Prior to the intervention, overseas-born groups showed a statistically significant higher score on 'Education and training' compared to Australian-born group. Across the 3-time points, both Australian-born and overseas-born groups showed statistically significant increase on 'Education and training'.

Conclusion:

Previous studies report that education interventions demonstrate improved cultural competence for health professionals and health professional students (Gallagher and Polanin 2015, Bezrukova et al. 2016). Findings from our study support these studies, but add new evidence that a cross-cultural care education program can improve cultural competence in a skill-mixed and resource poor care setting in aged care homes. Co-designing and implementing education program between universities and aged care industry,

organisations' support and registered nurses' leadership are crucial factors to ensure the successful implementation of the education program in aged care homes (Garneau and Pepin 2015, Pepin et al. 2017).

An evidence-based cross-cultural care program co-designed and implemented by aged care homes and a university can improve staff cultural competence. Findings have implications for investing in cultural competence development for staff in aged care in order to improve quality of care for older people and workforce cohesion.

Title:

The Impact of a Cross-Cultural Care Education Program on Cultural Competence of Aged Care Staff

Keywords:

aged care homes, cultural competence and education interventions

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Abstract Summary:

Cultural and linguistic diversity between residents and staff is significant in aged care homes in Australia. An evidence-based cross-cultural care program co-designed and implemented by aged care homes and a university demonstrated improved staff cultural competence in skill-mixed care settings.

Content Outline:

Background: Cultural and linguistic diversity between residents and staff is significant in aged care homes in Australia. Residents are from over 170 countries with 31% born overseas and 20% born in a non-English speaking country (Australian Institute of Health and Welfare 2016). Staff who care for residents are also from culturally and linguistically (CALD) diverse backgrounds. It is estimated that 32% of staff were born overseas and 26% were born in a non-English speaking country (Mavromaras et al. 2017). The diversity generates demands for education interventions to improve cultural competence for staff in cross-cultural interactions with older people and team members. However, research evidence on the impact of a cross-cultural care education program on staff cultural competence is scarce.

Aim: The aim of the study was to test the hypothesis that an evidence-based cross-cultural care education program would improve cultural competence for staff in skill-mixed and resource poor care settings in aged care homes. This study was part of a 3-year project conducted between 2015 and 2017 undertaken by a university partnering with two aged care organisations.

Methods: A pre-test- post-test design was applied to address the aim of the study. Staff who participated in the study were from four large size aged care homes in a state of Australia. The University concerned formed a consortium with these aged care organisations to co-design and implement the education program. The program included five modules: An introduction to cross-cultural care for new staff; Cross-cultural Communication; Cross-cultural leadership; Cross-cultural dementia care and Cross-cultural end of life care. The intervention lasted 12 months and was led by site champions who were Registered Nurses.

Data were collected at three time points prior to the intervention, at 6 months and 12 months after the commencement of the intervention. The study adapted the Clinical Cultural Competency Questionnaire (CCCQ) to measure staff cultural competence. The CCCQ was developed by Like (2004) and revised by Mareno and Hart (Mareno and Hart 2014). The CCCQ shows acceptable internal consistency (Cronbach's alpha 0.8). Participants' socio-cultural demographics were also collected. Data were entered into SPSS Statistics Version 22 for descriptive and inferential statistical analysis. A Mann-Whitney Test for two independent samples was used to test the differences between Australian-born groups and Overseas-born groups. One-way ANOVA was used to test the differences of (i) 'Cultural competencies' and (ii) 'Aged care facilities' capacity to create and sustain improvement' across the three-time points of the intervention evaluation.

Findings: The number of staff who participated in the program evaluation prior to the intervention, at 6 months and at 12 months were 113, 104 and 97 respectively. The baseline data revealed that overseas-born staff made up 45% of the participants and were from 18 countries that were mainly low- and middle-income countries where aged care homes were underdeveloped. The vast majority of participants were female (98%) with a median age of 50 years. Unlicensed staff made up 51% of the participants while Registered Nurses and Enrolled Nurses made up 28% of the participants.

Changes of the CCCQ scores among the whole group:

1. Staff self-perceived knowledge, skills, comfort level, self-awareness and education and training showed a statistically significant increase. The increase of the scores in these areas between time 1 and time 3, provide an indication that a sufficient time period was needed for the intervention to be effective.
2. The factor of 'Importance of awareness' showed no statistically significant changes over time. The mean score for this factor was relatively higher across the 3 time points. This might be an indicator that staff were cognisant that cultural awareness was an important aspect of their care activities prior to the intervention.

Changes of the CCCQ scores between Australian-born and overseas-born groups:

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Discussion: Previous studies report that education interventions demonstrate improved cultural competence for health professionals and health professional students (Gallagher and Polanin 2015, Bezrukova et al. 2016). Findings from our study support these studies, but add new evidence that a cross-cultural care education program can improve cultural competence in a skill-mixed and resource poor care setting in aged care homes. Co-designing and implementing education program between universities and aged care industry, organisations' support and registered nurses' leadership are crucial factors to ensure the successful implementation of the education program in aged care homes (Garneau and Pepin 2015, Pepin et al. 2017).

Conclusion: An evidence-based cross-cultural care program co-designed and implemented by aged care homes and a university can improve staff cultural competence. Findings have implications for investing in cultural competence development for staff in aged care in order to improve quality of care for older people and workforce cohesion.

First Primary Presenting Author

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Lily Xiao, PhD

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Professional Experience: Associate Professor Lily Xiao has extensive experience and skills in identifying issues affecting nursing workforce development in aged care. Her recent research outputs include: (1) the 'Multicultural workforce development model and resources in aged care' and (2) the 'Cross-Cultural Care Program for Aged Care Staff', a free online self-directed learning program using massive open online course (MOOC).

Author Summary: Associate Professor Lily Xiao has an established track record in nursing workforce development and cross-cultural care studies in aged care. She is passionate about providing culturally

appropriate and equitable care for older people and the development of the nursing workforce to achieve this care goal.

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Professional Experience: Emeritus Professor Eileen Willis is currently engaged in two research projects examining the impact of rationalised care in the public hospital system and international nurses. Dr Willis has attracted funding from government and private organizations to do small scale in-depth qualitative studies on attitudes, values and aspirations to social policy of various population groups.

Author Summary: Emeritus Professor Eileen Willis has a research interest in the area of Indigenous public health policy particularly access to health care and domestic water. She also has research expertise in the impact of health reform on working time. Research projects have included the impact of Excelcare on nurse's caring time, and enterprise bargaining and working time for health professionals.

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Professional Experience: Ann Harrington is Associate Professor, Health Care for the Older Person in the College of Nursing and Health Sciences at Flinders University. She has had thirty eight years of extensive clinical and teaching experience in health and higher education institutions. She currently teaches students in both the undergraduate and post graduate programs in the areas of qualitative research designs palliative care and spirituality.

Author Summary: Associate Professor Ann Harrington has research interests in the areas of patients, relatives and health care providers views of end-of-life care; culture and spiritual life of older people, the resident as a consumer of care; the role of the community palliative care nurse; registered nurses' perceptions of spiritual care. Her publications include book chapters and international journals on various topics including palliative care, spirituality, qualitative research and infection control.

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Author Summary: Ms Lesley Jeffers was Senior Residential Services Manager at AnglicareSA, and has extensive experience in developing and improving corporate standards of care and services, focusing on better practice across and within all facilities. She has experience in projects aimed at improving workforce development in nursing.