Australian College of Nursing

SUBMISSION TO THE MIGRATION COUNCIL OF AUSTRALIA

Consultation paper to analyse the feasibility of developing a learning framework for nursing education on cultural responsiveness in aged care, July 2018

Consultation questions

General Comment

Australian College of Nursing (ACN) holds the view that education and training initiatives supporting the aged care nursing workforce in the provision of culturally safe and respectful practice are a high priority. As outlined in the Migration Council of Australia's (MCA) *Consultation paper to analyse the feasibility of developing a learning framework for nursing education on cultural responsiveness in aged care*, ACN recognises older people from culturally and linguistically diverse (CALD) backgrounds experience significant barriers to accessing health and aged care. Furthermore, ACN recognises that some older people with migrant or refugee backgrounds may face significant physical and mental health challenges through experiencing hardships and inequities. The physical, psychological and social health needs of individuals from migrant and refugee backgrounds may be affected by physical hardship, stress, and legal, economic, and social exclusion. [1] [2]

The nursing workforce has a key role in promoting equity of access to safe quality care for all older people irrespective of their circumstances. That care should be evidence-based care and appropriately tailored, integrated and coordinated to meet the diverse social, cultural, religious and linguistic needs of older adults. ACN believes that nurses can make a significant contribution to the health rights of people, including older people, from migrant and refugee backgrounds, particularly around access to health services, and ensuring more positive health outcomes. [3]

Framework for nursing education on cultural responsiveness in aged care
ACN believes the development of a nationally applicable learning framework to improve cultural responsiveness in aged care could provide a good mechanism for driving nurse workforce skills and competency attainment in the sector. The adoption of a learning framework should occur in line with other nurse workforce development measures to foster culturally safe practice within aged care and to establish effective approaches to workforce cohesion and cross-cultural care. For example, in addition to a learning framework, consideration should be given to:

- Mandating basic cross-cultural care and workforce cohesion education for direct care staff in residential and community aged care. ACN members have previously reported poor uptake of cross-cultural care and workforce cohesion training within residential aged care due to a lack of protected time and funding to provide and support staff to attend learning sessions.
- Mandating cross-cultural leadership and other advanced cross-cultural care education sessions for registered nurses (RNs), particularly RNs in leadership roles in residential and community aged care.
- Providing public education on the cultural diversity of staff in residential and community aged care and residents' rights and responsibilities in the multicultural care setting.

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[1] Bronstein L & Montgomery P (2011), "Psychological distress in refugee children: a systematic review". Clinical Child Family Psychology Review, 14(1):44-56

[2] International Council of Nurses (2018), Position Statement: Health of migrants, refugees, and displaced persons. http://www.icn.ch/images/stories/documents/publications/position_statements/ICN%20PS%20Health%20of%20migrants,%20refugees%20and%20displaced%20persons.pdf

[3] Ibid.

ACN provides the following response informed by our members in support of the MCA and the Australian Government Department of Health (DOH) development of a learning framework for nursing education on cultural responsive.

Question 1

Q1. Are there any further cultural diversity related considerations for the therapeutic relationship between nurses and older people in the context of Australia's cultural, linguistic and religious diversity?

ACN members have noted the following additional cultural diversity related considerations for the therapeutic relationship:

- **Cultural humility** - To enhance competencies related to cultural responsiveness, nurses should build skills around and demonstrate cultural humility to support therapeutic relationships with older people from culturally and linguistically diverse (CALD) backgrounds, particularly with those who are unable to take proactive action to engage with nurses due to language or other barriers. Cultural humility has been defined as '*developing a reciprocal and equal partnership for mutual benefit, based on self-awareness of the power imbalance in cross-cultural interactions*'.[4] Literature states that '*Health professionals' cultural humility is positively associated with identifying and meeting the care needs of clients from minority groups in cross-cultural interactions*'.[5] Comprehensive reflective practice training, guidance and clinical resources and tools to enable a nurse's self-awareness of their own cultural humility would be beneficial to improving service access, safety, quality and outcomes for older people from CALD backgrounds.

- **Behavioural and Psychological Symptoms of Dementia (BPSD)** - People with dementia and those experiencing BPSD may exhibit socially inappropriate disinhibited behaviours. Nurses are required to be competent to support appropriate management of these behaviours in cross-cultural encounters while maintaining therapeutic relationship with older people.

- **Generation gaps** - Recognition that 'generation gaps' may be a consideration across cultures creating differences in care expectations and preferences between generations within families, sub-cultures, communities and groups. Nurses working with people with CALD backgrounds should be cognisant of both the person's generational as well as their cultural experiences and expectations.

- **Interpreter services** - Service capacity to provide timely interpreter services or to access carers to act as interpreters is an important issue in supporting the therapeutic relationship between nurses and older people form CALD backgrounds. While the use of interpreters may be necessary in many interactions in the clinical and social care setting, the availability of interpreter services is an issue in the practice environment. A learning framework should explore strategies nurses can employ to manage these scenarios to ensure cultural safety.

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[4] Xiao, D., Willis, E.M., Harrington, A.C., Gillham, D.M., De Bellis, A.M., Morey, W., et al. (2018). Improving socially constructed cross-cultural communication in aged care homes: A critical perspective. Nursing Inquiry, 25(1)
[5] Ibid.

- **Communication and health literacy** - Nurses often act as safety nets for older people with low levels of health literacy who may have limited knowledge of their health status, therapies and therapy options and how to navigate the services options available to them. Health literacy is more than spoken and written communication; it involves enabling people to take an active role in managing their own health and becoming their own advocates. Understanding a person's communication capabilities and their health literacy is particularly important in the therapeutic relationship. Supporting the health literacy of older people from CALD backgrounds is an important consideration in that relationship.
- **Defining culture** - The development of a 'learning framework' should include a clear and comprehensive definition of *culture* to provide strong guidance for cultural teaching and in the fostering of cultural competence within the aged care nurse workforce.

Question 2

Q2. Are there any other relevant professional standards for nurses that should be considered in the context of working with people from migrant and refugee backgrounds, including older people?

ACN is advised that there are failures across health settings in the care of older people from CALD backgrounds that can create barriers to ENs and RNs meeting existing Nursing and Midwifery Board of Australia (NMBA) nursing standards. For example, there is research indicating that in the residential aged care sector older people from CALD backgrounds '*were more likely to experience unmet psychosocial care needs*'[6] and that '*…unmet communication needs are associated with lack of staff competence in CCC [cross-cultural communication].*'[7] In relation to hospital settings, there is evidence that in some hospitals individuals (not specifically older people) are not always asked if they have cultural or religious beliefs impacting their admission and those requiring interpreter services were not always offered or could not access interpreter services.[8] In some circumstances, addressing these failures will be required for nurses to meet nursing standards and this must be addressed as a priority.

Standards relating to end-of-life care and palliative care must be explored to inform a future framework for nursing education on cultural responsiveness in aged care. A person's dignity and choice are vital within the context of end of life (EOL) care and these rights must be afforded to all older people. Cultural diversity must not be a barrier to culturally safe care. The provision of quality nursing care during end of life has a profound impact on a person's quality of life, comfort and dignity. Flexible person-centred care should be provided in partnership with the interdisciplinary team, the person and their families and carers and be responsive to changing needs. ACN members suggested that ethical issues need careful explication in the context of palliative and end-of-life care. Noting in particular that proxy decision-making at end of life can be fraught for nurses when cultural

[6] Xiao, D., Willis, E.M., Harrington, A.C., Gillham, D.M., De Bellis, A.M., Morey, W., et al. (2017). Resident and family member perceptions of cultural diversity in aged care homes. Nursing and Health Sciences, 19(1) pp. 59-65

[7] Xiao, D., Willis, E.M., Harrington, A.C., Gillham, D.M., De Bellis, A.M., Morey, W., et al. (2018). Improving socially constructed cross-cultural communication in aged care homes: A critical perspective. Nursing Inquiry, 25(1)

[8] Grant, J., Khan, J., & Taylor, A. (2016). Measuring consumer experience. SA public hospital inpatients annual report, April 2016. Population Research & Outcome Studies, Adelaide, SA.

and linguistic barriers to care occur in therapeutic relationships between nurses and older people from migrant and refugee backgrounds.

Migrant and Refugee Women's Health Partnership - ACN recently responded to a consultation undertaken by the Migrant and Refugee Women's Health Partnership on a Draft Competency Standards Framework – *Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds* consultation. These standards, once finalised, may be relevant to the development of a learning framework for nursing education on cultural responsiveness.

The International Council of Nurses (ICN)

- ACN strongly supports the recommendations outlined in the ICN's *Position statement: Health of migrants, refugees and displaced persons*. In particular, including as they relate to older people, nurses at all levels should be actively participating to:
    - *'Provide ethical, respectful, culturally-sensitive, and dignified care to migrants, refugees and displaced persons (MRDPs) and their families that acknowledges the interconnectedness of their physical, psychosocial, spiritual, cultural and social needs and challenges.*
    - *Engage in research to contribute to evidence that expands understanding of issues that relate to the physical, psychosocial, spiritual, cultural, and social needs of MRDPs and that can improve healthcare service delivery and support the development of consistent and comparable measures to facilitate this research.*
    - *Advocate for and support dedicated local, national, and international organisations in their efforts to address MRDP rights and socio-economic, health, and healthcare needs.'[9]*

- The ICN *Code of ethics for nurses* are relevant for all Australian nurses, including in the context of working with older people from migrant and refugee backgrounds. As outlined on the Nursing and Midwifery Board of Australia's (NMBA) website, '*From 1 March 2018, the International Council of Nurses* Code of ethics for nurses *is in effect for all nurses in Australia…These documents replace the NMBA Code of ethics for nurses - August 2008 and the NMBA Code of ethics for midwives - August 2008*.'[10] The *Code of ethics for nurses* addresses the need for nurses to respect human rights, including cultural rights as noted in its *preamble:*

    Inherent in nursing is a respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.[11]

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[9] International Council of Nurses (2018), 'Position Statement: Health of migrants, refugees, and displaced persons'. http://www.icn.ch/images/stories/documents/publications/position_statements/ICN%20PS%20Health%20of%20migrants,%20refugees%20and%20displaced%20persons.pdf

[10] International Council of Nurses (2012), 'The ICN code of ethics for nurses'. http://www.icn.ch/images/stories/documents/about/icncode_english.pdf

[11] Ibid.

Question 3

Q3. Are there any further relevant considerations with regard to nurse education processes and accreditation standards relative to working with people from migrant and refugee backgrounds?

National standardisation - Standardised approaches to curriculum development may be required to address topic, content and teaching variation in relation to cultural diversity and health care for older people across education institutions. ACN believes it is timely to consider greater national standardisation of curriculum development for nursing programs of study to improve consistency in education outcomes as well as graduate preparedness. This would create opportunity to address variation on how programs meet accreditation requirements for cultural diversity and to seek improvements relative to nurse workforce competencies for working with older people from migrant and refugee backgrounds. The development of the framework could help guide the development of a more nationally consistent course content mapped against national practice standards.

Unregulated workforce – The development of a learning framework for nursing education on cultural responsiveness in aged care will need to recognise and consider the growing Assistants in Nursing (AIN) workforce and how AINs are integrated in education and training methods for cultural responsiveness in age care. When included in the workforce AINs change the work environment (i.e. skill mix), and may perform some tasks traditionally completed by regulated registered nurses (RNs) and enrolled nurses (ENs)[12]. Their educational preparation may vary from no formal training to six days or six weeks,[13] creating great variation in their skills and training. This variation needs to be examined in the context of aged care to ensure the viability of strategies to promote cultural responsiveness in aged care.

Question 4

Q4. Noting the limitations of the review, what are the relevant insights that can be drawn from it with regard to the content framework on working with people from migrant and refugee backgrounds?

While drawing on a small sample, the review provides strong rationale for developing a framework for nursing education on cultural responsiveness in aged care due to RN program variation and in light of the ageing population and the changing demographics of both aged care consumers and the

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[12] Gillen, P., & Graffin, S. (2010). Nursing delegation in the United Kingdom. *Online Journal of Issues in Nursing, 15*(2). doi: 10.3912/OJIN.Vol15No02Man06.
Plawecki L & Amrhein D (2010) A question of delegation: unlicensed assistive personnel and the professional nurse. *Journal of Gerontological Nursing* **36**, 18–21.

[13] Potter P, Deshields T & Kuhrik M (2010) Delegation practices between registered nurses and nursing assistive personnel. *Journal of Nursing Management* **18**, 157–165.
Rimmer D., Hand T. (2010) Ask the board: HCA or AP: What's the difference? British Journal of Healthcare Assistants 4(2): 97
Algoso M., Peters K. (2012) The experiences of undergraduate Assistants in Nursing (AIN). Nurse Education Today 32(3): 197–202. doi: 10.1016/j.nedt.2011.08.002
Duffield C, Roche MA & Twigg D (2014) The use of unregulated staff: time for regulation? *Policy, Politics, and Nursing Practice* **15**, 42–48.
Keeney S., Hasson F., McKenna H., Gillen P. (2005) Nurses', midwives' and patients' perceptions of trained health care assistants. Journal of Advanced Nursing 50(4): 345–355. doi: 10.1111/j.1365-2648.2005.03399.x

aged care workforce. ACN members commented that the review points strongly to the need for a systematic review and stakeholder consultation in the development of a learning framework. This review would require comprehensive consultation with recognised experts in the care of older people from CALD backgrounds

The review appropriately highlights mental health issues as a key area requiring increased health and aged care service capability in order to meet growing demands for mental health services for older people with migrant and refugee backgrounds. ACN members report that adverse aged care service outcomes experienced by older people with migrant and refugee backgrounds can often relate to inappropriate behaviour management due to inadequate staff education and training. Research relating to these issues should be examined to inform the development of the proposed framework.

Question 5

Q5. In considering the rationale and the approach, what are your views on the proposed overarching objectives and directions with regard to effectively supporting nurse education and continuing professional development?

The overarching objectives and directions are sound. Moving forward they need to reflect a rights-based care approach for older people regardless of their culture, language used, religious beliefs and other factors. The framework should establish foundational principles that both set the framework approach and inform its guidance materials. The framework needs to incorporate strategies around leadership in cross-cultural care in the workplace and in educational institutions to drive changes in practice and curricula.

Question 6

Q6. Are there any further considerations that have not been factored in?

The nurse workforce is multicultural and the multicultural workforce is a strength in supporting nursing education and continuing professional development. However, ACN members argue that the cultural, linguistic and religious assets in the nurse workforce are largely underutilised. Reflecting on residential aged care staff, a study noted '*Notwithstanding that the cultural backgrounds may differ, CALD staff's cultural and linguistic assets can be valued in systematic ways by giving them opportunities to act as cultural brokers'.*[14] Undergraduate and postgraduate curriculum development and education programs for professional development need to consider how to enable nurses from diverse backgrounds to share and learn cultural care knowledge, skills and attitudes. Policy development and the development of the framework need to look at the recognition of nurses with cultural and linguistic skills in the care of older people in order to mobilise, learn and share cultural care knowledge, skills and attitudes in the nurse workforce.

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[14] Xiao, D., Willis, E.M., Harrington, A.C., Gillham, D.M., De Bellis, A.M., Morey, W., et al. (2018). Improving socially constructed cross-cultural communication in aged care homes: A critical perspective. Nursing Inquiry, 25(1)

Question 7

Q7. Reflecting on the suitable modalities, what are your views on the proposed arrangements (governance and structural) with regard to achieving an effective model?

ACN recommends that the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) be invited to the membership of the proposed governance group. Furthermore, it may be appropriate to engage with the DoH National Nursing and Midwifery Education Advisory Network through the course of the project.

Consumer participation in developing and evaluating the model and suitable modalities is essential. Governance bodies should include experts in cross-cultural care and cross-cultural education and professional representation from frontline nurses including from tertiary settings. Furthermore, governance, strategy design and implementation plans should reflect the reality that cultural safety is a shared responsibility between education and health care providers and nurses, other health care professionals and workers. While it is essential that the nursing profession develop and oversee the learning framework for nursing education on cultural responsiveness in aged care, its final designs and implementation would benefit from provider and interdisciplinary insights. This is particularly relevant for the identification of continuing professional development and training opportunities and for fostering a shared commitment to supporting its implementation

Question 8

Q8. We are interested in any further suggestions you may have, both under this section and in view of the consultation paper overall.

ACN members have indicated that there are training needs for the multicultural nurse workforce working with older people not identifying as having CALD backgrounds stating there can be cultural safety risks associated within these relationships. This however, may require a separate body of work. Members also noted that it must also be recognised that both aged care consumers and the nurse workforce reflect the full diversity of the Australian community, and that communication about health and aged care will not always take place between two people who share their first language. Training that addresses communication within the therapeutic relationship where the consumer and nurse both speak a different first language may be required to better support service and care equity in access and to improve experience and outcomes for older people.

Overall, the consultation paper is an important step to inform nursing education curriculum changes to drive equitable rights-based care for older people from CALD backgrounds. As raised in the consultation paper, further work needs to be undertaken to develop evidence-based and stakeholder recognised learning frameworks for nursing education on cultural responsiveness in aged care. Developing resources to support the implementation of a framework will be imperative. ACN also encourages MCA and DoH to consider the development of an associated implementation plan to accompany the establishment of the framework.