



## Cultural Considerations: Some Tips for Careworkers in Residential Aged Care

Hi, I'm Gina. I've been a careworker in residential aged care for about twelve years. I really enjoy my work - no two days are alike!

One of the things I most enjoy is working in a team with staff from many different cultures. The only thing is - our residents come from different cultures too - some don't speak English, and many have special beliefs and customs which are natural to them, but which staff don't always know of or understand. You might've noticed some of these special beliefs and customs – for example, in the type of food and drink residents prefer to have, in their family relationships and social interactions, and in their religious or spiritual practices.

Cultural beliefs and customs can become particularly important as residents approach the end of their lives. Then, residents and their families may turn to more familiar and comforting beliefs and practices that are part of their culture and shared by each other. If we don't find out what those beliefs and customs are and how to show respect for them, we mightn't be giving the quality of care we'd like to. Even worse - we may cause distress or offence without even knowing.

But it's important not to make assumptions about a resident's cultural needs based on their language, religion or country of origin. Residents from the same culture won't always have the same values, beliefs and practices. Even people we think come from the same culture as us may respond differently than we expect when it comes to practices around dying and death. This can bring up questions about our own beliefs and practices and the sorts of things we would like others to do or say around us when that time comes for ourselves or our loved ones. Becoming more aware of how our own values, beliefs and customs affect the care we provide is important.

Let's look at a recent situation that follows my co-worker Pat, who's an experienced careworker in the facility. This example may help you to start thinking about how to manage these situations.

Madam Li's an elderly Chinese woman whose culture and language is different from Pat's. Madam Li and her sister were among a large number of people who fled from Cambodia in 1975 to escape the Khmer Rouge regime. She speaks very little English and although she and her sister identify themselves as Buddhist, her adult children have converted to Christianity.

Pat's been looking after Madam Li for several months and is someone Madam Li's comfortable with.

Over the past few months Madam Li has been receiving a 'palliative approach'. This was started when treatments weren't working any more and was the care that Madam Li said she wanted.

While watching, think about: firstly, what would you need to know to be able to show residents in your care the sort of respect for their cultural beliefs and practices they deserve? And secondly, how would you find out this information?

**Pat** (careworker): Mei-Ling, I'm so glad to see you! I was shocked when I came on this afternoon and I found Madam Li's room empty. Did you look after her over the last few days?

**Mei-Ling** (careworker): I'm so sorry Pat. Maybe I should've called to warn you. I know that you were the one that looked after her the most. Hey, her daughter said that you were her mother's favourite.

**Mei-Ling**: You look upset.

**Pat:** I'm more confused really. There's just so many things I didn't understand! We were taking a 'palliative approach' and I knew that she was getting close to the end, but her family was giving her that strange tonic to give her strength, and refusing the food we ordered her. I thought they were just denying how close to death she was!

**Mei-Ling:** I see! Not so – they just wanted her to have a full stomach when she crossed over to the next world. She needed strength for her very long journey.

**Pat:** Her daughter was so emotional and her son was the one making the decisions! How do we know what Madam Li really wanted if nobody gave her a chance to speak for herself? And her sister was the one with her – she didn't miss a single day in the time that Madam Li was with us! Why didn't they ask her?

**Mei-Ling:** That's very common in traditional Chinese culture. You see, he was being a good son by showing respect and taking on the burden of decision-making from his mother. Her daughter on the other hand, she is a little more 'Western' and doesn't share her mother's beliefs. It's been very hard for her too.

**Pat:** The thing that disturbed me most was the thought of Madam Li in pain. When I turned her, she would moan; yet the son said that his mother refused all pain medication.

**Mei-Ling:** It's what Madam Li believed. As she got closer to death, she would spend all her time in meditation and prayer. She needed a clear mind to let go of all attachments to this world, so that she could leave her body peacefully.

**Pat:** I've looked after residents from Asian backgrounds and Buddhist faith before, but this family was different. I could've saved myself all that confusion, and looked after Madam Li more respectfully, if I'd just understood what was important for her and the family. Mei-Ling, you've been so helpful. Thank you. I'll know what to do in the future now.

As you've seen in this example, the things residents and families do and say are largely shaped by their own cultural beliefs and practices, never more so than when they enter the final phase of life and begin to be cared for using a 'palliative approach'.

Even very experienced careworkers need to learn about *each* resident's special cultural needs so they're able to care for residents respectfully. There are a few practical things that I've found help me.

As with Madam Li, the needs of each person in our care are unique, and we will only find out about relevant cultural beliefs and practices of residents and their families by asking.

You saw that once Mei-Ling explained some of the practices around food and drink, family decision-making, and preference for clarity of mind over total pain relief, Pat would've become aware of ways to show respect for Madam Li's choices at the end of her life.

As Pat saw, even in the same family and among members of the same care team, there were different reactions towards dying and death.

When Pat noticed how distressed she was, she realised that perhaps the first step towards understanding cultural differences in the people we care for, is to notice our own beliefs, values, and practices.

These tips will help you to become more aware of your own culture. They'll also help you to understand the culture of those around you better, allowing you to live and care for others in a way that shows mutual respect.

Remember to start by asking yourself: what values, beliefs and practices are important to me?

You'll find that the Residential Aged Care Palliative Approach Toolkit – or PA Toolkit for short – includes a lot of useful tips for careworkers. In particular, you'll find that the 'Introduction to a Palliative Approach' flipchart provides some practical information and useful tips about the cultural considerations in using a 'palliative approach'.

PA Toolkit resources can be accessed and downloaded at no cost from the website: [www.caresearch.com.au/PAToolkit](http://www.caresearch.com.au/PAToolkit). Or your facility should have received a Toolkit, so ask your manager about it.

This is a transcript of a Palliative Approach (PA) Toolkit video. To view the video visit [www.caresearch.com.au/PAToolkit](http://www.caresearch.com.au/PAToolkit)

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