


# New Migrants in Residential Aged Care: Managing Diversity in Not-for-Profit Organisations

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**Abstract** This paper draws on qualitative interviews with migrant Indo-Asian and African personal care workers and registered and enrolled nurses employed by two not-for-profit residential aged care organisations in Australia: AnglicareSA and Resthaven Inc. The paper examines the way these culturally and linguistically diverse staff talk about the safe organisational environment provided by their employers, while in the wider Australian environment, low levels of hostility towards migrants and refugees are a constant cultural force. We demonstrate the impact of these organisations' foundational ethics and values that influence how human resource diversity management

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strategies impact on the quality care provided to residents. We argue that this ethic and these human resource strategies act as conduits for culturally and linguistically diverse (CALD) staff to integrate into the workforce and as a mechanism in assisting new migrants to transition into the wider Australian society, while at the same time enriching the care of the older persons.

**Keywords** Diversity management · Residential aged care · Integration human resources

## Introduction

In this paper, we argue that organisational ethics, values and human resource (HR) diversity management strategies within residential aged care can act as a vehicle for integration assisting migrants to assimilate into the wider society and contribute to organisational goals. To illustrate this point, we examine the institutional ethics and HR policies of two faith-based not-for-profit (NFP) residential aged care organisations in Australia that employ a significant number of migrants, refugees and international students on temporary visas. While not explored here, we suggest that while migrants and refugees may not experience overt racism on a daily basis within Australia, there are strong anti-Indo-Asian-Pacific sentiments portrayed daily in the media that must be navigated. The workplace offers a safe haven enabling them to work through their own cultural tensions and issues. In outlining our argument, we provide contextual information on residential aged care in Australia and a brief overview of HR diversity management strategies for both organisations.

## Migrants and Refugees in Residential Aged Care

One of the intriguing anomalies of residential aged care in Australia is its immigrant profile. Up to 31% of residents in aged care come mainly from post second world war European immigrants who arrived in Australia as refugees or displaced persons, while the current workforce reflects new wave economic migrants and refugees from Asia, the Middle East and Africa (Australian Government 2016, p. 37). Most post Second World War residents have lived in Australia for over 50 years, regard themselves as Australian, although they may still hold traditional values from their home country, and may no longer speak English as a result of cognitive impairment.

The number of CALD direct care workers employed in residential aged care is 35%, with recent hires rising to just under 40%, with 39% speaking a language other than English (King et al. 2013; Mavromaras et al. 2017). The majority of these staff are personal care workers (PCW) (74%) with registered and enrolled nurses and allied health professionals making up the remainder. As Mavromaras et al. (2017) note, the trend towards employing care staff from India, the Philippines, Africa and South East Asia continues, although it should be noted that a significant number of staff have been in Australia for more than 10 years. As noted above, however, the most recent trend indicates an increase in migrant and refugee hires and the number of facilities employing CALD workers has risen from 79 to 91% since the last census in 2012 (Mavromaras et al. 2017).

The national survey conducted by Mavromaras et al. asked facility managers to comment on the benefits and problems associated with employing personal care workers from CALD backgrounds. On the plus side, they noted the advantages of enhanced cross-cultural understanding (83.6%), the offer of different cultural activities (54.7%) and language skills (56%). Around 36% reported that these workers linked them to ethnic clients in the surrounding community (Mavromaras et al. 2017). Conversely, when facility managers reported on the difficulties encountered when employing CALD personal care workers, the results were intriguing. Just under 68% reported no difficulty at all; however, of the 32% who did report difficulties, they listed occupational health and safety issues (26%), communication with management and other staff (66%), communication with residents (88%) and their families (72%) and difficulties in written communication (9.5%) (Mavromaras et al. 2017, p. 47).

It is difficult to generalise on the experiences of migrant and refugee workers in care occupations with the older persons (employed in either the community or in residential aged care) given that working conditions depend on policies and legislation governing migration and work permits across national borders (Shutes 2012). For example, Australia does not have a guest worker program, care work in Residential Aged Care or the community is not listed under the skilled occupation category, and given the low skill base of the work, employers are not likely to apply for 457 work visas (Howe 2009). Added to this, migrant workers to Australia have always found themselves in low-skilled, low-paid jobs, which Australian workers do not want. In the post war years of the 1950s, this was car, food and clothing manufacturing; in the early twenty-first century, many of the low-skilled jobs are in service industries such as taxi driving and community and residential aged care (Thomson 2014). National data suggests higher levels of under and unemployment for temporary visa holders is at 18% and those on humanitarian visas 30% (Australian Bureau of Statistics 2014). Aged care becomes one of the few avenues open to nurses and personal care workers from migrant backgrounds, given the high turnover and higher job vacancies in this industry, its low status, and poorer wage structure with a gap of between 10 and 30% in comparison to acute care nursing (Access Economics 2009; King et al. 2013).

### **Faith-Based Not-for-Profit Aged Care Organisations: Creating a Micro-environment for Staff from Migrant and Refugee Background**

There are currently 1016 residential aged care providers in Australia ranging from church and ethnic specific homes to those conducted by local government or charitable organisations as well as health insurers and private companies (StewardBrown 2014). In 2015, 52% of places were held by the not-for-profit sector, 37% by the private for-profits and only 11% by government. The not-for-profit sector is divided between church based and other organisations, such as the returned services' league and ethnic specific groups and charities, particularly Greek and Italian (StewardBrown 2014). These not-for-profit providers can best be characterised by a commitment to their original founder's aspirations with profits used to either improve the service or assign it to other welfare activities conducted by the organisation. The two not-for-profit organisations in this paper are AnglicareSA and Resthaven Inc.

Resthaven Inc. which is associated with the Uniting Church in Australia, has 11 residential aged care facilities in Adelaide and regional towns, as well as an extensive

community service program with more than 2000 employees and 480 volunteers engaged in these programs. Total aged care beds accredited by the Federal government are approximately 1168 (Resthaven Incorporated 2015). The total net assets/equity as reported in the 2016 annual report is over 200 million, while the annual surplus for the financial year was just over 10 million. This was a 12% growth on previous years, due partly to planned growth and the organisations appointment by the federal government as a regional assessment service provider. Residential aged care services contribute 72.50% to the organisations revenue. (Resthaven Incorporated 2016).

AnglicareSA is the welfare arm of the Anglican Church in South Australia. Its services to residential aged care are just one small part of its charitable arm. It conducts extensive services for refugees, the homeless, families and children in distress such as foster care and disability services (AnglicareSA 2017). Currently, AnglicareSA has 6 residential aged care homes in Adelaide, South Australia. In its vision of ‘Justice, respect and fullness of life for all’, AnglicareSA seeks to provide care and support with a voice for disadvantaged and vulnerable people across the lifespan. Its mission statement notes key values of compassion, integrity, stewardship, equity and servant leadership (AnglicareSA 2016).

Research by Willis et al. (2016) found little difference in the staffing profiles or staff-resident ratios between the for-profits and not-for-profit residential aged care homes, although the few government-funded services were better staffed, as are those attached to rural and regional hospitals. As a general rule, residential aged care homes employ a low number of registered and enrolled nurses and larger numbers of personal care workers. The most recent research by the National Institute of Labour Studies (Mavromaras et al. 2017) estimates the split within the sector is 15% registered nurses, 10% enrolled nurses, 70% personal care workers with the remaining 5% being allied health professionals or assistants. CALD workers occupy all three categories of worker, although the trend is to reduce the number of RNs and ENs and increase the number of personal care workers (e.g. between 2002 and 2016 RN percentages went from 21.4 to 14.9% while PSA went from 56.5 to 71.5%) (Mavromaras et al. 2017, p. 13). Around 87% of all categories of worker are females.

Like all employers, faith-based, not-for-profit aged care organisations, such as AnglicareSA and Resthaven Inc. are required to abide by the various legislative and workplace requirements that govern diversity employment in Australia, such as the Racial Discrimination Act 1975, the Disability Discrimination Act 1992 and the Fair Work Act 2009 (AnglicareSA 2012a). These are presented to employees as part of the agency’s strategy for embedding social inclusion into HR practices with managers charged with modelling the various directives contained in the policies (AnglicareSA 2014; Resthaven Incorporated 2014). These organisations also commit to International Human Rights Treaties such as the covenant on economic, social and cultural rights (1966) and the International Labour Organisation Discrimination Convention (1958). Both organisations are also required to report to the Federal government on their commitment to gender equity under the Workplace Gender Equality Act 2012. This requires them to outline their formal gender equity policies and strategies for facilitating the promotion and retention of female staff. For example, in the 2017 report, Resthaven Inc. had appointed 10 females to managerial positions as against 2 men, and 7 of the 12 board members are women (Australian Government 2017). Of course, this is partly explained by the high percentage of women in nursing and care work in Australia. The

CALD diversity of both staff and residents in both organisation research sites are presented in Table 1.

Maintaining this diversity commitment is ensured through the structure of the governing bodies of not-for-profit faith-based aged care organisations. In the case of AnglicareSA and Resthaven Inc., their residential aged care services exist as separate entities from the church, but draw on it for values and direction, and, in both cases, report on an annual basis to the ecclesiastical hierarchy. For example, six of the 12 board members of AnglicareSA are clergy or church representatives, with the other six coming from either the legal or business community (AnglicareSA 2016). Similarly, board members of Resthaven Inc. are identified in the annual report by their church affiliation, a requirement for the role, along with their business acumen (Resthaven Incorporated 2015). For these organisations, providing employment for migrants, refugees and students on temporary visas is consistent with the broader welfare agenda. It is also consistent with their strategic plans where business interests sit comfortably and synergistically with social justice issues. For example, AnglicareSA states that its strategic themes include a commitment to business astuteness as well as diversity and compassion (AnglicareSA 2013). In effect, the purpose of the business is to initiate, develop and manage social welfare and community services (AnglicareSA 1985 updated 2000), while Resthaven Inc. is devoted primarily to aged care services (Resthaven Incorporated 2014).

There has been considerable research on the capacity of not-for-profit organisations to adhere to social values over profits (Bower & Shrader 2000; Coffey & Wang 1998; Cui et al. 2015). One of the assumptions is that since they do not have to meet the expectations of shareholders, nor are their board members remunerated, they are freer to adhere to the socially orientated values of the organisation provided they stay solvent. Bower and Shrader (2000) make the point that whereas the for-profit boards take up the role of boundary riders ensuring that the best interests of shareholders are up-held, even where this transgresses community needs such as in the case of redundancies, this is not the case for not-for-profit board directors. They have different pressures. They are in a position to respond to social and community interests maintaining a stewardship over of the organisation to ensure its foundational values are adhered to (Bower & Shrader 2000).

This socially orientated performance measure allows these organisations to go beyond fairness paradigms covered by various anti-discrimination employment legislations to consider how CALD employees might both contribute to the organisation and

**Table 1** The dual nature of diversity in the four care homes

Code	No. of residents	% of residents from CALD	No. of staff	% of staff from CALD
A	108	15	126	26
B	78	16	98	49
C	75	9	112	50
D	120	15	145	50
Summary	381	9–16	481	26–50

be a beneficiary of these diversity policies (Podsiadlowski et al. 2012). This orientation to social and community values is of particular importance to migrants, refugees or students holding temporary visas. Two major impediments in gaining employment for these population groups, besides the general prejudice in the community, are employer anxiety that it is bad for business as customers will object and the bureaucratic paper work required by the employer to sight the visa and to fill in forms associated with the Right to Work in Australia (AnglicareSA 2012a). One might also assume that the frail elderly are the least adaptable to responding positively to their intimate care being delivered by migrant workers. The temptation not to bother with these potential employees is high. The saving grace is that staff are hard to come by in residential aged care.

## Research Design

This study applied a qualitative interpretive study design described by Polit and Beck (2012) to address the aims and objectives as described below.

### Aims

The aims of the study were to demonstrate the way in which the organisational ethics of the two not-for-profit organisations support CALD staff to integrate into the wider Australian society through diversity management strategies within the workplace. The study was part of a larger Australian Federal government-funded action research project aimed at developing a multicultural workforce framework to improve the quality of care for the elderly in residential aged care in Australia.

### Data Collection

Data for this paper comes from (1) human resource management documents provided by the two not-for-profit residential aged care organisations and (2) focus groups and interviews with CALD staff at four sites within the two organisations as outlined in Table 1. For ethical reasons, the names of the four sites are not listed, but two were from AnglicareSA and two from Resthaven Inc. Ethics approval for this project was gained from the Social & Behavioral Research Ethics Committee of Flinders [University (Project number 6841)]. Informed consent was obtained before data collection. Guarantees of privacy and confidentiality, freedom of refusal to either participate or to withdraw from the study or to refuse to discuss particular questions was provided to all participants.

Focus group data were collected over 5 months in 2015, at the outset of the project, using a semi-structured interview guide that was developed through a comprehensive literature review. Staff from CALD backgrounds were invited to attend scheduled focus groups in one of four aged care facilities where they were employed. Those who were unable to attend the scheduled focus groups, but were willing to be interviewed were offered a one-on-one interview. Focus groups went for 90 to 120 min and interviews took 45–60 min. Focus groups and interviews were audiotaped and transcribed verbatim for data analysis, with questions asking them to reflect upon their experiences working for the organisation, particularly their relationship with residents and co-

workers, and what they found culturally difficult or positive. In total, 16 CALD staff were recruited to participate in four focus groups and two interviews. These staff were from 12 countries, mainly in Asia. The demographic information of these participants is presented in Table 2.

Analysis of documents held by the HR departments of the two organisations was undertaken after focus groups and interviews were completed to understand the profile of the CALD staff and policies and resources employed to manage diversity. Documents included internal policies and procedures for staff recruitment and human resource management processes for employing those from migrant and refugee backgrounds. The annual reports and strategic plans from both organisations were also examined, as well as their websites, for additional material that might provide information on their values.

## Data Analysis

A thematic analysis using the six steps developed by Braun and Clarke (2006) was applied to focus group and interview data. Initially, each transcript was read and analysed by two researchers from the university project team. Meaningful words and sentences from each transcript were highlighted as codes. Codes from all transcripts were compared and grouped based on similarities of meaning to reduce the number of codes. The final grouped codes were summarised into preliminary themes based on their meaning. The project team then reviewed, discussed and further refined the preliminary themes taking account of the aims of the study.

A deductive approach to content analysis described by Polit and Beck (2012) was used to analyse collected documents on staff diversity management. Information that was relevant to the staff profiles, recruitment, induction, orientation to the work-site, staff education and training and human resources issues available to manage staff diversity

**Table 2** The demographic information of participants care ( $n = 16$ )

Participants' characters	Results
Age, median (IQR)	40 (16.5)
Gender, $n$ (%)	
Male	1 (6.2)
Female	15 (93.8)
Position, $n$ (%)	
Personal care assistant	6 (37.5)
Enrolled nurse	1 (6.3)
Registered nurse	3 (18.8)
Other (hotel staff)	6 (37.5)
Years in Australia: median (IQR)	10.5 (13.5)
Code used for quotes (number of participants in the group discussions or interviews):	Group 1 (5), Group 2 (3) Group 3 (3), Group 4 (3) Interview one, interview two

Note: Participants are from 12 countries: Bangladesh, El Salvador, Fiji, Holland, India, Indonesia, Italy, Iran, Kenya, Nepal, Philippines, Sri Lanka

were highlighted in the documents, grouped and then summarised. In presenting these results, we have not signalled out either organisation, but referred to them as either A or B.

## Findings

Five themes were identified from this part of the study. The first two themes, (1) supportive HR and peer worker strategies within the organisations and (2) harmony and equality in the workplace, illustrate the major argument of the paper and draw directly on how the organisation presents itself. Themes 3 to 5 allow the voices of the CALD staff to speak about their experiences in the care of older residents, particularly those who were migrants and refugees in the post war period. These themes are (3) managing communication with residents who do not speak English, (4) expressing care across a culture divide, and (5) adapting to Australian ways of caring for the elderly. In discussing these five themes, we suggest that the ethic and HR values of the organisation play a pivotal part in how CALD staff experience the workplace. This in turn provides space for these workers to develop their own positive approaches to care of the elderly and to enhance their process of acculturation into Australian culture in a positive manner.

### Supportive HR and Peer Worker Strategies Within the Organisations

Analysis of the HR document from both organisations reveals a commitment to valuing diversity. Staff come from 72 different countries making up 29% of those employed. In organisation A, 25% of the staff were students on temporary visas, while organisation B employed up to 113 staff many on refugee temporary protection visas. Applications for jobs in both organisations are similar and are considered on merit and are subject to objective interviewing and reference profiling, ensuring employees are drawn from a wide range of cultures. The majority of care workers have the equivalent of Certificate 3 in Aged Care: a pre-tertiary vocational qualification.

Managing diversity to ensure positive outcomes is embedded in both organisations' key performance indicator (KPI). As stated in one HR document, employees and volunteers are expected 'to embrace these values, and treat each other with mutual respect and understanding, paying due regard to each person's country of birth, language, culture and beliefs' (Organisation B HR document 2015). Diversity management is also integrated into staff orientation and performance review. All employees are required to sign up to the organisations' vision and/or values statement. This includes a commitment to providing culturally appropriate services to residents. In the case of organisation A, all employees are introduced at orientation to the organisation's competencies which staff are required to put into practice. These competencies include responding to Aboriginal issues (Australia's original inhabitants) as they arise in the workplace, demonstrating respect for the individual differences of clients and co-workers under the competency of valuing diversity and team work. At organisation B, staff orientation involves attending a comprehensive corporate induction during which the Chief Executive Officer sets the scene in regard to respect for diversity, with subsequent sessions on person-centred respectful ways to approach services and care.

Human resource practices are established to ensure diversity within the organisation is appropriately managed. Organisation B has appointed a multicultural

project officer who works across both residential and community services, supporting employees and consumers in many aspects related to recognition and valuing of multicultural diversity. The officer also speaks to new employees and provides them with an orientation handbook with relevant diversity elements included so they can refer to this at a later date. Equally, both organisations commit to ‘facilitating structures, processes and practices that create a respectful environment in relation to opportunity, access and participation’ (Organisation A HR document 2014). Engagement in this research project was part of this agenda given that transforming ‘..systems and structures to make them work...’ includes the organisation examining its own policies, procedures and practices (Organisation A HR document). Both organisations employed lifestyle managers whose job descriptions charged them to bridge the cultural divide, primarily for residents, but also for staff. This took a number of forms such as regular cultural lunches, armchair trips abroad or activities that ensured both staff and residents shared their cultural values and practices in a positive manner.

### **Harmony and Equality in the Workplace**

Interviews with CALD staff highlighted the impact the values of the two organisations have on practices. The quote below illustrate the atmosphere within the organisations that promote good working relationships such as mutual respect across the various occupational groups and the strong focus on valuing cultural diversity:

...this is one of the nicer cultures here, people are more, what do you call – more open, and then when you do something and you’re not sure about things, they say, okay this is normally like this, but if you’re not sure, check in the care plan, and no, no, can I have problem – not can I have – not, always not – no problem here at all with how we deliver the care (Group 2).

CALD staff also reported on the practices used within the organisations to assist them in integrating into the workplace. These included being assigned a buddy/partner who worked with them until they became familiar with the organisation, along with the employer assistance programs for times when they became distressed and flexible shift arrangements including recognition of religious festivals and obligations. This last point is noted by a CALD worker:

And I can ask, can you swap, do you want to swap... And you always find somebody that will say yes (Group 1).

CALD staff also appreciated that managers were available to discuss issues in a relaxed and non-threatening manner:

And also the management, ... if you have a problem, be sure that you are going to talk to them and they can help you... their open door approach (Group 1).

So culturally I like this system much more, very frank, and it is a free culture... I feel comfortable that – you know talking with my boss (Group 2).

They also perceived that the organisation valued diversity by ensuring managers worked to ensure harmonious teamwork.

...also we have lots of Asian people here, like fifty-fifty... Yeah they [the management group]’re putting us in a good mood to deliver our service, yeah and that’s important, because when you are loving what you’re doing, and you have a reward it’s easy (Group 1).

CALD staff identified organisational, peer and management support that ensured that for the most part work was a positive experience. Their perceptions of harmony, equal treatment and peer support in these workplaces, enhanced by HR strategies of valuing and managing diversity, had a positive impact on their experience of the workplace and as the previous quote illustrates, made them happy to do the work.

Given the difficulties of employing staff to work in residential aged care, it could be argued that both organisations’ ‘diversity management’ strategies are in place simply to maintain staffing numbers. Below, the views of those interviewed are presented to highlight the issues they confront and how working within the organisation assists them to enculturate into Australian society.

### **Managing Communication with Residents Who Do Not Speak English**

Our interviews with CALD staff focused on understanding how they dealt with residents who did not speak English, who themselves were migrants or displaced persons who arrived in Australia in the immediate post second world war period. As one staff noted, English may be a language that both CALD staff and the resident have difficulty speaking, so it is not surprising conflict and tensions arise. Despite these difficulties, most CALD staff developed a range of strategies for communicating with these residents. Several talked of learning words in the resident’s first language, be it Greek, Italian or German and following this up by getting to know the resident’s food preferences:

We just try to learn different Greek words and then their food, what sort of food they eat, what sort of food they like, how they cook. Mainly it’s language. I try to learn a few words, at least say, “How are you?” and “Are you comfortable or are you hungry? Do you want to eat some ...?” (Group 3).

Carers also used technology to translate resident needs into their language, especially at night when there was less access to interpreters:

And there is another way actually for communication – when I was doing the night shift and I had more time I used to do it, I used to use my Smartphone which is – I was just like speaking English to my phone and then my phone was translating [into other language] and I used to do that with a resident from a Italian background. most of the time because he was all at night up sitting with us and walking around with us (Group 2).

In two focus groups, CALD staff discussed strategies for allaying resident anxiety. This was a mixture of routine, observation of body language and kindness:

And if I need to work with a resident who is a cultural background, I usually see their body language. For example if someone desperately wants to go to toilet, but he can't explain then we see his trying to find some place, or taking trouser off or something, then we know that person wants to go to toilet and then we take to the toilet... So they're sort of an example I see and I do that way, if the residents can't speak English, then I go through the body language and try to you know, touch their hand or ask different ways show my body language sometimes, see how it works with them (Interview 2).

Participants in all focus groups and interviews observed that the care plans provided information about residents that was useful in predicting their needs. The care plans were a living document, established when the resident first came to the home and developed in consultation with the resident and relatives. Following the care plans provided staff with insights into the resident's likes and dislikes. In the quote below, a CALD staff member notes that familiar music or turning the TV on to SBS, the ethnic television station, at the appropriate times, acts as a comfort for the resident;

First thing is care plans. So care plans are a big help in every nursing home. ... Some of them like say listening to some music. There was one resident...he used to like listening to his music. He was from Egyptian background... He had a CD music player so the family asked us to play the music whenever he's in the room (Interview 2).

Yeah like with people say the TV channel SBS, they do Greek news and all. There was ..., he was from I don't know where from but he used to speak French so he used to watch TV, the French news on SBS. We used to put that on for them (Group 3).

CALD staff identified that these strategies assisted them in overcoming communication and language problems with CALD residents enabling them to break down the barriers between themselves and residents.

### **Expressing Care Across a Culture Divide**

CALD staff spoke with insight into how they care for residents. They defined residents as family, rather than clients, drawing on their own cultural values from their home countries where respect for the elderly in a family includes particular ways of communicating:

I don't tend to like (to call) them clients because resident is more appropriate, client is like a business things, and they're like a family here. ... The one that I done here was good, because I tried to put into practice ...just put myself in their shoes, and that, as a stranger from another culture is not difficult to do that, so yeah (Groups 1).

CALD staff stressed the need to get to know residents by asking them about their life in order to understand the world from their point of view and noted the way in which residents in turn cared for them:

I have a resident, she knows I am from Sri Lanka, she knows Sri Lanka is mad about cricket; I clean her room every Saturday, you know she takes the trouble in putting – she’s got Fox TV ... she makes sure when I come to the room that she’ll have cricket on her TV while I’m going to clean her room. I’m not going to watch cricket but then she’s “ [name] you will feel a little home in my room if I have the cricket going on while you’re in my room”. So just to make her feel – I say “Thank you” (Group 2).

They were also aware that at times they needed to provide a bit more time for these residents, particularly when they were depressed or not well:

Some do expect a little bit of you have to sit down and – when they are unwell you have to give more, very direct care. The RN has to stop what they’re doing and just spend more and more time with them on the bedside as opposed to assessing them and sending them off to hospital so they feel like we’re not really doing our part but it’s just the way it is. We assess if there’s an issue (Group 2).

### **Adapting to Australian Ways of Caring for the Elderly**

We also asked CALD staff how the care they provided differed from what they would have done in their own country. The response to this question raised two issues. Firstly, CALD staff brought to their work their own cultural values about how the elderly ought to be cared for, but they also surprised us with their positive views on residential aged care in Australia. In the quotes below, CALD staff move from articulating those issues they found difficult to accommodate to, to the tensions they experienced in trying to be true to their own culture and that of the home, to outlining the qualities they considered they added to the care regime:

Because in my culture, you know, male and female are very separated... so I never cleaned any male, or you know, except for my own children, ... slowly you get into the system...I just thought no, it’s my work, ...I have to work for them, so male or female, it doesn’t matter...But there at first when I was a little bit shy to work with males as well, but now it’s not, yeah, I’m more comfortable now to working with male or working for mixed (Interview 2).

CALD staff also described their feelings and reactions when they did not follow their own cultural norms:

I think the main thing here is guilt. I think that you are betrayed your culture – at the same time you also want to fulfil the needs of this person [resident]. So it’s fighting between I want to do it but again I don’t know how my people will – they perspective part of it. It’s fighting the guilt battle a bit (Group 4).

These CALD workers also highlighted the different approach they took to the care of the elderly. They suggested that 'respect' for the elderly meant they did not treat older people like children:

The way we speak to her is very different. In English it's pretty much same the way we speak to elderly and child, but in our language there is different words we use when we are speaking to the elderly (Group 3).

When asked how care for the elderly in their home country differed from Australia, CALD staff noted that while it was left to the family, there was much to commend the approach taken in Australia. They noted that they are able to teach their own family how to care for their parents back home given what they have learnt in Australia:

I live here in Australia with my husband.... two of my sister-in-laws are looking after my mum [in my home country], and my mum is now has dementia. So it's really difficult. And it's a good thing that I learn about something like dementia here and I pass onto them and tell them how you deliver the care and things like that, so it's really good (Group 1).

The CALD staff in this example also described how the care she provides to residents in Australia is motivated by a longing that their own parents receive similar quality care:

I feel like if I do the same things to this person [resident], my sister-in-law will do the same things to my mum,.. so my kindness to the resident, I do that, and yeah, just I feel sad because why can't my mum have the same service like what these people have here in Australia (Group 1).

In the second set of quotes below, these staff reflect on the quality of residential aged care in Australia and describe the way their views on aged care in Australia have changed over time:

Yeah, it was hard first time when I started because I was looking on the different side. I was thinking oh, these people have to leave their home, the grandchildren, their family, and living here. But then you know, slowly, I just get in to the system and I thought oh it's better because here everyone is working and people can't look after themselves at home, and if their family can't look after, then why not here? Because they are getting best services in aged care. At least they are not you know, just abandoned at home and like nobody is looking after them and nobody is abusing them because they can't manage themselves, so it's better here (Group 1).

CALD staff also saw the value in the systematic approach to the care of residents in the care homes that enhanced the quality of care:

And here is lot more – lot more systematic care – we know who are our residents are diabetic, even ... knows. She is working in the kitchen even she knows that this person are diabetic they can't have cordial or sugar you know some sweetish

stuff so we are pretty cautious; sometimes we mix the tablet with jam or ... sweet thing when those are diabetic it used to make them like yoghurt, non-sugary yoghurt. So here is much more systemic I would say (Group 2).

These findings reveal that CALD staff underwent a transition from family-based practice to a formal aged care practice within an organisational system for older people. Managing this transition within an organisation is necessary to ensure culturally appropriate care for residents and upskill CALD staff.

## Discussion

In this paper, we have argued that the HR management strategies and value systems of two large not-for-profit faith-based aged care organisations, AnglicareSA and Resthaven Inc., have a strong focus on cultural diversity which is of particular value to CALD staff who may be a refugee, migrant or international student. This focus is carried through and reflected in the expectations imposed on residents as well as staff including Australian and overseas born. Residents can reject being cared for by particular CALD staff when their own cultural values lead them to resist, such as over issues of gender, but they have less success in rejecting CALD staff member based on prejudice such as ethnicity. Both organisations carry this strategy through to training and education, staff support and regular multi-cultural social events and activities that allow residents to get to know CALD workers as people.

The positive values of organisations that facilitate the integration of migrant health workers into the host countries have been widely recognised in the literature (Kingma 2006; Xiao et al. 2014). Our findings support previous studies and add a new understanding from the residential aged care organisations' perspective. Evidence of a positive work environment that enables CALD staff to adapt to cross-cultural care practice is reported by a number of CALD staff who took the trouble to learn a few words in one of the European languages, and to talk to residents about their early lives. These workers brought to the home a deep respect for the elderly drawn from their own cultural values and in some instances directly influenced by their own experiences of transitioning to another culture. Similarly, CALD staff stated that some residents also looked out for them mindful that they had left their home country and might be lonely. Our findings on CALD staff's caring behaviours are different from previous studies on migrant care workers in which this group of care workers was perceived as having difficulties in developing relationship with residents due to language barriers (Bourgeault et al. 2010; Walsh & Shutes 2013). We found that CALD staff used a range of verbal, non-verbal and technological communication strategies to assist them in relationship building with residents. Aged care organisations can explore these strategies and embed them in their diversity management recommendations.

It is widely recognised that migrant health workers will inevitably encounter challenges during their adaptation and integration into their host country (Ho & Chiang 2015; Xu 2007). This study supports these findings providing details of specific challenges in residential aged care. In our study, staff talked openly of the conflicts they experienced in meeting the expectations of the organisation, and how they gradually came to accept Australian ways of providing care to residents. There was considerable

openness on their part to new ideas; they were able to not only express support for their own cultural approaches, but to also see value in Australian ways. The quotes illustrate a transition from the dictates of their own culture to being able to appreciate and respond in culturally appropriate ways to Australian residents. A key component in this transition from their home values to taking up Australian cultural approaches to care comes from the HR strategies employed by not-for-profit faith-based aged care organisations and their underlying value and philosophical base (AnglicareSA 2014; Resthaven Incorporated 2014). We argue that this in turn is a reflection of the two organisations' approach to workplace diversity, including an open approach to employing CALD staff despite the additional bureaucratic work required of the organisations to employ staff on temporary visas. The readiness of the organisation to do this arises from the broad directives of the management and board of both organisations that value diversity.

Findings from our study illustrate that if not-for-profit faith-based organisations invest in their workforce, this has a positive impact on the care outcomes of CALD staff as well as residents. This safe environment also provides CALD staff with the opportunity to integrate and acculturate into Australian society. Endeavours to achieve good working relationships between staff and residents and between staff themselves are fostered by solid HR diversity management strategies, underpinned by the watching brief of the two boards.

Studies in Australia report that staff working in aged care are generally satisfied with working conditions such as employment security, wages, hours worked and coverage for sickness and holidays (King et al. 2013). Despite this, our study reveals that staff retention can be improved by management through investing in staff-staff and CALD staff-resident relationship building and that this in turn assists migrants to integrate into the wider society. For example, recent research on the experiences of registered nurses from Indo-Asian countries working in the acute care hospital sector in Australia indicates that acceptance in the work place and high levels of workplace satisfaction are key variables in overall integration into the wider community (Xiao, Willis and Jeffers 2014). Research by Xiao, Willis and Jeffers (2014) also noted that migrant nurses take between 5 and 10 years to become comfortable with the dominant culture, and that this impacts on their work performance. Differences in values over cultural mores and norms, lack of knowledge of each other's culture and racial discrimination were all factors in impeding or enhancing integration. This research also pointed to the low level of promotion experienced by these nurses (Xiao, Willis and Jeffers 2014).

## Limitations

This study has a number of limitations. First, although the use of data from CALD staff enabled us to gain an understanding of the HR strategies employed by both organisations, it is limited by not reporting on the views of other key stakeholders in this area. Second, the small numbers of CALD staff who voluntarily participated in the focus groups may not represent the views of those who declined to participate and raises the question of why this might be so. What is required is a study that draws on multiple sources of evidence such as surveys with CALD staff from a whole range of aged care organisations so that comparisons could be made and a more accurate identification of HR strategies achieved. For example, it may well be that in order to keep staff, both organisations must take positive steps to accommodate CALD personnel. Some comparisons with the for-profit sector might shed further light on the impact of the faith-

based value system on staff integration. Third, cross-cultural communication is recognised as the greatest challenge by CALD staff. Although they described various strategies to overcome this challenge, workable strategies from other stakeholders such as residents and co-workers need to be explored. This probably requires ethnographic research techniques to pick up the nuances in practices.

## Implications for Practice

What the study does point to is the value of HR strategies that focus on diversity management, particularly cultural diversity management. This in turn highlights the advantage not-for-profit organisations have over those that must meet the needs and aspirations of shareholders. It is clear that the Australian government is keen to encourage research and innovation in this area, given the funding for this project and a number of others over the last 3 to 5 years. What is of course problematic is the wider ambiguities within the Australian community and in defence and trade policies that appear in contradiction to embracing our place in the Indo-Asian Pacific arena. It is also too early to say whether or not this commitment to diversity will result in new and innovative ways of working, and perhaps residential aged care is not the optimal venue for trialling this, but potential does exist for Australian staff to gain new insights into models of care from CALD colleagues.

A further implication for practice, not reported here, is the possibility of CALD workers contributing practices from their own culture that might enhance care for the elderly. Snippets appear in the interviews. One example is the terminology many Asian and African care workers have for addressing the elderly. In Australia, there is a tendency for the elderly to be addressed as ‘children’ with carers using terms such as ‘love’ and ‘dearie’, as no separate terminology of respect for the elderly exists. The notion that CALD workers might have practices and approaches to the elderly that are superior to Australian approaches has yet to surface.

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