Theory to underpin development of aged care worker training in diversity

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What do we mean about diversity?

- Diversity is that which makes people *unique* and different and includes identity, life experience and beliefs. At the same time it is about the shared characteristics and values that connects a person to groups and communities *(RDNS, 2011)*

- Diversity is the presence of a *meaningful* characteristic that influences identity and the way of life of that person *(Van Ewijk, 2011)*

- Diversity beyond race and ethnicity

- Diversity includes, but is not limited to, sexuality, age, financial status, education level, social supports
Why is diversity policy needed?

- Policies, standards and guidelines often focus on specific groups of people, or specific areas
- Risk of prioritisation of one aspect or characteristic over another
- Growing fatigue related to increasing number of ‘care delivery’ lenses
Drivers of diversity policy in healthcare (international)

- Black Feminist writings
  - Foundation of understanding ‘double (or triple) jeopardy’

- Intersectionality considers that human experience moves beyond a single characteristic, with interplay of characteristics highly variable
  
  (Hankivsky, 2014)

- Simply adding another characteristic is not sufficient
  
  (Bagilhole, 2010)

- Shift in health care from a biomedical approach to a social model of health
  - World Health Organization, International Classification of Functioning, Disability and Health
  
  - Commission on Social Determinants of Health
Drivers of diversity policy in healthcare (international)


• Economic imperatives examining the ethical and political content of health policy: Efficiency, equity and equality in health and healthcare (United Kingdom)

• Developing a theoretical framework for equity standards that are not ‘target group oriented’ (Switzerland)
Drivers of diversity policy in healthcare (Australia)

- Special groups defined within Aged Care Act of Australia (1997)
  - people from Aboriginal and Torres Strait Islander communities;
  - people from non-English speaking (culturally and linguistically diverse) backgrounds;
  - people who live in rural or remote areas;
  - people who are financially or socially disadvantaged;
  - people who are veterans, including the spouse, widow or widower of a veteran;
  - people who are homeless, or at risk of becoming homeless;
  - people who are care leavers; and/or
  - people from the Lesbian, Gay, Bisexual, Transgender and Intersex community.
Developing an Aged Care Diversity Framework

• ~1/3 older Australians were born outside of Australia and 1 in 5 older Australians are from CALD backgrounds

• > 100,000 older people from Aboriginal and Torres Strait Islander communities’

• > 1 in 10 people have diverse sexual orientation, gender identity or intersex characteristics

• ~15,000 older Australians experience homelessness or are at risk of homelessness

• 1 in 10 Australians >65 years lives with cognitive impairment

• > 150,000 older Australian veterans
Developing an Aged Care Diversity Framework

- > 80% of older Australians report an affiliation to a religion
- > 50% of older Australians experience some sort of disability
- More than 1 in 10 older Australians live in regional, rural and remote communities
- 1 in 12 older Australians experience significant financial or social disadvantage
- 1 in 12 older Australians have four or more chronic diseases
- ~500,000 care leavers in Australia, between 40 and 90 years of age, with the numbers of parents separated from their children by forced adoption or removal still unknown.
Why the need for diversity training?

- Culture
- Social isolation
- Gender
- Sexuality
- Age
- Geography
- Health condition
Systematic review

A meta-narrative approach to understanding the historical context and key insights of the concept of diversity training as it is applicable for community aged care workers
Systematic review process

Planning
- A broad search of the academic and grey literature
- >400,000 abstracts

Searching
- 14 databases searched between January 2010 and July 2015
- Diversity models/theories/frameworks/training

Mapping
- Health; psychology; sociology; business management; education
- Meta-narratives
Systematic review findings

Conceptualisation of diversity training

- Person centred and culturally competent healthcare
- Human rights approach
- Psychological approaches
Meta-narratives

- Person-centred care
  - Person at the centre
  - Shared partnership

- Cultural competency
  - Culture and beliefs impact health
  - Understanding/valuing culture not sufficient
Meta-narratives

- Anti-discrimination legislation
- Social determinants of health
- Access and equity policy
Meta-narratives

- Informing
- Enlightenment
- Categorisation
- Dissonance/guilt inducing
- Social identity
Principles for diversity training

- Reduction of bias
- Access and Equity
- Appropriate engagement
- Intersectionality
- Inclusion
We are more alike, my friends,

than we are unalike
Thank you

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