Wellbeing and Ethno-specific Aged Care Pilot Study

Final Report

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Preamble

This report highlights the findings of a collaborative research project entitled "Wellbeing and Ethno-specific Age Care – Pilot Study". This research was a joint effort of the *Australian Catholic University* (ACU), *UnitingCare Ageing NSW & ACT*, *Scalabrini Village*, *DutchCare*, *Ansell Strategic*, and *Spectrum Migrant Resource Centre* as industry partners in a research collaborative agreement. The study was conducted from June to December, 2015.

A mixed-method approach was used such that quantitative and qualitative data complemented each other to provide insights and enable unbiased interpretation of findings. This report summarises some informative results that enabled us to make useful recommendations.

The roles of the researchers of the Institute of Positive Psychology and Education at ACU included developing a research plan, developing questionnaires and a focus group schedule for assessing wellbeing, overseeing and advising on data collection, entering and analysing the data, and writing up the report.

The industry partners' roles included helping with scheduling data collection at both ethno-specific and mainstream aged care services, helping with the translation of questionnaire and focus group topics, seeking trained health care workers to assist with the project, and liaising with managers of aged care services.

All parties involved in the project have successfully accomplished their tasks and data have been collected from a reasonable number of participants with a scope for quantitative analysis that is rarely seen before in this area of research.

This final report is presented in two sections. The first section is the research report which is primarily an executive summary of the research aims, research questions, findings, and recommendations based on the findings. The second section is a technical report which presents the details of quantitative and qualitative analysis leading to implications and recommendations.

Acknowledgments

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Research Report

Background

Research into culturally and linguistically diverse communities (CALD) is gaining increasing attention. In aged care, appropriate service delivery that is sensitive to the needs of CALD elders is supported by the Australian Federal government (see Commonwealth of Australia, 2012). A policy initiative of *Living Longer Living Better* (Department of Social Services, 2012) suggests strategies for reforms that guide future funding and aged care services. One of the aims is to: "Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population" (Commonwealth of Australia 2012, p. 17).

To achieve this goal, several issues need to be addressed. First, it is necessary to collect appropriate data to show what factors contribute to better practice leading to our elders "living better". Second, even if a certain practice is exemplary in a particular CALD community, it may not be true that the same practice works equally well with other ethnicities. Third, if we want to collect information from the elders, who are the recipients of the services, it is unclear whether the elders are able to provide us with useful data for decision making. Fourth, collecting data from a variety of CALD groups is logistically difficult, as the instruments will need to be in the respondents' first language.

Despite these limitations, the research team managed to obtain data from over 100 participants from four ethno-specific settings and from mainstream service providers. A comparison of the patterns of findings across different settings enables the identification of crucial factors for the elders from CALD communities to live better.

Aims and objectives

The central aim of this research is to identify critical factors that are related to "living better" for different ethnic groups in various aged care settings and the extent to which these differences relate to the general conditions of service, and to ethno-specific services in particular. The findings will provide critically important insights into the factors that lead to better living, which can then indicate directions as to what features of service delivery should be a specific focus for which ethnic group.

The objectives included:

1. The development of a survey instrument that can reliably obtain useful data from Australian elders from different ethnic backgrounds.
2. To identify specific characteristics of services that make the elders "live better".

Research Questions (RQs)

The research questions are:

1. Are the elders able to provide reliable survey data?
2. Do the elders from ethno-specific (four different ethnicities) and non-specific (mixed ethnicities) services differ in their wellbeing, satisfaction and happiness?
3. Do the elders' wellbeing, satisfaction, and happiness relate to the same contributing factors in different settings?
4. Do the elders in more ethno-specific settings "live better" than those in less ethno-specific settings?

Methods

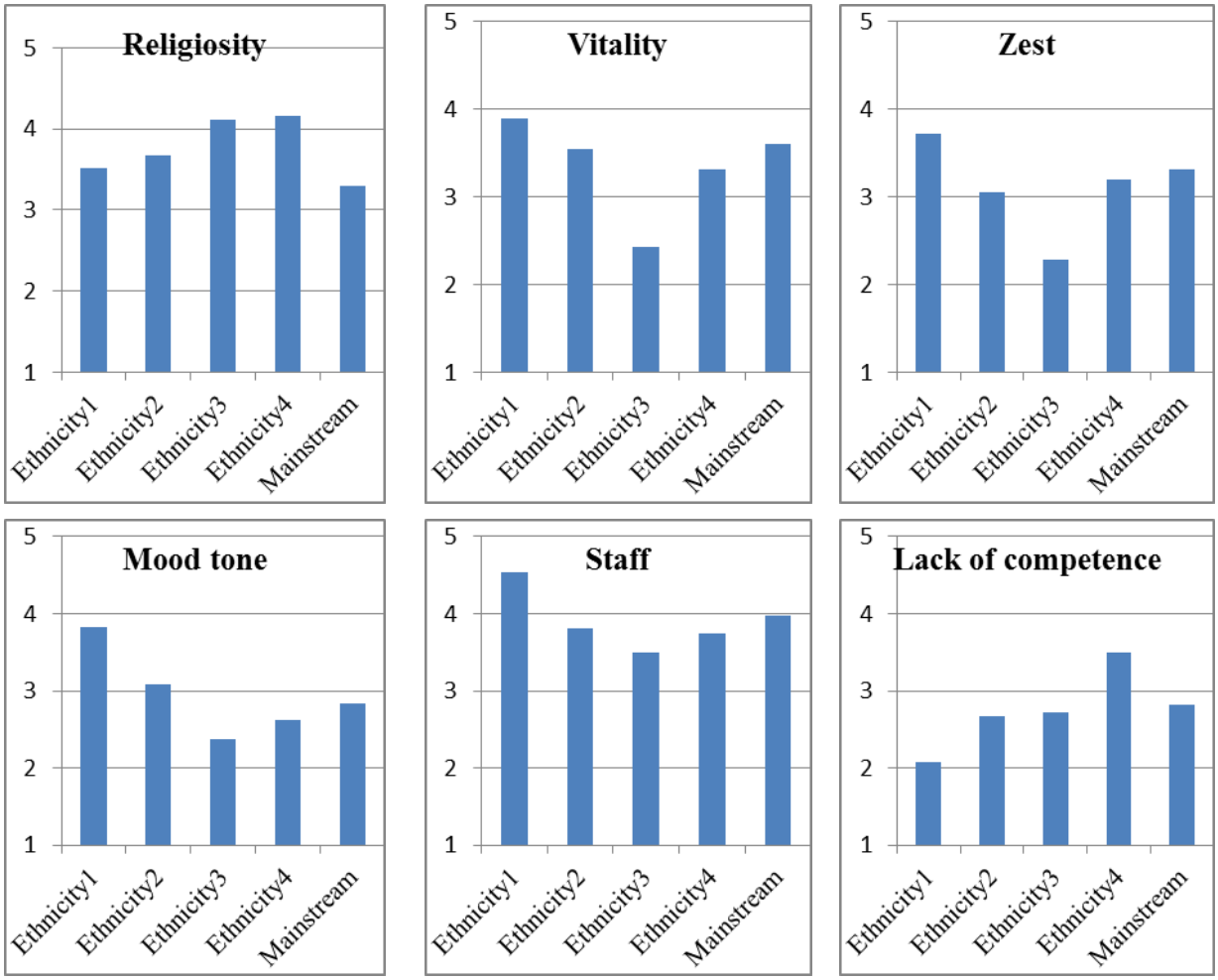
A mixed-method approach was used. A survey method was used to collect quantitative data. The qualitative component involves individual and focus group interviews and site visits and

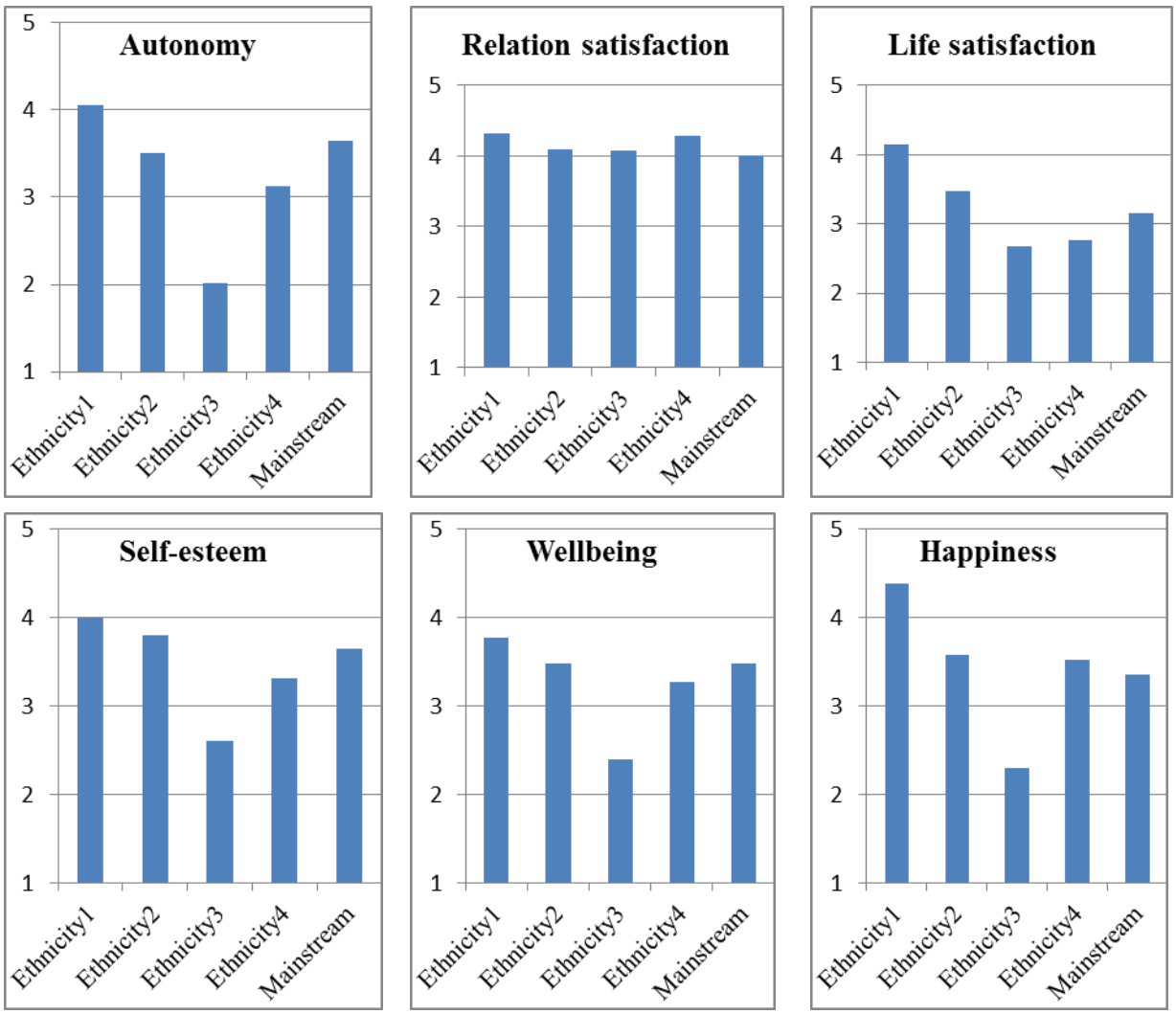
observations. Health records were also examined if available. Qualitative and quantitative research methods are used to complement each other such that both consolidate findings and shed new light on issues.

The Findings

RQ1. The survey responses are reliable and the interview results are informative. We should not underestimate the ability of the elders to provide useful answers to survey questions.

RQ2. Although the residents are of similar age (about 85 years old) across settings, their "living well" perceptions (life satisfaction, self-esteem, wellbeing, and happiness) differ. Certain ethnic groups seem to be living better than some others. These differences appear to be at least in part due to the amount of ethnically relevant services provided by the facility, including the proportion of ethnic residents and ethno-specific staff.





RQ3. Overall, "living well" is related to the elders' perceptions of vitality, zest, and mood tone, their experiences of staff support and autonomy, and their satisfaction in the relations with others. However, some factors associated with the elders' "living well" perceptions vary depending on settings. These are summarised below:

	Religiosity	Vitality	Zest	Mood	Staff support	Autonomy	Relation
Ethnicity 1	+	+	+		+	+	+
Ethnicity 2	+	+		+		+	+
Ethnicity 3		+	+	+		+	
Ethnicity 4		+	+	+		+	+
Mainstream		+	+	+	+		

Focus group data also indicate that the elders from different CALD backgrounds share some commonalities:

1. For almost all ethnic groups, staffing is a critical issue that affects quality of service.
2. Quality of food is important for all ethnicities but variety may not be essential for all.
3. Social interaction is essential for happiness.

However, there were also some differences:

1. Ethnic language seems to be an issue for those who have difficulties with English, which is likely to be a critical factor for social interactions within the facility.

2. Religious activities are of particular importance for some ethnic groups but less important for others.
3. Some participants may have personal needs and interests which some facilities have been able to cater for.
4. Some participants are aware of the need for physical exercise.

RQ4. Residents of more ethno-specific services tended to live better than those that are less ethno-specific. A comparison of the patterns between an ethno-specific and a mainstream setting with the same ethnic group found that those in ethno-specific settings seemed to live better, but because of the small sample, no statistical tests of the differences could be applied.

As shown in the following table, there is considerable variability among the ethno-specific aged care facilities in terms of the amount and quality of care they provide. These refer to both general care and also to the satisfaction of ethno-specific needs. It is apparent from the table that:

1. Facility 1 was highest in the proportion of ethnic-specific staff employed (1.00).
2. The other facilities had lower proportions of ethnic staff (0.22 to 0.65).
3. For Ethnicities 4, up to 20% of the residents were not of the same nationality.
4. Essentially, among the four groups, Facility 1 was fully ethno-specific in terms of service (all staff speak the language, and there was an almost perfect ethno-specific staff-resident mix). The lowest ethno-specificity was within Facilities 2 and 4, while Facility 3 was in-between.

	Facility			
	1	**2**	**3**	**4**
Total residents	63	49	110	111
Residents who are of the specific ethnicity	63	46	110	89
Total staff	60	60	120	146
Staff who speak the language	60	15	72	20
Staff-resident mix	0.95	1.22	1.09	1.32
Measures of ethno-specificity:				
Ratio of ethnic residents	**1.00**	**0.94**	**1.00**	**0.80**
Ratio of staff who speak the language	**1.00**	**0.25**	**0.60**	**0.14**
Ethno-specific staff-resident mix	**0.95**	**0.33**	**0.65**	**0.22**
Relative indices of "living well" with reference to Facility 1:				
Life satisfaction	1	0.84	0.65	0.67
Self-esteem	1	0.95	0.65	0.83
Wellbeing	1	0.92	0.64	0.87
Happiness	1	0.82	0.52	0.80

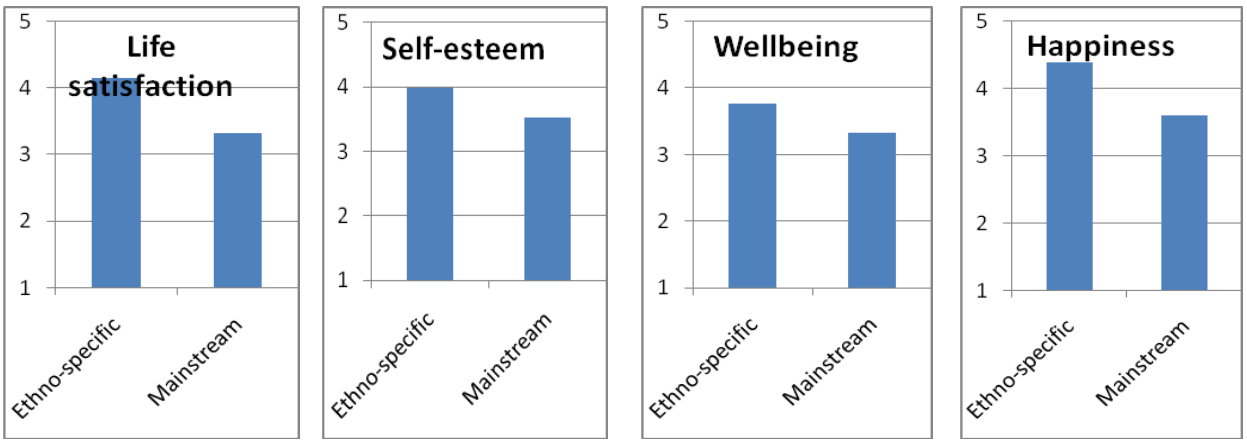
Note: Information about the number of residents and staff were provided by the facilities. They should be treated as estimates because of the day-to-day variations, particularly with respect to staff. Although staffing numbers are relatively stable within each facility, staffing can change from day to day and shift to shift. Together with residents' frailty changes, staff leave days, sick days, etc, the variability in staffing needs to be taken into account when interpreting the findings.

Overall, Facility 1 can be seen as fully ethno-specific whereas the others are partially ethno-specific. This feature seems to have influenced the perceptions of wellbeing of the ethnic groups included in the present study.

Facility 1, which is high in all four measures of "living well", is high on all three measures of ethno-specificity —high ratio of ethnic residents (1.00), high ratio of staff who speak the language (1.00), and high ethno-specific staff-resident mix (0.95). Using Facility 1 as reference (set at 1), the relative "living well" measures of the other ethnic groups are consistently ordered in the following way: Facility 2 > Facility 4 > Facility 3.

Although Facility 3 is the lowest on all four measures of "living well", this service provider was not the lowest on the three measures of ethno-specificity. It appears that achieving up to 0.65 of ethno-specific staff-resident mix is not sufficient to make the elders live better. That is, while the results suggest that the more ethno-specific the service, the better the elders live, how ethno-specific is the service specific enough for positive outcomes remains unclear.

Attempts were made to collect data from mainstream services for a direct **comparison between residents from ethno-specific and those from mainstream settings**. However, only a small sample was available and the only comparison was possible for Ethnicity 1. As shown in the charts below, residents in the ethno-specific setting were higher than those in the mainstream on all four "living well" measures. This outcome points to the value of ethno-specific aged care services.



Summary and Recommendations

Overall, the results show that:

RQ1.

The survey responses are reliable and the interview results are informative. We should not underestimate the ability of the elders to provide useful answers to survey questions.

RQ2.

The elders across settings differ in their "living well" perceptions (life satisfaction, self-esteem, wellbeing, and happiness). Certain ethnic groups (e.g., Ethnicity 1) seem to be living better than some others (e.g., Ethnicity 3). These differences appear to be at least in part due to the degree of ethno-specificity of the services.

RQ3.

The factors associated with "living well" are vitality, zest, mood tone, staff, autonomy, and relation satisfaction. The elders from different CALD backgrounds share some common points that are related to satisfying service (staffing, food, language, social interaction, physical environment, religious activities, individual care, and physical exercise). However, some of the living well factors may be ethno-specific (or even individual), which means that for specific ethnic groups, considerations of their specific needs should not be neglected.

RQ4.

Overall, residents in more ethno-specific services tend to live better than those that live in less ethno-specific environments. A comparison of the patterns of responses between ethno-specific and mainstream settings for the same ethnic group shows that those living in ethno-specific settings do live better. However, due to the small sample size, no statistical tests of the differences could be applied.

Recommendations

1. Since our findings indicate that more pronounced ethno-specific services are better in promoting "living well" than less ethno-specific services, attempts should be made to provide the elders of particular ethnic groups with the ethno-specific service they need.
2. More evidence is needed for us to make recommendations as to what the Government and service providers can do to ensure the best care for each ethnicity. In particular, more participants are needed from mainstream services to validate our findings; the current sample is too small to draw firm conclusions.
3. It is essential to find ways to attract CALD participants from the mainstream. Recruitment of participants from diverse CALD backgrounds is challenging but it is essential for researchers to draw unambiguous conclusions for evidence-based recommendations.
4. To reveal what level of ethno-specificity will be optimal for promoting elders' better living, it will be useful to include facilities with a wide range ethno-specificity (i.e., highly ethno-specific, less ethno-specific, and least ethno-specific settings).
5. It is important to explore elders' experiences from migrant groups other than those included in the pilot study.
6. Although our analysis of focus group interviews did reveal some reasons behind the different perceptions of aged care residents found in the survey study, the participants did not seem to always agree with each other. It will be useful to include more individual interviews in future research.
7. The use of translators and interpreters was found to be a critical issue as the research involves a range of different languages. Using employed staff on site did not serve the purpose very well as the respondents may be hesitant in providing sensitive information in front of the staff, who may also provide biased interpretations and translations on sensitive issues. An independent interpreter should be employed for the purpose.
8. Future research should obtain mental health data for all participants. The information will be useful for identifying the impact of factors such as dementia and depression on the elders. The lack of sufficient information in this study is a major limitation.
9. The mixed-method approach proved to be useful in providing complementing information and a better understanding of the commonalities and differences across ethnic groups. This approach is recommended for further investigations of the essential factors for Australian elders to "live well".
10. Although staffing ratios are similar across settings, our interview data showed a strong thread of stated concern by elders about staff availability and ability to communicate in their language. Professional development opportunity for staff is recommended to improve the communication and service quality even though it is not always possible to employ sufficient ethnic staff.
11. Further research should include other aged care services (e.g., home care, respite care, etc). Data have been collected from a few respite services but due to the small sample sizes, limited information was gained in the analysis. An understanding of issues related to ethno-

specific non-residential settings will add a new dimension to the research.