

# Interculturalization of Care for the Elderly

by Jan Booij

In many parts of Europe, a diverse ethnic and cultural mix—both among seniors and the people employed as caregivers—creates a host of challenges for aging services providers. One Dutch nursing home has adopted a care and service concept that relies on self-determination and participation for all people involved. Issues addressed in this “interculturalization” include:

- Treating seniors as the true experts on their own care
- Matching seniors with caregivers of their own culture
- Leveraging different groups’ religious and cultural festivals to build familiarity and trust between people
- Appropriate use of interpreters
- Food as a mechanism for cultural understanding
- Accommodating multiple religions and spiritual traditions
- Managing staff in light of different cultures’ attitudes about authority and management styles

In 2000, the Dutch government, based on the Dutch Health Care Council Report on Intercultural Aspects of Care, ascertained that underneath the health care sector lies a demographic time bomb. Care providers are unfamiliar with the needs, wishes and preferences of people from foreign cultures, and immigrants do not know what care for the elderly has to offer.

The composition of the elderly population of the Netherlands has been changing rapidly. The Netherlands has had many immigrants from the Mediterranean—both from Southern Europe and Africa—but also from Surinam and the Dutch Antilles, South America and Asia. Many came here in the 1970s as migrant workers, especially from Turkey and Morocco, and stayed. The idea prevailed that they would return to their countries of origin once they were elderly, but this has not happened. Their children, meanwhile, had integrated into Dutch society and the immigrants more often than not chose to remain close to them.

Many immigrants will need care in the years to come. At the same time, a number of their children have found employment in the elderly care sector. This poses new challenges to the sector in the Netherlands. How are we to look after elderly people from such a variety of cultural backgrounds, especially with workers who are sometimes even more culturally diverse than the people they work for? What does this mean if the client’s needs are the guiding factor? How can we offer the same standard of quality to everyone?

## Opening the Door to New Influences

De Schildershoeck, a nursing home in the multicultural heart of The Hague, posed these questions as early as 1989 and formulated the answers: the people themselves are well able to make the best choices in their lives. This has resulted in a care and service concept in which self-determination and participation are the key aspects. The nursing home accepted the challenge to allow for different, unfamiliar ideas and influences, which would undeniably result in a changing organization.

Today, De Schildershoeck has unmistakably and definitely changed, but its original ideas on people have remained the same. These ideas were based on diversity, on choosing for individuals and not for cultures. An atmosphere and organizational structure have gradually developed in which no one is strange and in which many feel at home. It is an atmosphere that offers many opportunities, and in which the workers are aware of—and trust—the organization they work for. It is a living and working environment that nurtures self-confidence and in which no one is really fazed by things out of the ordinary.

More and more organizations that offer care for the elderly—in the Netherlands, but also in other European countries—are coming to understand that such developments are necessary to be able to provide care to present and future clients. This fits in with developments in patients’ legislation that



Many European aging services providers care for elders from a vast array of countries and cultures, and employ a similarly diverse workforce. Flexibility and an inclusive approach to management are indispensable.

came into effect in the 1990s and that strengthened the legal position of clients.

In the Netherlands, the Platform Interculturalization of Care for the Elderly (Dutch: PIO) was founded in 2002 under the auspices of Arcares. Arcares is the association for residential and home care organizations, and represents 1,685 care organizations that provide care to 220,000 clients. The platform (an organization that might be called a “network” in the U.S.) was founded for the benefit of nursing homes and homes for the elderly as well as research bureaus and consultancies concerned with the interculturalization of care.

*Interculturalization* is the process of making organizations “culture-sensitive.” This means being aware of and recognizing cultural differences and individual identity. It is essential that participants are prepared to make changes in their organizations. First and foremost, the platform offers a network: It serves as a forum for the exchange of information. In addition, the platform serves as a source of policy development and public information and education for Arcares. Participants are examining bottlenecks in the provision of intercultural care, possible solutions and which examples of “best practices” can be presented.

The population of the Netherlands is very diverse, especially in Amsterdam, Rotterdam, The Hague and Utrecht. De Schildershoek, for instance, has been dealing with residents and workers from the former Dutch colony of Surinam, from all its communities: Hindus, Afro-Surinamese, Javan and Chinese, but also Indians, the original inhabitants of Surinam. We have people from the Dutch Antilles, an island group off the coast of Venezuela, which are still part of our kingdom. We have people from countries around the Mediterranean: Turks, Kurds, Moroccans and Berbers, some Italians, Portuguese and increasingly more workers from former Yugoslavia. We have Chinese workers from Hong Kong, the People’s Republic of China and

from Indonesia. Then there are the Vietnamese and Cape Verdeans, Brazilians, Dominicans, Byelorussias, Jordanians, Iranians, Iraqis, Pakistanis, Afghanis, Ghanians, Rwandans, Egyptians, Somalians, Congolese, Eritreans, Ethiopians, Indians, South Africans, Togolese, Liberians, Germans, Irish, Poles and Colombians.

### The Key to Intercultural Care

Individual care, based on clients' demands, wishes and needs, can only be provided when the demand for care is clear. Listening is the key to the client's story, in which both the individual's needs and the answer to them is contained. For organizations to put this into practice on a large scale is what interculturalization really means. Establishing contact with new clients and treating them as the real experts, and as fellow pioneers in the process of modernizing care, enables organizations to change.

The fact that care organizations in the Netherlands and elsewhere in Europe have gradually become more inclined to finding answers to very different questions, together with the new clients, inspires confidence. This confidence serves as an advertisement to attract clients from other cultures to nursing homes and homes for the elderly.

In many cultures there is a taboo on leaving care of the elderly to organizations; therefore, it is important that this institutionalized care is provided by people from their own culture. In western societies, immigrant families are under pressure. Children often have jobs and their houses are not big enough for taking in their elderly parents. Building confidence and recognizing specific needs is the key to helping both these children and their parents find solutions and together make the necessary changes. The effects of such investments are great: once certain care providers have gained the confidence of a target group, word spreads fast within their community.



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Attention to the foods, celebrations and religious sensibilities of many cultures builds a sense of community and fosters new ideas.

### Elements of Interculturalization

**The new clients:** In the major cities, future clients come from many countries and cultures. This has already urged organizations to make and intensify contact with these groups by visiting neighbourhoods, temples, coffee houses and mosques, and trying to gain an insight into their need for care and how it should take shape. Interest groups are often intermediaries in this process. An important task is getting the first generation of new clients and their families involved in the development of new products. Actively using the know-how and needs of the target groups, for instance by having them participate in the organization of festive and religious celebrations, has already resulted in many new ideas and unexpected contacts, and in a growing confidence within a number of communities. In a climate of trust, people are more easily inclined to listen and to express themselves. Gaining new information and skills, organizations have the opportunity of transforming into intercultural organizations.

**Communication:** Any culture-sensitive organization should pay attention to the complicated communication involved in providing care. People from different

cultures speak different languages and use different forms of communication. This applies to both verbal and nonverbal communication; the latter is often neglected, but is very important. Interpreters are necessary for conducting serious and complicated conversations, but they also prevent misunderstandings with residents and their relatives. We use interpreters only when there are serious talks about the future, complicated treatment, etc. We don't use them in more casual communication. We have protocols to be sure in which situations an interpreter is necessary.

**Food and drink:** Many nursing homes and homes for the elderly serve a variety of menus: halal food is available to Muslims, next to kosher food for Jews; Hindu eating habits are respected, but common Dutch food is also served. These houses organize many activities and celebrate festivities from a variety of cultures, such as Christmas, Eid ul-Fitr, Diwali and Easter. The new year is celebrated in Chinese, Hindu and western-style. Residents and their relatives celebrate these festivities together or within the privacy of their own communities.

Especially with celebrations, food plays a major and often symbolic role, which does

## IAHSA European Conference to Focus on Multiculturalism

The International Association of Homes & Services for the Ageing (IAHSA) will convene its first European conference in Brussels in May 2006. The theme of the conference, "Multiculturalism in European Aged Care," will help address issues facing providers, brought on by the dramatic increase in the ethnic diversity of the population and the ever-increasing growth in the number of European elderly.

The conference follows a "shared learning" format and is organized around a series of three distinct presentations, focusing on the impact of multiple cultures on consumers, providers and the long-term care workforce. In addition, a session will discuss new and innovative technological approaches to help address global aging.

The goal of the conference is to build a strong network of ageing service providers in Europe, and have attendees return to their communities with practical ideas for providing appropriate and accessible aged care. For information on the conference, visit [www.iahsa.net/brussels](http://www.iahsa.net/brussels).

not differ much from western culture. Just think of Christmas turkey and Easter eggs and the special doughnut balls we Dutch serve during our new year's celebration. Although it requires great effort, investment and much creativity, paying attention to the cultural aspects of food is a major part of interculturalization within organizations.

**Convictions and religions:** It is highly important to create opportunities for residents to practice their religion. This becomes even more important when people reach the end of their lives. It is necessary to create a space which serves as a church, mosque, temple or holy place, where people can come together or retreat. Many organizations have created different spaces for this purpose. Muslim residents and staff have indicated that they also need places to pray. Furthermore, organizations need to make room for pandits, ministers, priests and imams, who play an important role in the lives of their residents, and create structures to allow them to cooperate.

**Demand-Based Operations:** For all these residents, demand and supply of care must be attuned; interculturalization requires operating in a demand-based fashion. Organizations that are dealing with care for the elderly are faced with ever-new demands and developments.

These developments require a focused view from all organizations.

### Intercultural Management

The cultural diversity among staff has greatly increased. If the cultural background of staff mirrors that of the residents and future clients, communication will become much easier. This new staff brings along new ideas and know-how. Teams made up of people with a great cultural variety require intercultural management.

What are the problems involved in managing teams of people who are very different in their cultural backgrounds and who have very different ideas on management and the way in which it is put into practice? What does it mean if active involvement of staff is required, but the shape it takes differs from team to team? These are only a few questions, but there are many more. How should we deal with workers who fast because of Ramadan, who wear traditional or religious clothing at work, take time off for prayer or make many different requests for days off on account of the great variety of festive days? And what about discrimination and tension? These problems need to be addressed within teams, and require good management.

Views on management of workers, and their expectations, are often very different and are determined by culture. The most typical Dutch style of leadership is democratic and uses coaching. Workers are supposed to participate, which is sometimes combined with some typically Dutch cultural characteristics. Intercultural management involves having insight into the different expectations of both workers and clients, being able to use different management skills, and being able to improvise. Besides, managers should be aware of the specific needs and problems of their workers and which are directly linked to their cultural backgrounds.

For example, in a more democratic environment, the management asks employees to "think together with management" and "share responsibilities." However, when employees are from a culture where such a management style is seen as weakness on the part of the managers, there is a risk that those employees will be less loyal to the decisions that are made. In other words, a more authoritative way of managing can be more effective in some situations. Even so, it is important even in that case that we gain the participation of the employees, and we have to find other ways to do so.

The balance between men and women can sometimes pose cultural challenges as well, especially when the manager is a woman.

In several cultures, "saying yes, doing no" is a phenomenon. In these cultures, saying "no" to an older person or to someone in a higher position is simply not done. As a manager, failing to recognize this problem and finding a solution can create a lot of communication problems and poor results.

Language can always create problems. Insufficient mastery of a language can create communication problems, especially when discussing complicated problems or having "bad news" conversations with residents or employees.


## European Development

The cultural diversity in care for the elderly in Europe will increase in the years to come. If client-based care is our guiding principle, this means care for the elderly must become more culture-sensitive. In the Netherlands, Arcares has supported this development with a number of initiatives. On a European level, Arcares also places this item high on the agenda. Marielle Rompa, CEO of Arcares, will present the Dutch state of affairs and plead for a well-coordinated European approach at the International Association of Homes and Services for the Ageing conference in Brussels in May 2006.

## Golden Rules for Interculturalization

1. Care for the people you work for.
2. Appreciate the individuality of the people you work for and connect on

- a reciprocal basis.
3. Listen, listen, listen!
4. Consider the client, and the client's family and friends, as the fellow pioneers in all developments.
5. Start on a small scale and operate thematically.
6. Provide explicit management support and clearly take a committed stand as management.
7. Let relatives and children know at every possible occasion that they are taking good care of their elderly and are fulfilling their obligations.
8. Celebrate your successes with everyone involved.
9. Organize meetings and do not be afraid of confrontations; consider them challenges.
10. Operate from a social model, not from a medical one.

11. Do not be afraid of trial and error, just act and learn from your mistakes. The process is the most important product.
12. Talk and listen to your clients, more than to their representatives.
13. Know that the clients understand that you cannot do everything, it is the sincere effort that counts.
14. Let the composition of your workers mirror that of your residents.
15. Talk and discuss with each other and show respect; operate democratically rather than hierarchically. 

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