

Marla Fern Gold

Making Diversity Work

Communication across cultures is key to effective staff teamwork.

Walker Cityview, a Walker Methodist-owned nursing facility near Minneapolis, looks like a mini-United Nations, with staff representing five continents and dozens of countries and many more languages and dialects.

In its brochure to potential families, Walker Methodist highlights the diversity of its workforce. It says, “Our dedicated team consists of men and women from all over the nation and the world with vast cultural and language experiences. A recent internal survey found staff representing 29 out of our 50 states and 28 different countries with language skills in 55 dialects.”

Across the country at Live Oaks Living Center, in El Sobarate, Calif., staff include emigrants from such far-flung countries as China, Nigeria, Ghana, Pakistan, Mexico, India, Guatemala, Nicaragua, and Fiji. And down south, in North Miami Beach, Fla., Greynolds Park Manor hires mostly Haitian and Filipino staff from the surrounding community. Across America, the multicultural workforce is becoming the new reality in long term care. With a severe

nurse shortage combined with an unprecedented number of immigrants flooding the nation’s shores, many recent hires are coming not from the town next door, but from lands far away.

Rising Populations, Cultural Differences

This is not an issue that’s going to disappear. Consider this: According to the 2000 U.S. census, foreign-born people make up more than 10 percent of the country’s population, up significantly from 7.9 percent just 10 years ago (*see sidebar, page 29*). What’s perhaps more telling than these numbers is that nearly 60 percent of the foreign-born population is between the ages of 25 and 54—today’s workforce.

With each of these hires comes a new set of customs, languages, and stereotypes. And while some facilities are succeeding in integrating the many diverse cultures, languages, customs, and values into the workforce, others are finding this challenge immensely difficult. Challenges can range from simple cultural differences, such as how close people

A Changing Census

should stand to one another and whether to provide eye contact to co-workers, to more challenging differences such as personal hygiene, dress, language skills, and the role of women in society.

“We see gaps in the staff’s lack of understanding in training and communication,” says Brenda McKenzie, vice president of long term care services with Catholic Health Services, which serves the Ft. Lauderdale and Miami region.

“Staff hesitate in saying that they do not understand something. They will nod their heads and say ‘yes,’ but you find out that what you had asked for has not been accomplished because staff really did not understand what was being asked.”

The language barrier is but one factor that may hinder a facility’s best efforts to integrate staff into a cohesive work team. American customs, such as touching a person on the shoulder or looking directly into someone’s eyes during a conversation, may be seen as signs of aggression or disrespect by people of another culture. Similarly, many African and Arabic cultures have specific rules defining the roles of women—roles that do not include supervising men.

Add to that the cultural divide that separates Americans from one another: rich versus poor, Northern versus Southern, white versus black, plus differences in religion, politics, and gender, and providers wind up with a nearly nonextinguishable source of potential misunderstandings, stereotypes, prejudices, and intolerance.

While few standard programs exist to help facilities create a multicultural team, open communication, multifaceted training, and an appreciation for diversity can help facilities transition from the homogenous workforce of yesterday to the multicultural and multiethnic workforce of tomorrow.

Louis Benson, president of The Benson Group, in Delray Beach, Fla., puts it bluntly:

“Health care organizations need to understand that the immigrant is going to be the future of employment.”

The 2000 U.S. Census reveals some telling data about the changing face of America’s workforce—a change that’s clearly reflected in the makeup of the

nation’s long term care facilities. Of the nearly 30 million foreign-born living in America in 2000, half—or 14.5 million people—were from Latin America. Asians represented another quarter of the foreign-born population, with 7.2 million. Europeans and Africans made up most of the rest.

Specific areas of the country have seen the greatest influx of these immigrants (*see table*). For example, in California, the foreign-born population represented more than 25 percent of the total resident population. In New York, foreign-born individuals made up nearly 20 percent of the population, and in Florida, this group comprised more than 18 percent of the population.

In six additional states, foreign-borns accounted for more than 10 percent of the population. Across the country, more than half of all immigrants lived in large metropolitan areas.

States With Largest Foreign-Born Populations

Six states had estimated foreign-born populations of 1 million or greater.

State	Number Foreign-Born (In Millions)	Percent Of Total That Are Foreign-Born
California	8.8	25.9
New York	3.6	19.6
Florida	2.8	18.4
Texas	2.4	12.2
New Jersey	1.2	14.9
Illinois	1.2	<10

Source: 2000 U.S. Census

What’s more, the workforce of tomorrow will eventually become the resident population of tomorrow, so learning to recognize and celebrate diversity now will help facilities meet the challenges ahead.

Managing Diversity

Bernard Robinson, an independent human systems development consultant who works with long term care providers, usually receives calls for diversity training after a facility has a problem. “I have received some calls to train staff in managing differences in culture and race, and it will be a more prominent part of what managers will need to do in the future,” says Robinson, founder of the Institute for Human Development, in Oxon Hill, Md. “Calls to me usually are triggered by an incident that affects the staff environment.”

He explains that theoretically, diversity training should not be an issue, but in America, as in many societies, it is simply a reality. “Societally and socially, we have made distinctions of differences. On the

surface, we are all human, but if we look in a social context, we have been sensitized to the differences among us, so it becomes a bigger deal.” In America, he says, “we have not managed the differences well.”

He says a productive diversity training program is one that “eliminates the propensity for people to see themselves as different, but allows them to see themselves as different but equal. When I look at the need for diversity training, I think about how it affects employee retention, morale, the communication environment, and how it affects the capacity for everyone to feel like a part of the same team, the same group.”

Significantly, Robinson and others say that efforts to create a multicultural work team must start at the top. “The role of management is key,” says Robinson. “A manager’s job is to set the tone and live out the values that reflect respect. Managers must speak about the value of diversity and really behave in ways that are consistent with the values that reflect respect for diversity.”

Educating Staff

But a strong message from the top will not translate into cohesive multiethnic work teams without the support, knowledge, and buy-in of the entire workforce. To bridge the gap between ideals and practice, facilities are employing methods both formal and informal to achieve their goals. These practices range from educating staff about one another's native countries and cultures in informal inservices, to workshops exploring diversity, to formal college-based training programs that provide managers with tools to showcase diversity while building a cohesive staff.

Hy-Lond Home, in Garden Grove, Calif., hosts an annual MultiCultural Day each spring, which includes a potluck lunch and diversity/tolerance training. Administrator Mike Dodge says the intermediate care facility for persons with developmental disabilities has staff from several countries, and the MultiCultural Day is a good way to open communication about different cultures, as well as to bring staff together as one team.

"The main goal of the day is to see that we are different, we may respond to things differently, we may have different ideas, but that together we're a team that works for a common goal," he says. The potluck, he says, "is a way to recognize our various cultures and stress diversity and tolerance in the workplace."

As part of diversity training last year, Dodge had staff close their eyes and eat different-colored M&Ms, then he asked staff if they could tell the difference between the different-colored candies. For this year's training, Dodge brought in different-colored and -shaped balloons and had the staff talk about the differences among the balloons. Then they made a bouquet out of the balloons and talked about how great they looked together.

At the potluck and throughout the year, Dodge says, staff are encouraged to talk about their countries, customs, and cultures.

Potlucks are part of the informal cultural awareness program at Walker Cityview

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as well. Potlucks several times each year help to break down cultural barriers and start conversations about different cultures. But the talk about different cultures begins much earlier. Administrator Susan Ager explains, "Part of my introduction [for new staff] to the facility is to ask where everybody is from and talk about the fact that people are from all over the world here, and how much we enjoy and appreciate that. I tie that into the fact that many of us are far from our native area and families as well."

Supporting the facility's value on diversity, Ager encourages staff to talk with one another about where they are from, bring in mementos or maps to educate other staff and patients, and link up with other staff who are from the same country.

At Live Oaks, open communication is the first step toward building a team. Says Director of Nursing (DON) Christine D'Souza, a Pakistani immigrant, "I sit in the breakroom with staff and listen to them, learn about their cultures. I also try to explain different cultures to them." She adds that new staff are encouraged to tell stories about themselves so staff can understand them better. "You need to hear your staff's stories, whether they are happy ones or sad ones."

Customized Training

Some facilities are incorporating customized certified nurse assistant (CNA) training into their efforts to recruit and train qualified foreign-born direct care staff, as well as to help them integrate into the fabric of the facility.

Magnolia Special Care Center, in El

Cajon, Calif., recently embarked on a new path to recruit foreign-born employees and help them master the language and skills necessary to pass the CNA competency test and succeed as CNAs.

After advertising in English and Spanish in local newspapers for people who wanted to get paid to improve their English while training for a new career, Sandra Lourido, a registered nurse and the facility's director of staff development, received dozens of applicants from the community's Hispanic population. Using a multistep interview process, she screened potential hires for basic proficiency in English as well as bedside caregiving skills, says Lourido.

Lourido, an immigrant from Columbia, first conducts an hour-long interview with each potential CNA. During the interview, which is done in English, each potential employee must read from an English textbook, then summarize the text. Next, she has them write about their personal goals or why they want to become a CNA. "I'm looking to see whether they can write a sentence," she says, because if potential recruits cannot, they will not pass the CNA exam.

Lourido works with a local community college, which provides additional testing to ensure that each recruit understands enough English to succeed in CNA training. This thorough screening process helped each of the 15 students in Lourido's first multicultural CNA training class to pass the exam in January and become certified to work in the facility.

English Lessons

What also helped was the English-as-a-second-language (ESL) course she taught in conjunction with the CNA training. Lourido taught each subject first as an ESL course, with a focus on vocabulary and dialogue. Once students were familiar with the words, CNA training focused on applying the new words to specific tasks.

Part of Lourido's ESL curriculum includes American culture. "We talk about how Americans deal with death, what's

Bringing Culture Alive For Long Term Care Residents

Right now, most of the nation's long term care residents reflect America of the 1950s: Caucasian and middle class. However, as the burgeoning immigrant population continues to age, ethnic minority populations are expected to rise significantly.

The U.S. Census Bureau reports that in 50 years, while the population of Caucasian Americans older than 65 will decline from 84 percent to 64 percent of the total population, the number of Hispanic senior citizens will increase from under 10 percent now to 16 percent. During this period, African American senior citizens will increase from 8 percent to 12 percent of the population, and Asians will account for 7 percent of all seniors, up 5 percent from current totals.

As the nation's immigrant populations age, they more than likely will want to retain their customs, beliefs, and traditions, experts predict. At nursing facilities around the country, providers are recognizing the growing need to provide rich cultural experiences for a diverse aging population.

Hispanic culture is alive and well at St. Anne's Nursing Center, in South Miami. While the facility is in the United States, the patients who reside there feel at home with the Hispanic culture that infuses their daily lives, from the colors on the walls, to the food they are served, to the ways they celebrate holidays.

"We are bringing Hispanic culture alive for residents," says Brenda McKenzie, vice president of long term care services with Catholic Health Services,

which owns the facility. "The menu is dictated by the residents," and the holidays are celebrated according to residents' customs.

For instance, Christmas is celebrated on Christmas Eve, as it is done in Hispanic cultures, so schedules need to be adjusted, and appropriate meals need to be prepared.

In addition, the colors of the building fit the colors of the culture: bright and bold yellows, reds, oranges, and greens. The facility currently is trying to focus on end-of-life issues, because people of Hispanic background are generally reluctant to deal with the dying process at all.

At the Reutlinger Community for Jewish Living, in Danville, Calif., an on-site, full-time rabbi provides cultural and religious activities for the facility's 180 residents, oversees the kosher kitchens, and presides over the weekly Sabbath services, held in the facility's synagogue.

The rabbi provides education to staff as well, teaching them about Jewish holidays and special customs. In addition, kitchen staff are well-versed on kosher laws, such as the prohibition on mixing milk with meat products, a law that extends to cutlery and tablecloths. "The kosher needs are very much in the forefront of every staff member's mind," says Suzanne Sloane, administrator.

"The kitchen staff definitely need training on it and are taught from the beginning about the separation and the importance for it," says Sloane. As a result, everything in the kitchen is color-coded:

red for meat and blue for dairy. "The tablecloths are even color-coded, so if a staff member's English is not very good, the information is broken down into such simple cues that English is not a problem," says Sloane.

The food also reflects the culinary traditions of the culture. Every Sunday is lox and bagel day, Friday night Sabbath services are followed by a chicken dish and matzo ball soup, and brisket and stuffed cabbage are weekly staples.

The environment is important, says Sloane, because "it gives residents a sense of identity. They feel comfortable here because it is very familiar.

"Even as their minds fade, they can participate because they grew up with these traditions."

appropriate in this country and what is not, the correct way to address people, things that are not appropriate to say, how to fill out forms," she says.

Her new recruiting tactics have helped Lourido locate qualified applicants. "I'm finding a lot of health professionals from other countries who have not been able to get into this profession and have been working odd jobs," she says. "Just be-

cause their English is not perfect does not mean they should not be working in this profession."

ESL training was the ticket to upward mobility at The Village at Johnson Center, an assisted living facility in Centennial, Colo., as well. But this class did not target nursing staff; rather it was the brainchild of Assistant Dining Services Director Kyung Chung, a Korean immi-

grant who attended college in the United States.

Peggy Vultaggio, dining services director, says the program has helped kitchen staff rise through the ranks to take on more skilled, better-paying jobs within the facility. "Our staff mostly are Indonesian," she says. "Staff wanted to move into bigger and better positions throughout the kitchen, but they lacked the lan-

guage skills to get them to the next level. We decided we needed to do something in-house to promote people from within.”

As a result, Chung started an after-hours ESL course for kitchen staff. The group met for an hour each week for several months to improve their conversational English skills. Since that time, several dishwashers have been promoted to prep cooks and wait staff, and a former prep cook now is a principal cook. “We just grow our own now,” she says.

ESL group members meet once each month now to continue improving their English.

Incorporating Native Languages

The philosophy at Walker Cityview is a little different, with staff from any of several countries called upon to convey information when necessary. “We found out that explaining rules and regulations in their own language allows [staff] to understand the concept,” Ager says. “They may be able to speak English, but concepts such as fire safety and preparing for survey get across better in the native language.”

The facility is able to conduct training in several languages because several of the facility’s managers are from other countries. Having management from different cultures also helps when cultures clash, such as when one CNA from an African country needed to take time off each day to cook dinner for her husband. Since staff understood her cultural reasons for the request, they adjusted to her schedule with no hard feelings from other staff members.

“Having managers from other cultures makes a huge difference,” says Ager. “It breaks down barriers between entry-level and unskilled staff and management. If we didn’t have those people in management, there would be an invisible wall. Our DON is from Ethiopia. She’s a great teacher about Africa. Our new assistant DON is from Ghana. We’re always looking for people who can be leaders from all cultures.”

Crossing The Cultural Divide

‘**Just because their English is not perfect does not mean they should not be working in this profession.’**

At Genesis Eldercare, nurse educator Jackie Miller requires good English as a prerequisite for training, but infuses her CNA training classes with American culture to help her students assimilate into the nursing facility once they become certified.

Miller says she includes a “social aspect to the CNA training.” This includes information about personal hygiene and the value of time in America. “Arriving on time is a factor for people from some cultures,” she says. “I tell them they have to focus on time, because time is important in America.” In fact, if a student is late more than once, the student is dismissed from her CNA class.

Another potential conflict Miller has dealt with stems from beliefs in some cultures that men should not take orders from women. “I have had to let a couple students know that this is my classroom and I am the authority,” she says.

Like other CNA trainers, Miller says the greatest hurdle is language. “All of my students understand basic English, but the difficulty comes when I get down to specifics,” she says. For instance, other cultures may not use catheters, so trying to explain how to use one is meaningless, especially when the students may not understand the explanation in English as well. Miller uses visual aids to help her students understand the terminology. “My philosophy is that I want to teach so that the person with the least amount of knowledge can understand, so I find ways to simplify the information. In that way, the company wins, and the student wins, and I have a very high pass rate.”

Formalizing Diversity Training

At Birchwood Cos.’ Woodbury Health Care Center, in St. Paul, Minn., Human Resources Manager Diana Rockstad looked to a local community college to help bridge the gap between native- and foreign-born staff. What she ended up with was a customized four-part training program that became the pilot for a long term care multicultural diversity competency course offered by North Hennepin Community College, in Brooklyn Park, Minn.

Says Rockstad, “Some of the problems stemmed from the variety of cultures we have. We have some Southeast Asian employees, and we have some employees from different African nations. We even have employees from warring tribes.

“However,” she adds, “more issues were between foreign-born and native-born employees, mostly misunderstandings by the native-born employees.”

Gerry Fernandez, a trainer who put together Birchwood’s customized training program, says American children often are sheltered from the rest of the world, and that creates conflicts. “We have young American-born kids who don’t understand what’s going on with other cultures.” The key to changing that is education, says Fernandez, founder of the non-profit Multicultural Foodservice and Hospitality Alliance. “Education is really the first line of defense. As people become educated and understand, they are less likely to have biases and commit sins that sometimes take place in the workplace.”

The training program included an initial session with managers and “informal leaders on the floor” to understand why it is important to understand and respect diversity. This was followed by additional sessions that focused on specific issues and included information about some of the countries represented on staff, says Rockstad.

“One session dealt with specifics of where employees are from. Others dealt with scenarios that might come up,” she says. These scenarios included customs and expressions from different cultures

and how they might be misinterpreted. For instance, Rockstad says, “in Russia, smiling is seen as deceptive, and you don’t trust someone who is smiling. Here, if you want to put someone at ease, you smile. For our Asian employees, it is a sign of disrespect if you look someone in the eye. In America, if you won’t look at me, I won’t trust you.”

Explains Fernandez, “They had all sorts of issues that were not in a manual. Personal hygiene was not in the manual. Also, some people had cultural issues with taking direction from women. Some cultures don’t talk about death.”

Cultural Competency Training

At Walker Methodist, communications director Amy Carlson tried to introduce a cultural competency training program in 1999. “The objective was to create a working environment that respects and acknowledges a variety of cultures, tradi-

tions, beliefs, and biases of our workforce,” she says. Why the focus on diversity? Says Carlson, “America is more diverse than ever, and the freedoms we enjoy in this country allow all of us to continue our cultural practices here in the United States. So as a nation we are seeing our diversity, wearing our diversity, eating our diversity, praising our diversity, working our diversity.”

While upper management approved the measure, staff at the organization’s 160-bed Walker Cityview heartily denounced it, saying that they did not want a formal program to tell them how to do what they already were doing. However, all new staff still must take part in discussions about cultural competency and the value the organization places on cultural diversity and teamwork during the mandatory three-day orientation. A highlight of these discussions includes cultural perceptions of aging and death.

Create A Common Culture

Louis Benson, president of The Benson Group, Delray Beach, Fla., faults programs that focus on diversity as a way to help employees do their jobs. “Don’t emphasize the differences, but emphasize the commonalities,” he says. He suggests that instead of spending orientation talking about the different cultures staff come from, talk about the culture of the facility. “If you do that, you won’t have to worry about a lot of the issues that might otherwise come up, because you focus on the fact that at this facility, we have our own culture.”

He says managers must clearly define the facility’s culture, then define the expectations of staff.

For instance, Benson suggests telling staff each step involved in delivering a food tray to a patient, from knocking on the door to making eye contact, announc-

ing yourself, and exchanging a brief greeting, to asking whether the patient needs help with anything on the tray. Similar instruction should be provided for bathing patients, wound management, and other health care tasks.

“When we have clearly defined expectations for performance, then we will get the performance we want regardless of nationality,” he says.

Further, he says that what residents care most about are staff who understand them and their needs. At one facility in Florida, he says laundry staff were taught English idioms as well as basic phrases they may be expected to understand, such as, “I need towels.”

Introducing Patients To The World

At each of Walker Methodist’s facilities, information given to all prospective patients and their families includes a full-page description of the many diverse cultures found at the facilities, along with the dozens of languages and dialects spoken by staff.

This highlights the other issue of multiculturalism in long term care: resident perceptions and stereotypes.

“As a state with a large, white elderly population and a very diverse young population, our nursing facilities are a mirror of the changes in our community,” says Carlson. “Young men and women from all over the world are feeding, toileting, and becoming life companions for an elderly population from a declining majority. Misunderstandings and stereotypes hold firm if your exposure to the world has been narrow, and many of our elders did not travel much or were not exposed to other cultures in their hometowns. For a man from Nigeria or a woman from Ghana to help a 90-year-old Swedish farmer takes an introduction to cultural understanding and acceptance.”

Ricardo Becerra, principal of Becerra International Consulting and a training partner of Fernandez, concurs. “In Minnesota, you have people from many countries, and they are highly qualified. They have great training coming from Africa.

But problems arise.

“Here we are dealing with a Northern European population of people who are very stoic, very conservative. It is very difficult for them to deal with these strange people who are touching them and asking questions.”

How do providers deal with that, asks Fernandez. “What do you do when residents refuse service because the staff member is black? And how do you retain morale with this going on?”

Administrator Barry Barkin remembers an incident where a family “complained bitterly” about a CNA who delivered the food tray each day without a word and left the room. After doing a bit of investigating, D’Souza realized that the lack of closeness and communication was a cultural issue and worked with the CNA to become more personal in her bedside manner.

On the positive side, some foreign-born staff bring with them a respect for the elderly that native-born Americans can learn from, says Becerra.

“Most of the people we see in health care come from group societies, who have great respect for the elderly and give value to the elderly that we do not in the U.S. As people age in this country, they lose value. In most countries, it is the reverse. They also have great unity of family. So they look at the elderly with great admiration, and the care they provide is with a lot of love and a lot of time. They bring a positive perspective to caregiving.” ■

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