Erasmus+

IENE 7

Improving Intercultural Communication And Social Skills For Foreign And Migrant Caregivers Of Older People In Europe

Project Number - 2017-1-RO01-KA202-037272

Intellectual Output No1

European Training Model for the Caregivers of Older People

Activity 1.2: The design of the training model and its components

Author: Professor Irena Papadopoulos

Middlesex University London

January 2018

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Introduction

This report deals with the design of the IENE7 training model and its components. The model is informed by the following:

1. The original Papadopoulos, Tilki and Taylor Model (PTT)for Developing Cultural Competence (1998, 2006)

2. The PTT/IENE Model for Intercultural Education of Nurses in Europe

3. The findings of a review which related to migrant and foreign workers caring for older people as follows:
   a) The national and international literature
   b) Job analyses
   c) Occupational standards
   d) Continuing professional development courses,

For the full description of the review please refer to the the report of Deliverable 1.1: *Guidelines, tools, procedure and results of the review of relevant sources for the development of the European Training Model*

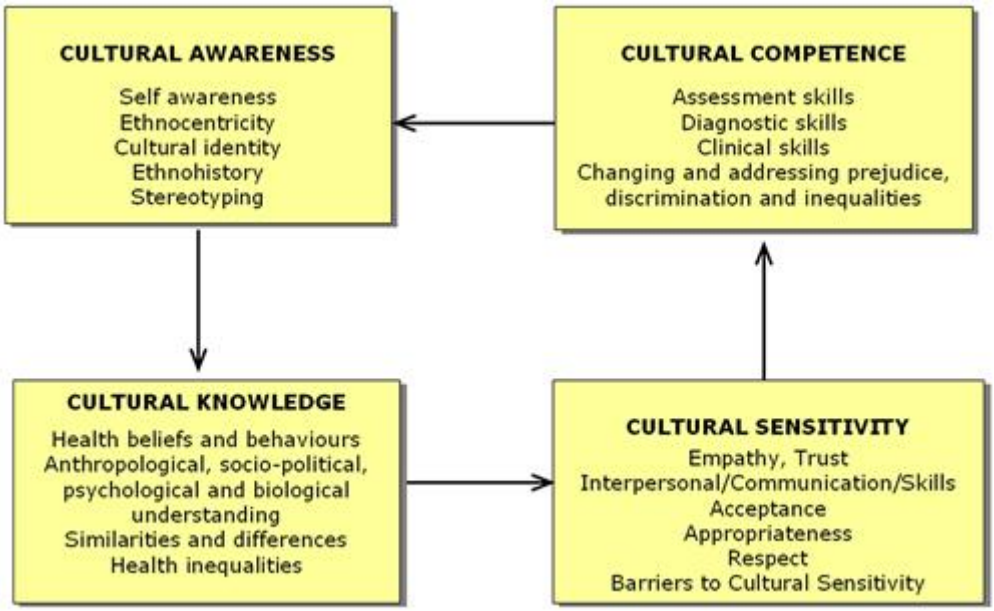
The IENE7, like all the previous IENE projects are informed by the Papadopoulos, Tilki and Taylor Model. For this reason it is imperative that an understanding of the structure and main constructs of the model is provided here (Papadopoulos 2006).

Since the IENE1 project modified the PTT model following a needs analysis of nurses in seven European countries, and developed a an outline curriculum learning unit for older people, this previous work is also being utilised in IENE7 and thus the PPT/IENE model is also included in this report (http://ieneproject.eu/learning.php).

Information about the PTT and PTT/IENE models is included in this report along with the key findings of the review which has been conducted by the IENE7 project team, in order to help the reader to understand why and how the IENE7 European Training Model for the Caregivers of Older People, has been constructed.

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

The Papadopoulos Tilki and Taylor model for Cultural Competence



Transcultural or intercultural study in health and social care is the study and research of cultural diversities and similarities of people in the way they define, understand and deal with the health/illness and welfare needs. It is also the study of the societal and organisational structures, which either aid or hinder people's health and welfare.

Stages and constructs of the Papadopoulos, Tilki and Taylor Model [PTT](1998, 2006)

As can be seen above the model consists of **four stages each with a different construct**:

The first stage in the model is **cultural awareness** which begins with an examination of our personal value base and beliefs. The nature of construction of cultural identity as well as its influence on people's health beliefs and practices are viewed as necessary planks of a learning platform.

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Cultural knowledge (the second stage) can be gained in a number of ways. Meaningful contact with people from different ethnic groups can enhance knowledge around their health beliefs and behaviours as well as raise understanding around the problems they face. Through sociological study we should learn about power, such as professional power and control, or make links between personal position and structural inequalities. Anthropological knowledge will help us understand the traditions and self care practices of different cultural groups thus enabling us to consider similarities and differences.

An important element in achieving **cultural sensitivity** (the third stage), is how professionals view people in their care. Dalrymple and Burke (1995) stated that unless clients are considered as true partners, culturally sensitive care is not being achieved. Not considering patients/clients as partners in their care means that professionals are using their power in an oppressive way. Equal partnerships involve trust, acceptance and respect as well as facilitation and negotiation.

The achievement of the fourth stage (**cultural competence**) requires the synthesis and application of previously gained awareness, knowledge and sensitivity. Further focus is given to practical skills such as assessment of needs, nursing diagnosis and care delivering skills. A most important component of this stage of development is the ability to recognise and challenge racism and other forms of discrimination and oppressive practice. **Cultural competence** is a process one goes through in order to continuously develop and refine one's capacity to provide effective and compassionate healthcare, taking into consideration people's cultural beliefs, behaviours and needs.

In order to be culturally competent practitioners, educators and researchers need to develop both **culture-specific** and **culture-generic** competences. Culture-specific competence refers to the knowledge and skills that relate to a particular ethnic group which enables us to understand the values and cultural prescriptions operating within a particular culture. Culture-generic competence is defined as the acquisition of knowledge and skills that are applicable across ethnic groups (Gerrish & Papadopoulos 2000).

The underpinning values and pillars of the Model

This model combines both the **multi-culturalist and the anti-racist perspectives** and facilitates the development of a broader understanding around inequalities, human and citizenship rights, whilst promoting the development of skills needed to bring about change at the patient/client level.

The **underpinning values** of the model which were articulated by Papadopoulos (2006) are based on the following **pillars**:

a) **Human Rights,**
b) **Socio-political systems,**

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

c) **Inter-cultural relations,**
d) **Human ethics,**
e) **Human caring.**

More specifically the **values and beliefs** are:

The individual
All individuals have inherent worth within themselves as well as sharing the fundamental human values of love, freedom, justice, growth, life, health and security.

Culture
All human beings are cultural beings. Culture is the shared way of life of a group of people that includes beliefs, values, ideas, language, communication, norms and visibly expressed forms such as customs, art, music, clothing and etiquette. Culture influences individuals' lifestyles, personal identity and their relationship with others both within and outside their culture. Cultures are dynamic and ever changing as individuals are influenced by, and influence their culture, by different degrees.

Structure
Societies, institutions and family are structures of power which can be enabling or disabling to an individual.

Health and illness
Health refers to a state of well-being that is culturally defined, valued and practised and which reflects the ability of individuals (or groups) to perform their daily role activities in culturally expressed, beneficial and patterned lifeways (Leininger 1991).

Illness
Refers to an unwanted condition that is culturally defined and culturally responded to.

Caring
Caring is an activity that responds to the uniqueness of individuals in a culturally sensitive and compassionate way through the use of therapeutic communication.

Nursing
Nursing is a learned activity aiming at providing care to individuals in a culturally competent way.

Other related concepts

Cultural identity is important for people's sense of self and how they relate to others. A strong **cultural identity** can contribute to people's overall wellbeing. Identifying with a particular culture gives people feelings of belonging and security. It also provides people with access to social networks which provide support and shared values and aspirations.

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

These can help break down barriers and build a sense of trust between people - a phenomenon sometimes referred to as social capital - although excessively strong **cultural identity** can also contribute to barriers between groups. An established **cultural identity** has also been linked with positive outcomes in areas such as health and education. (http://socialreport.msd.govt.nz/2003/cultural-identity/cultural-identity.shtml) (accessed 12.01.2018)

Cultural heritage

Practices, customs, artefacts, stories, and values that are handed down from the past by tradition.

Ethnocentricity

The tendency to use one's own group's standards as the standard, when viewing other groups; to place one's group at the top of a hierarchy and to rank all others lower (Sumner 1906).

Racism

A doctrine or ideology or dogma. It is recognised by the behaviour of individuals and institutions based on concepts of racial difference (Fernando 1991).

Institutional Racism

The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin which can be seen or detected in processes; attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people (Macpherson W. (Chair),1999).

Stereotype

To categorise ideas, people, or objects based on a typecast or standardised prototype, lacking any room to account for individuality (University of Maryland Diversity Database, 1996).

Valuing Diversity

Valuing Diversity means being responsive to a wide range of people unlike oneself, according to any number of distinctions: race, gender, class, native language, national origin, physical ability, age, sexual orientation, religion, professional experience, personal preferences, and work style (Carnevale & Stone, 1994).

Conclusion

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

The Papadopoulos, Tilki and Taylor (1998, 2006) model aims to help us deliver culturally competent care that ultimately ensures high quality care for all.

However, culture is relative to those who live it and those who observe it and it is open to rapid changes as the world becomes more interactive. The literature tells us that education alone does not ensure culturally competent practitioners (Papadopoulos et al, 1998; Leininger, 2002). Reflection and practice are essential to gaining cultural insights and competence. There is evidence that care is still being given generically and without regard for culturally specific needs (Coffman, 2004; Cioffi, 2005).

References:

Cioffi J. (2005). 'Nurses' experience of caring for culturally diverse patients in an acute care setting'. **Contemporary Nurse.** 20(1): 78-86.

Coffman MJ. (2004). 'Cultural caring in nursing practice: A meta-synthesis of qualitative research'. **Journal of Cultural Diversity**. 11 (3):100-109.

Gerrish K and Papadopoulos I (1999): Transcultural competence: the challenge for nurse education. **British Journal of Nursing,** 8 (21):1453-1457.

Dalrymple J and Burke B (1995): **Anti-oppressive practice. Social care and the law.** Open University Press. Buckingham.

Leininger M M (1991): **Culture care diversity and universality. A theory of nursing.** NLN, New York.

Leininger M (2002). in Leininger M & McFarland MR. (2002). **Transcultural Nursing**. (Third edition). USA: McGraw-Hill. p71-98.

Papadopoulos I, Tilki M and Taylor G (1998): **Transcultural Care: A guide for Health Care Professionals.** Quay Books. Wilts. (ISBN 1-85642-051 5)

Papadopoulos I (Ed): (2006): **Transcultural Health and Social Care: Development of Culturally Competent Practitioners**. Churchill Livingstone Elsevier. Edinburgh.

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

The PTT/ IENE Model
for
Intercultural Education of Nurses in Europe

The IENE1 project modified the PTT model following a needs analysis of nurses in seven European countries, and developed a an outline curriculum learning unit for older people, (http://ieneproject.eu/learning.php). As can be seen in the figure above, the four key constructs of the PTT model have been retained by the PTT/IENE model. However the sub-constructs which form the content map in each square has been modified to reflect the needs which were reported by the participant European nurses.

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

The sub-constructs in each square links, when viewed in the IENE website and is clicked, to the glossary of terms created specifically for the IENE programme. For example if the sub-construct statement 'Migration: reasons, processes, challenges' is clicked this will take the reader to the following page of the glossary, which reads thus:

2.1 Migration: reasons, processes, challenges

A key text on migration is that written by Castles and Miller (2009), who claim that:
.. movements take many forms: people migrate as manual workers, highly qualified specialists, entrepreneurs, refugees or as family members of previous migrants. Class plays an important role: destination countries compete to attract the highly skilled through privileged rules on entry and residence, while manual workers and refugees often experience exclusion and discrimination

Castles and Miller (2009) further claim that international movements of people are currently growing in volume in all major regions of the world, with more and more countries being affected by migratory movements. The consequences of increased migration include growing ethnic and cultural diversity in countries of immigration and a tendency towards more stringent regulation of migration in receiving countries.

Push-pull theories of migration argue that people are 'pushed' to leave their home countries in search of a better life in, usually, in a more developed country; they are 'pulled' by the attraction of factors like work, better pay and living conditions. Migration often occurs when there are existing links between sending and receiving countries, for example, a history of colonization, trade, or cultural ties (Castles and Miller, 2009). Networks of family and friends are also important when making decisions concerning migration – they are also important in terms of settling in a host country. Castles and Miller (2009) argue that gradual acceptance of cultural diversity in host countries may lead to the development of ethnic communities, whereas rejection of cultural diversity may lead to the formation of ethnic minorities. Refugees and asylum seekers face particular challenges as they have been forced to leave their home countries; their migration is not voluntary. Beiser (1991) concludes that migration is a risk factor for developing mental health problems but mental ill-health is not inevitable. Despite traumatic experiences and difficulties related to resettling in a strange culture, most refugees are resilient and both adapt and contribute to their new society (Beiser, 1991). Refugees and asylum seekers are able to surmount many obstacles and overcome much adversity when fleeing their home countries and arriving in countries of asylum and it would be inappropriate to view them as helpless survivors (Karmi, 1998). Ager (1999) urges an appreciation of the considerable resources that refugees and asylum seekers demonstrate in responding to the challenges of forced migration.

Read more on patterns of international migration. The following web-sites are useful:

International Organisation of Migration:www.iom.int

European Council on Refugees and Exiles: www.ecre.org

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

United Nations High Commissioner for Refugees: www.unhcr.org

In the United Kingdom, information on migration can be obtained from:

UK Border Agency: www.ind.homeoffice.gov.uk

Immigration and Nationality Directorate: www.homeoffice.gov.uk

References:

Ager, A. (1999) Perspectives on the refugee experience. IN A. Ager (Ed.) Refugees. Perspectives on the experience of forced migration. London: Cassell

Beiser, M. (1991) The mental health of refugees in resettlement countries. IN H. Adelman (Ed.) Refugee Policy: Canada and the United States. Toronto: York Lanes Press

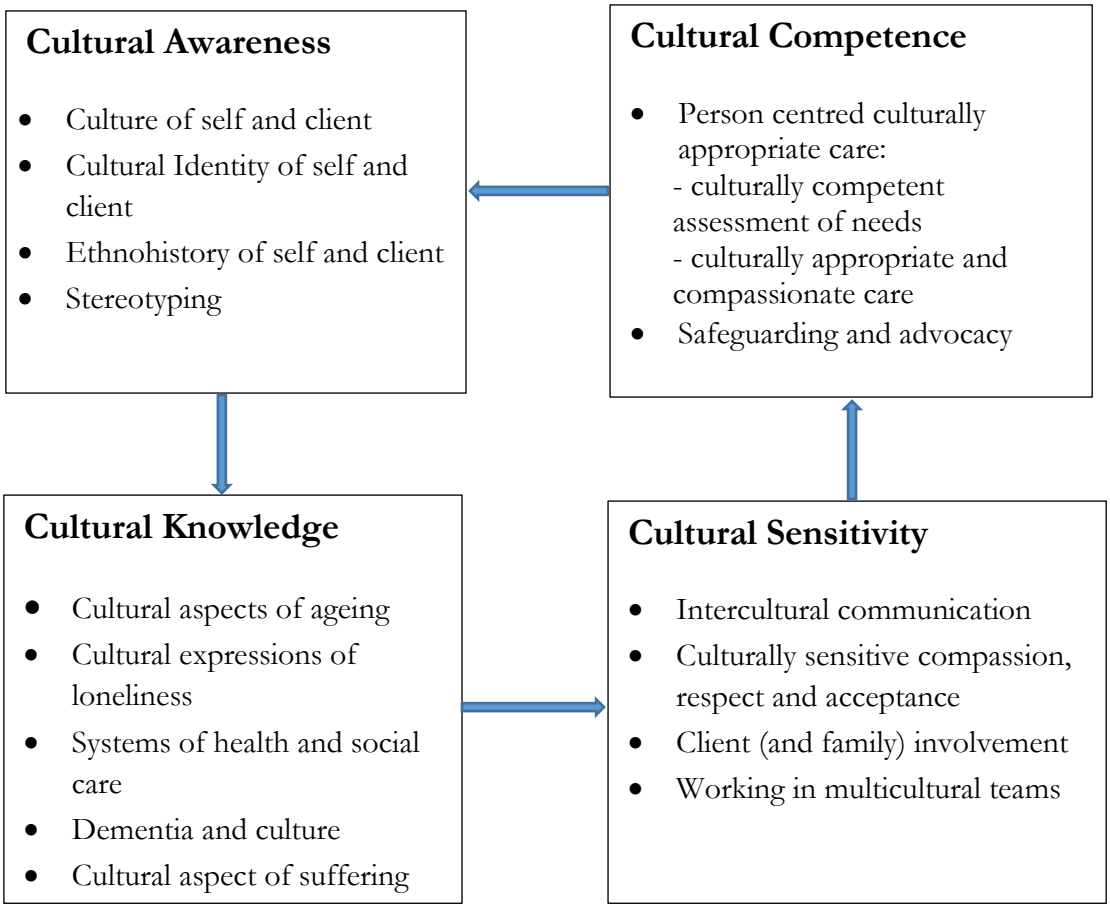
Castles, S. and Miller, M. J. (2009) The age of migration. International population movements in the modern world. (Fourth Edition. Revised and Updated). Basingstoke: Palgrave Macmillan

Karmi, G. (1998) Refugees. IN S. Rawaf and V. Bahl (Eds.) Assessing health needs of people from minority ethnic groups. London: Royal College of Physicians in London

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

The Conceptual PTT European Training Model for the Caregivers of Older People

Based on the above models as well as the information gathered from the reviews conducted as part of this intellectual output the following model is proposed:



The model retains the four constructs of the Papadopoulos, Tilki and Taylor model but provides a new and realistic map of sub-constructs. These sub-constructs are based on the findings of the IO 1 reviews. The model provides a framework for a systematic approach to the building and delivery of the curriculum. The sub-constructs can be broken down further to represent the findings of the IO 1 reviews which are reported in the **Deliverable 1.1: Guidelines, tools, procedure and results of the review of relevant sources for the development of the European Training Model,** and the underpinning values of the model presented above.

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.