

Short introduction to module

This module has been developed as a supplement to the training modules of the AMIDE project and deals with questions of organisational development. It has emerged from the realisation that in addition to imparting knowledge and sensitising staff to improve the care of people with dementia who have a different ethnic/cultural background than their carers, it is often necessary to change organisational structures. The module aims to identify needs in this area and initiate necessary developments. For example, if it is to be ensured that all colleagues have sufficient information about a resident's culturally or religiously related needs, it might be necessary to reflect on and further develop the ways in which information is exchanged internally.

The target group of this module is primarily care and quality managers and of inpatient care facilities and outpatient services. However, it may be helpful if other staff also participate in this module. On the one hand, the aim is for the participants to develop an awareness of the fact that in order to successfully improve the care and support of people with dementia who have a different cultural/ethnic background than their carers, organisational structures in the company must also be considered and adapted. On the other hand, the situation in one's own company is to be reflected upon and initial starting points in the area of organisational and quality development are to be worked out within the framework of a workshop.

Creating organisational structures to promote successful care for people with dementia with a different cultural/ethnic background than their carers.

1. Why is it necessary to address organisational development issues in order to improve the care and support of people with dementia from a different cultural/ethnic background than their carers?

An important building block for improving the care and bereavement of people with a different cultural/ethnic background than their carers is the further training of staff in the facilities and services. This aspect of staff development is dealt with in the previous modules 1 - 9 of this manual.

However, in addition to targeted staff development, many facilities and services also need to look at the processes and structures within the organisation in order to achieve the above-mentioned goal. This fact is also reflected in strategies for implementing concepts for culturally sensitive care or diversity management, most of which are accompanied by systematic personnel and organisational development.

"It is not sufficient if only the nursing staff at the grassroots level have transcultural competence. Since they usually do not have the competence to act, they cannot eliminate institutional deficiencies in the intercultural context either. For transcultural care to run smoothly, it is therefore essential that the interaction between caregiver and client can take place on a secure basis. For this, transcultural competence requires institutional anchoring." (Lenthe 2020: 182)

Ulrike Lenthe therefore demands that the transcultural orientation of the facilities and services be anchored as a cross-sectional and staff task at the management/leadership level (top-down). This includes the adaptation of the mission statement and the development of corresponding standards and guidelines (Lenthe 2020: 182 f.).



With regard to the development and implementation of culturally sensitive care, Gabriella Zanier (member of the working group Charter for Culturally Sensitive Care for the Elderly, among others)(2015) writes:

"The approach of culturally sensitive care does not offer ready-made solutions, but is based on an intercultural learning process of the professional caregivers, the people in need of

help and their relatives, the institution and its environment. "Intercultural learning is a process in which all participants must be involved" so that a mutual adaptation process can be initiated both at the level of the care relationship and at the level of the institution/organisation. This learning process is permanent, is embedded in a continuous structural development of the institution (intercultural opening) and should be continued on an ongoing basis".

For this continuous learning and development process at all levels of the organisation, the management must plan for regular spaces for reflection and qualification in terms of time and money. According to Zanier, the process of change must include the intercultural opening of the mission statement, an adjustment of internal structures and processes, the review and further development of the personnel concept and quality management, the establishment of networks and participatory cooperation structures as well as the differentiation of service design and public relations. For a successful implementation of an intercultural opening process, it is crucial that it is wanted by the management and executives and discussed, agreed upon and supported by the staff in a participatory process in the sense of a "top-down and bottom-up strategy".

One strategy for structuring such a continuous improvement process is the PDCA cycle, known from quality development, with the four steps shown in the following figure:

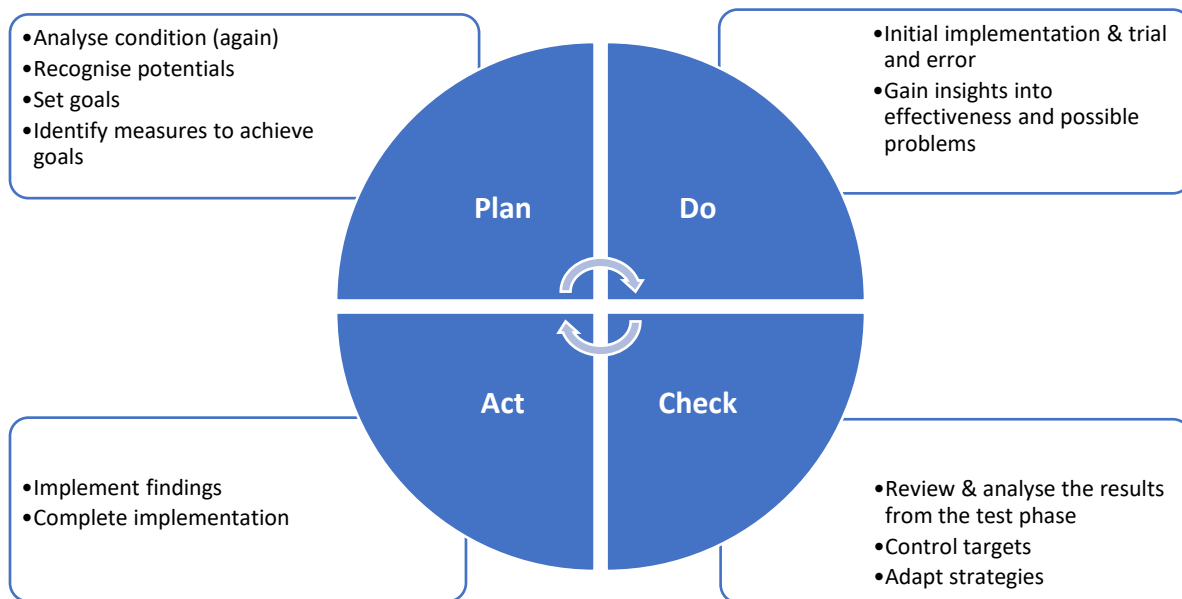


Fig.1: The phases of the PDCA cycle

The present module is located in the planning phase of this process. On the basis of the previous project steps, which already included interviews in the facilities, preliminary analyses and initial workshops with employees of the care facilities and the educational institutions, targeted analyses and planning can now be carried out with regard to the organisational structures.

In relation to the topics of modules 1 - 9, the following questions can arise for organisational development, for example:

- How can it be ensured at the organisational level that all staff members involved in relation to a resident with dementia have knowledge of the resident's life history, individual values, and the patient's needs?
- knowledge of the resident's life history, individual values, cultural and religious influences and needs as well as relevant aspects of the resident's home country (especially from childhood and adolescence)
- Knowledge of the needs with regard to individualised, culturally sensitive care and end-of-life care.
- Knowledge of the individual, culturally shaped perception of health and illness
- Knowledge regarding the respective diagnosed form of dementia and its effects on perception and the resulting behaviour
- Understanding and knowledge of how to deal with the resulting challenging behaviour, if any.
- Knowledge of the individual possibilities of non-pharmacological intervention
- and that this knowledge is constantly updated and exchanged within the team?
- How can/must the structures and processes in the facility / in the service be designed in order to be able to develop an individual, culturally sensitive care and support concept adapted to the needs with regard to the dementia-related illness of the resident?
- How can a successful cooperation in a multicultural team be supported organisationally?
- How can the strengths of this multicultural team be used for the benefit of the resident and which procedures should be implemented in the organisation for this purpose, with

the aim of being able to use opportunities and to recognise and take into account challenges (e.g. excessive demands on individuals)?

- How should the cooperation with relatives and/or other supporting external persons (e.g. interpreters) and institutions (e.g. religious communities) be organised?
- How can human resources and organisational development ensure that the development of intercultural competences is anchored in the company beyond the project period of the AMiDE project?

Practical examples for adapting organisational structures to the needs of residents with a migration history are:

- Restructuring of kitchen procedures to adapt meals to the needs of residents.
- Adapting care procedures and supplies to the practice of religious rituals
- Establishment of a prayer room in the inpatient facility
- Implementation of a mentoring concept
- Establishment of regular case discussions
- Conscious design of heterogeneous teams and targeted recruitment of a diverse workforce
- Establishment of an outpatient hospice association linked to the facility with volunteers who are trained in the special needs of residents with a migration history with regard to the phases before and during death
- Integration of the topics of cultural sensitivity and intercultural opening as a cross-cutting issue in the facility and initiation of an organisational development process.
- Cooperation with institutions such as mosques or the Jewish community to support the possibility of practising one's faith and exchanging ideas with compatriots
- A conscious opening of the facility for people with a migration history based on the development of appropriate structures and offers, through a targeted approach to this target group (e.g. via multilingual information materials, information events, contacts to migrant organisations, etc.). The aim is to reflect social heterogeneity in the facility and to break down access barriers to this service for families and their relatives suffering from dementia.

Implementation of the module

The module is designed as a workshop in which the topic is first introduced in a theoretical part. Afterwards, the participants can analyse the situation in their own companies in a practical part and develop initial ideas for changes in the organisational structures. The individual topics of the workshop are listed below:

Theoretical part

The workshop starts with an introduction to the topic "Creating organisational structures to promote successful care for people with dementia who have a different cultural/ethnic background than their carers". The following contents will be developed here:

1. Importance of the topic for the residents/clients as well as for the employees
2. Importance of the topic with regard to future social developments and the resulting needs in the field of care -> Challenges and opportunities for care facilities and services
3. Presentation of examples of possible approaches in organisational development (if needs for change have already been addressed / developed by staff in previous modules, these can also be presented here).

The following are examples of areas that could be reviewed in organisational development. These examples were developed from the results of the interviews and introductory workshops in the AMIDE project (IO1) and are presented here as a suggestion for the workshop participants:

Exemplary starting points for organisational development

a. Goal: Staff should receive more information about the residents suffering from dementia

- Improve the collection of information on residents (for example on individual needs, habits or fears):
 - Examples:
 - Involve relatives more as a matter of principle
 - organising contact with close relatives via the residential area manager or a selected person in the team
 - Enabling contact with relatives also via e-mails (enabling internet access)
- an improvement in biography work / documentation (keyword SIS)
- equal access to information about residents for all staff (carers, attendants, cleaners, etc.)
- If necessary, create a file on residents with a migration background in which information beyond the normal documentation is collected (e.g. background information on cultural and religious characteristics).
- Improve information sharing about residents in the team by:
 - Improving the interface between care and nursing
 - Better inform all colleagues involved before a resident moves in, so that the needs can be specifically addressed during the (difficult) first period, thus facilitating the settling-in process.
 - Ensuring the transfer of information between shifts / teams:
 - Improving the exchange within the team during handovers (more substantive exchange on the needs and sensitivities of the residents than before)
 - Ensure that all stakeholders receive important information
- More case conferences
- Improve biography work, involve the (whole) team

b. Goal: Improve staff knowledge about cultures, religions, forms of dementia, etc.

- Lectures by experts (can be, for example, staff members with a migration background) on relevant topics at service meetings
- Setting up a knowledge pool, for example on certain cultures / religions -digital or analogue (for example a folder with basic information)
- Improving the transfer of "new" knowledge from school education as well as further education and training in the team (participants as multipliers)

- Provision of internet access for information collection
 - Ensuring the same (basic) knowledge for all staff involved in care and support (also service staff, cleaners, caretakers, etc.)
 - Develop a guideline for researching care-relevant cultural and religious characteristics (for example, on suitable internet portals or in literature).
 - Provision of a (care) guide for specific crops (analogue or digital)
 - Utilising staff knowledge on cultural and religious specificities in the multicultural teams
 - Establishment of a systematic training concept (also) on this topic
- c. Goal: Changes in organisational structures in care and nursing for an improvement in the care and support of residents with dementia who have a history of migration
- More flexible structures in order to better adapt to the needs of the residents -> break up structural conditions for more culturally sensitive care and support, for example through:
 - Culturally sensitive adaptation of daily routines (take into account daily activities such as rituals, prayers, diets, etc.)
 - Allow more flexible mealtimes and bedtimes
 - Consideration of other food cultures through appropriate food and drinks
 - Consideration of individual needs in the furnishing of the residents' living spaces
 - Consideration of festivals and holidays (it can be helpful to create a corresponding calendar with explanations and instructions for action).
 - more individuality in care (in nursing actions) -> take needs and wishes into account - > culturally sensitive care
 - Introduce the development of a sponsorship system for residents with a migrant background, if appropriate.
 - Systematically involve colleagues with a corresponding migrant background in the care and support of residents with a migrant background to support the team.
 - they can give colleagues information on culture, religion, rituals, etc,
 - they can assist in communicating with the residents and relatives (translate and explain)
 - they can communicate with the residents, for example to enable trusting access, avoid misunderstandings and provide security in the new environment
 - Provision of digital support options for the nursing and care staff, such as devices with programmes/apps for translations, the possibility of internet research, etc.
 - Create organisational structures for improved exchange, information sharing and cooperation between caregivers and nursing staff (see above).
 - Improve biography work / documentation (see above)

- Create organisational structures for more intensive cooperation with relatives (for the collection of information and access to residents)(see above).
- Provide staff with access to information (internet access, literature, storage locations for information on residents, etc.). (see above)
- changed/improved documentation and ensuring that all carers and caregivers use/read the documentation
- Add topic to care standards

d. Goal: More support for colleagues with a migration background



- Adapted familiarisation systems
- Provide material on German history for a better understanding of the living environment of residents with dementia who grew up in Germany.
- Develop and establish a mentoring system for new colleagues with a migration background.
- Provide/develop materials such as pictograms that enable better collaboration with colleagues with language barriers
- Offers of support in particularly difficult areas of work such as documentation by colleagues
- Relieving/representing colleagues with a migrant background who encounter hostile and xenophobic behaviour from residents

e. Goal: Improved cooperation with the environment

- Review possibilities of involving external supporters such as cultural mediators or volunteer caregivers and establish them if necessary.
- Cooperation with associations and clubs (e.g. the Turkish or Jewish community)

This list contains initial ideas that should serve as suggestions for participants to identify problems and possible solutions. Some of the objectives mentioned here may also be important for the participants' own organisation, others may already be well solved and other individual problems may not even be addressed here. The participants are then asked to build on this in the practical part and develop their own ideas for their company.

Practical part

For the "creation of organisational structures for the promotion of successful care for people with dementia with a different cultural/ethnic background than their caregivers", first approaches are developed by the participants in this part of the workshop:

- a. Identifying strengths and deficits in the organisational structures in one's own organisation, for example by means of a questionnaire (intercultural self-check) and/or a strengths and weaknesses analysis
- b. Development of initial solutions for the own care facility/outpatient care service on the above-mentioned topics, e.g. in the context of a Word Café
- c. Determination of the next steps, definition of responsibilities, development of a timetable



Short summary of module

This module takes place in the form of a workshop which, in addition to the AMIDE project training, focuses on the aspect of organisational structures of care institutions and services. The participants work on "creating organisational structures to promote successful care for people with dementia who have a different cultural/ethnic background than their carers". Based on a theoretical introduction to the topic, the concrete situation in one's own institution is examined, strengths and

weaknesses are analysed and initial individual approaches to solutions for organisational development are developed.

Imparted competencies

The participants have developed an awareness that "promoting successful care for people with dementia who have a different cultural/ethnic background than their carers" also includes the area of organisational structures.

The participants know relevant areas in the organisational structures of care institutions and care services that could be addressed.

The participants know possibilities of organisational development to "promote successful care of people with dementia with a different cultural/ethnic background than their caregivers" and can adapt them for their organisation.

The participants have developed an awareness of strengths and weaknesses of organisational structures with regard to the goal of successful care for people with dementia with a different cultural/ethnic background than their carers in their own organisation.

The participants know the first approaches for improving the care of people with dementia with a different cultural/ethnic background than their carers and can implement them practically.

The participants have become aware that intercultural opening must be wanted by all levels and participants of the institution/service and must be strategically supported by concepts of intercultural opening in which quality management is included.

The participants know how they can participate in the redesign of culturally sensitive core processes in their institution/service and recognise their individual possibilities to influence the process design.

References:

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