

Addressing Cultural Challenges in Elder-Care Training

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Summary

The nature of the elder care specialist's job demands sophisticated and, in many cases, cross-cultural training. Nurses and aides are increasingly recruited from overseas and may need training that is both specialized to their cultural background and which helps them understand that of the clientele they serve.

Abstract

As the nation ages, the need for qualified elder care nurses and aides is booming. Data from the Administration on Aging shows that the number of people in the US over the age of 65 will double to 69.4 million by 2030—22% of the population (AOA 1998). Historically, 43% of people over the age of 65 enter a nursing home for at least one year and assisted living and in-home support from both formal and informal caregivers accounts for much closer to 100% of elders. Nursing and home health aides held roughly 2 million jobs in 2000 and employment in this field is estimated to grow at a rate of 36% per year (Bureau of Labor Statistics, 2002-2003). The U.S. market size of nursing aide training is an estimated \$216 Million. The anticipated shortage in new R.N.s recruited has also led the National Council of State Boards of Nursing to decide to offer licensing exams overseas early this year. This decision will create international market needs for training.

The nature of the elder care specialist's job demands sophisticated and, in many cases, cross-cultural training. Nurses and aides are increasingly recruited from overseas and may need training that is both specialized to their cultural background and which helps them understand that of the clientele they serve. And, in the U.S. and other Western nations, the aging clientele is itself increasingly culturally diverse. Specific knowledge of cultural norms for discourse about medical and other care-related topics (among the most “face threatening” of acts), is critical to effectively interacting with such a diverse population. One further dimension provides both complication and opportunity in socially-aware avatar-based training for elder care: many forms of elder health and social problems manifest themselves in part in social interaction. Examples include depression, dementia and other forms of cognitive impairment. Etiquette-aware avatars may be used in health care training as tutors (providing more cost-effective, speedy and motivational training for the large quantities of practitioners that will be needed), and as practice subjects for training interactions which exhibit a host of culturally and medically accurate etiquette behaviors. Recent findings clarify and validate this opportunity, declaring that current “teaching methods are often ineffective, clinical exposure is too short and unrealistic”. Nurses and nursing home aids specifically need “more training in interpersonal skills, including communication, teamwork, coping with death and dying, time management, and new technologies.” (Department of Health and Human Services, 2002).

By creating a framework for a training institute to provide self-paced and easily customizable lessons, we can not only reduce cost in training, but also distribute the training to a wider audience. That audience might include international nurse candidates, or informal in-home health care providers.