Learning in Multicultural Workspaces: A Case of Aged Care

Mr Robert John Godby
BA Hum, M Train and Dev

School of Education and Professional Studies

Griffith University

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Abstract

This thesis describes and elaborates the necessary and increasing requirement for workplaces to support learning in circumstances that are culturally and linguistically diverse (CaLD). Workplaces are vital sites for workers' learning and development in which, due to the continued effects of globalisation, they need to increasingly work and learn as members of culturally diverse teams. This need is especially the case for the Australian aged care sector where the proportion of migrant workers is higher than in most other industries. The predicted growth of this sector, driven by the ageing population, is expected to create an increasing need for workplaces to support the development for all kinds and classifications of workers, both native and non-native, to undertake their work with CaLD peers. This research has illuminated key factors that influence learning in multicultural work environments, how those factors support and/or hinder that learning, and how best learning support and guidance should be enacted in CaLD workplaces.

There are a wide range of contributions from the literature that provide a foundation for understanding the phenomenon of working and learning in multicultural teams. A common element apparent across these contributions is that learning results in a change within workers arising from the construction of understandings, procedures, and dispositions (i.e., learning). More specifically, a review of the literature suggests that this change is influenced by individual (e.g., subjectivity), interactional (e.g., intersubjectivity), environmental (e.g., situation learning), and cultural (e.g., ethnicity and language) factors. These various contributions represent a foundation for a conceptual model for learning introduced in this thesis depicting an interrelationship between culture and the other factors that influence workplace learning. This model acts as a consistent theoretical framework for the research methodology, procedural design, data analysis, and presentation of findings.

There are two instruments for data collection used in this research and then in thematic analyses of those data. The first, a questionnaire, produced two sets of data including quantitative characteristics of workers (e.g., age, ethnicity, and years of experience) and qualitative comments from workers (e.g., perceptions of learning and co-working). There were 102 questionnaire respondents from 23 worksites of two different aged care chains. The second instrument, a case study of one of these worksites, was formulated by capturing general facility information and, more importantly, interviews with its workers. These interviews included seven carers, the General Manager, and the Group

Head of Learning and Development. The two instruments and three data sets represent a mixed methods approach for this inquiry.

Arising from the collection and analysis of these data are six contributions to knowledge. First, a conceptual model for understanding learning in multicultural workplaces is proposed. Second, a set of explanatory concepts for learning in multicultural settings (e.g., “cross cultural habitude”) is introduced. Third, it is proposed that the label “CaLD” should be applied to all workers in diverse settings, not just to those born overseas. Fourth, this research emphasises a notion that cultural diversity has a fundamental influence on workplace learning in aged care. Fifth, practices to support cross-cultural communication, co-working, and learning are identified. Sixth, inter-worker learning is reinforced as a key enabler of performance in aged care work. Such contributions help to understand what influences workplace learning in multicultural settings and how it may be better supported.

Opportunities for further research include the extension of this study through larger respondent sample sizes, the incorporation of additional worksites, and the inclusion of other job roles (e.g., nurse) in aged care. Case studies of other industries also represent an opportunity to further understand the influences of learning in multicultural workplaces.

Statement of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Signed: Robert Godby Date: 30 January 2023

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Chapter 1: Learning in Multicultural Workspaces

1.1 Introducing Learning in Multicultural Workspaces

To be responsive now and to prepare for the future, Australian workplaces need to recognise and address the demands of complex multicultural teams, as such work groups are increasingly becoming common elements of the national labour force (Levey, 2019). This concern is especially the case for aged care, where matters such as meeting the needs of an aging population and patterns of immigration have led to such teams caring for elderly Australians. The research project outlined and reported in this thesis aims to identify what influences, and how to improve, workplace performance and learning in multicultural teams and workplace settings. Its unique contribution is to illuminate how working and learning within culturally diverse workplaces can be optimised to improve the capability of individuals and groups to perform their work effectively through collective processes.

Key contributions in this study comprise, firstly, a conceptual model for working and learning in multicultural workplaces. This model is constructed through a review of relevant literature, elaborated by the interview and survey data presented and discussed in this thesis. Second, a set of explanatory concepts for learning in multicultural workplaces is synthesised from survey data. This set of concepts represent the main influences, categories, and characteristics of workplace learning illuminated by excerpts from the interview and survey data. Both the model and set of explanatory concepts offer a descriptive basis for understanding of learning in aged care and other multicultural workplace settings. Third, this research proposes that the label "culturally and linguistically diverse" (CaLD) should be representative of all workers, not just those born overseas. This labelling is important to support inclusion and to recognise the diverse ethnic backgrounds of all workers regardless of cultural origin. Fourth, practices to support communication and cross-cultural relations for more effective learning in CaLD settings are identified throughout this thesis. Such practices point to practical changes that workplaces can implement to enhance workplace learning of these teams. Finally, this research reinforces the importance of and conditions by which co-working acts as a key enabler of learning and performance in aged care work.

In this first chapter, the importance of the research project is described and justified, and the related terminology used within it is defined. The focus of this inquiry is then explained before the research questions are presented. The structure of key

points within this research thesis is introduced with specific reference to the focus of each chapter's contributions to understanding how multicultural teams can most effectively work and learn collaboratively.

This chapter, initially, introduces the development of a model that both explains and is a platform for advancing more effective multicultural team working. The original sourcing of that platform were key concepts identified from the literature that either define or explain the phenomena that are central to understanding and elaboration (Chapter 2). A contextualisation of the problem for aged care is then advanced (Chapter 3). That contextualisation leads to the selection and justification of the research methods and procedures adopted to gather and analyse the data (Chapter 4). In particular, the use of self-reporting (through surveys and interviews) by informants working in or with multicultural teams in aged care facilities are presented and discussed, and deductions are drawn out in subsequent chapters (Chapters 5, 6, and 7). Finally, key findings and deductions arising from the practical inquiry about working and learning in that environment are introduced, including statements about contributions to knowledge arising from this thesis (Chapter 8). Firstly, however, it is helpful to propose why this research is a necessary and important way to contribute further understanding to the field of workplace learning.

1.2 Importance of This Study

Understanding how multicultural teams can best in the dual processes of work and learning is an important and worthwhile project, for four reasons. First, there is a need to understand more about the workplace as a vital source of learning and development (Billett et al., 2016). Second, the continued effects of globalisation on the labour market are contributing to additional and new challenges for how people work and learn in diverse teams (Adamson et al., 2017). Third, the aging population is creating a demand for more and better care for the elderly, and for those who are most frail, in aged care facilities (Koyama et al., 2020). Fourth, the aged care sector in Australia is currently under immense scrutiny about the quality of this care (Royal Commission in to Aged Care Quality and Safety). So, to prepare for the future, there are important and urgent needs to better understand co-working and learning in multicultural aged care workspaces. Each of these reasons is further explained here.

Firstly, there is a need to understand more about the workplace as a vital source of learning and development. In recent decades, there has been a growing acknowledgement that learning occurs through the practice of work activities beyond

traditional training and educational settings (le Clus, 2011). In the recent literature, the workplace has been described as an everyday setting (Lave & Wenger, 1991) for situated learning (Billett, 1996) to occur. Working environments represent an important social setting shaped by the practice of work, interaction with, and guidance by others (Billett, 1993). More recently, studies have shown this to be the case in a broad range of industries including the police force (Sjöberg & Holmgren, 2021), energy resourcing (Miller et al., 2021), and healthcare (Baerheim & Raaheim, 2020). So, workplace learning, that is, learning in and through the practice of work, is broadly accepted as an essential way in which workers acquire the skills and knowledge needed to carry out their job. Hence, the inquiry reported and discussed here is important because it aims to contribute further insights into how workers learn and perform through the practice of work.

To support individuals, teams, and organisations to grow professional capacities, there is a need for new and additional knowledge about the field of workplace learning. Over the last century, there have been many and various contributions to the field of education that provide foundational understandings of how people learn (Bruner, 1960; Dewey, 1929; Vygotsky, 1926), albeit from diverse perspectives and starting points. However, it is only in recent decades that these contributions have been complemented with more specific notions of how people learn at work. Central to these notions is the proposition that individual workers learn through experience (D. Kolb, 1984) in an environment that is contextually authentic (Lave & Wenger, 1991) to reach a shared understanding through interaction (Billett, 2014b). As part of the broader research contexts of psychology, sociology, and pedagogy, the more specific field of workplace learning is relatively recent, and one deemed worthy of further inquiry.

The need to better understand workplace learning is reinforced by the continued reliance of industries and organisations on employing workers to undertake work in which they have little experience and low qualifications (Hamilton et al., 2021; Treuren et al., 2021). Such employment often occurs in construction (Salguero, 2015), childcare (Rolfe & Armstrong, 2010) and, to a growing extent, aged care (Hypolite-Bishop, 2021). These workers must, therefore, learn much of their capability through experience with and practice of the work itself (i.e., workplace learning). The need to understand the capacities of these workers, their supervisors, and organisations to enable such learning is not only valuable, but also critical to the safe and effective practice of work in these highly demanding industries, such as aged care. This need is also important because such industries tend to employ underqualified and often marginalised workers,

such as migrants, into entry-level roles (Dun et al., 2018). It is, therefore, important to contribute new and more specific insights to workplace learning as proposed in the inquiry reported and discussed in this thesis.

Secondly, this research is important because of the continued effects of globalisation on the labour market. The international movement of people, services, and goods is contributing to additional and new challenges for how people work and learn in diverse teams. Over 3% of the world's population now live outside their birth country and this figure is anticipated to increase in the future (United Nations, Department of Economic and Social Affairs, Population Division, 2017). Migration has overtaken the birth rate as the main source of population increase in Australia and recent years have seen some of the highest migration rates since the late 1800s (Simon-Davies, 2018). In many cases, migrants enter as refugees or as displaced persons, causing them to struggle to find employment because they lack skills relevant to contemporary work requirements in Australia (Hsieh, 2013). Sometimes, they find jobs in fields that are different from what they are qualified to do (Goel & Penman, 2015). Helgesson et al.'s (2019) study of refugee employment in Sweden indicated that these workers experience longer term joblessness in their host country compared to locally born job seekers. They also experience marginalisation and struggle to reaffirm their professional identity (Tomlinson & Egan, 2002). They tend to occupy "low skill" and "low paid" work, such as personal care, in which some face discrimination and linguistic and structural barriers (Hsieh, 2013). So, migrant employment is increasing in Australia as are the challenges migrants face to learn and undertake their work (Charlesworth & Isherwood, 2021).

The requirement for all workers, both native and non-native, to be effective members of culturally diverse work teams, therefore, continues to grow and creates the need to capture and analyse the capacities required for workers to interact and effectively conduct their work. Understanding these capacities is especially important for the aged care sector where almost 30% of its Australian carer workforce is reported to be made up of migrants (Australian Government, Department of Health, 2021). This percentage is much higher in some facilities (Fine & Mitchell, 2007). In sum, global population mobility is contributing to an increase in cultural diversity of the teams providing care to the Australian aging population. There is an imperative, therefore, to better understand such carer work groups and how they can more effectively learn and work together.

Thirdly, the Australian aging population is creating a demand for more and better care for the elderly, and for those who are most frail, in aged care facilities.

Almost a quarter of Australia's population is expected to be aged over 65 by 2064 (Ofori-Asenso et al., 2018), leading to a change in demography and, as a result, a greater need for resources and knowledge relating to aged care services. The burgeoning number of older people means that the provision of effective aged care is becoming a national priority. More jobs are being created in this sector, with many of them occupied by migrant workers who work alongside others in shift work arrangements and engage in shared tasks, such as manual handling. Shih et al. (2014) emphasised that different skills are needed due to the increasing complexity of aged care work as the increasing percentage of residents with delirium and dementia make this group more the norm than the exception. Thus, the aging population is driving employment growth and job complexity in the aged care sector. This gap is being filled by migrants and at a higher rate in aged care than in other industries, leading to greater instances of cross-cultural working (Willis et al., 2018). It is important that workplaces ensure that those who are employed in these diverse work teams can effectively learn and work together to meet the growing needs of caring for the elderly.

Fourthly, the aged care sector in Australia is under immense scrutiny about the quality of its care. The Royal Commission into Aged Care Quality and Safety, which commenced in 2018, quickly led to negative media exposure; claims of abuse and avoidable resident deaths have all contributed to the demand for improved care (Harris & Sharma, 2018). Indeed, the situation has been described as a "looming crisis" that needs to be addressed by the industry through more funding, innovation of processes and, most importantly, improved worker capability (Harris & Sharma, 2018). Exacerbating this situation, the Covid-19 pandemic has created more challenges for this sector, such as increased instances of resident isolation, poor infection control, and mortality, and severe staff shortages (A. Quigley et al., 2021).

Aged care is, therefore, a compelling context in which to examine workplace learning in multicultural teams. The findings here may assist in the mooted reforms of this sector in Australia and, in particular, how effective learning and practice can co-occur. Yet, such findings will not be restricted to aged care. As indicated, culturally diverse teams work in a range of industry sectors. To understand learning in multicultural aged care workspaces, it is firstly necessary to define the key terminology used in this thesis to describe and discuss this phenomenon.

1.3 Definition of Related Terms

This inquiry uses a range of terms to present, explain, and discuss the conditions, issues, and circumstances described above. The terms “CaLD”, “cross-cultural”, and “multicultural” are used interchangeably in this thesis to describe the diverse ethnicities, nationalities, and languages of those working and residing in aged care, as elaborated. Hence, “culture” relates more specifically to national, ethnic, and racial culture, and is further defined in Chapter 2. The research reported in this thesis focuses primarily on the experiences of non-clinical workers who provide direct care and assistance to aged care residents; they are commonly referred to in this sector as personal carers, AiNs (assistants in nursing), and aged care assistants. For consistency, this study uses the term “carer” when referring to those workers. The aged care facilities, as physical and social spaces in which these carers work, are also referred to as workspaces, settings, and environments in this inquiry. Concepts related to co-working and learning as part of groups and teams in this context will be illuminated by the literature (see Chapters 2 and 3) and by the data (see Chapters 5, 6, and 7). From these insights, a phraseology related to cross-cultural learning emerges and is generated and advanced in Chapter 6. This phraseology is then used to advance key explanatory propositions in Chapters 7 and 8.

Having introduced the importance of this study and related terms, it is helpful to outline the focus of the inquiry. Understanding how culturally diverse carer work teams’ working and learning can become more effective is informed by a range of literature, some of which is introduced in this opening chapter. However, informing the discussion of this literature are the research questions that focus and give direction to its review and subsequent practical inquiry.

1.4 Focus for Inquiry

There is a growing imperative to illuminate the needs of those working and learning in multicultural aged care environments and how their learning might be improved to meet the growing challenges of aged care. This imperative is addressed by an overarching investigation: How do workers learn in multicultural team environments? The following three questions guide the actioning and realisation of this project more specifically:

1. What are the key factors that influence learning for performance in multicultural team work environments?
2. How do these factors support and/or hinder this learning?

3. How should learning support and guidance be enacted in a multicultural workplace?

The first question aims to identify factors that influence learning in multicultural team environments while the second will qualify those factors by understanding how learning is impacted in positive and negative ways. The third question is directed to identify what should be done in workplaces so they can better support learning in multicultural groups of workers. These research questions have been addressed, in part, through specific contributions from the literature suggesting that learning in multicultural teams is primarily influenced by individual, interactional, environmental, and cultural factors. The terms related to these factors are discussed in more detail in Chapter 2, which is introduced here along with the structure of all other chapters.

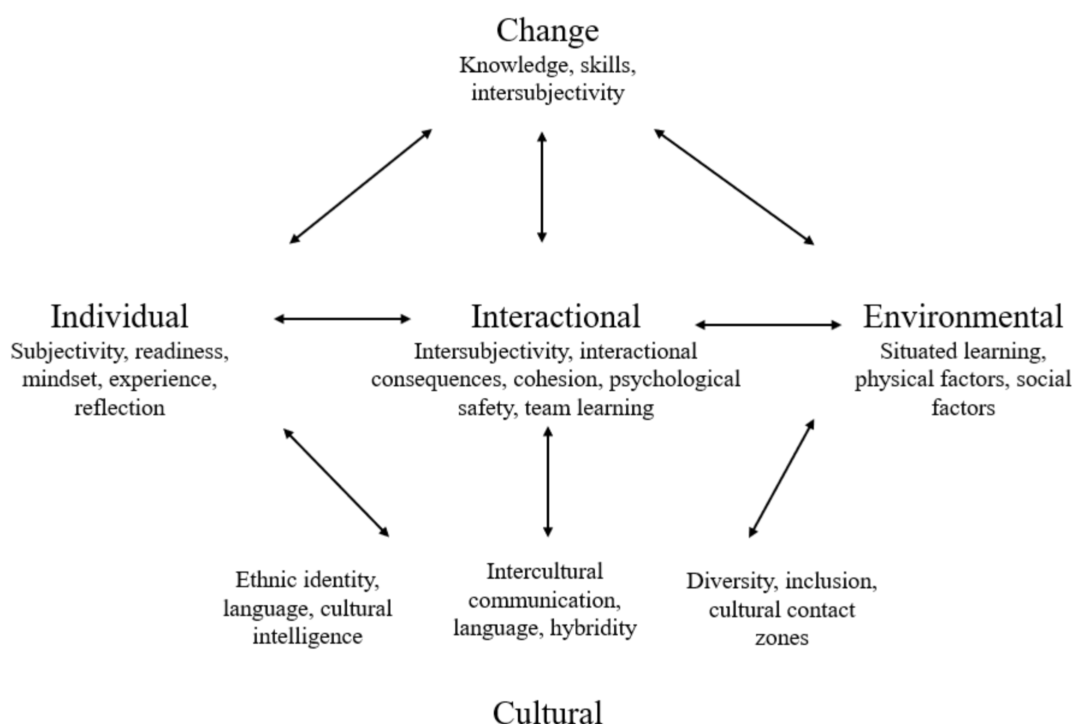
1.5 Structure of Key Points About Learning in Multicultural Teams

The case made in this thesis comprises of eight chapters which advance propositions about learning in multicultural work settings. It commences with propositions derived from a review of relevant literature proposing that learning is influenced by individual, interactional, environmental, and cultural factors (Chapter 2). Incorporating the disciplines of psychology, sociology, pedagogy, and organisational behaviour, this chapter synthesizes and delineates key elements from distinct perspectives about these four factors, how they are manifested, and how they can contribute to changes in workers' disposition, knowledge, or expertise when confronted with new circumstances. Such change (i.e., learning) is made more demanding when it occurs in CaLD environments as workers must overcome language and cultural barriers to reach a shared understanding (Sanchez Bengoa et al., 2018).

The identification of these factors in the literature leads to the development of an explanatory model for how working and learning might proceed. The model acts as a reference point for the remaining chapters by describing the industry in terms of these four factors in Chapter 3 and, in Chapters 5, 6, and 7, these data are analysed and applied to each factor. The model (see Figure 1.1) is briefly introduced here and explained in more detail in Chapter 2. This figure is used to anchor, connect, and provide coherence to what is proposed and discussed in and across this thesis. Here, the prominent factors related to workplace learning in multicultural teams are depicted.

Figure 1.1

A Foundation for Understanding Learning in Multicultural Teams at Work



The explanatory model proposes that learning is fundamentally influenced by three central factors (i.e., the individuals, their interaction, and the environment) that are placed at the horizontal centre of the figure. Individual factors incorporate key contributions from the literature including subjectivity (Billett, 2008a), readiness (Billett, 2015a), mindset (Dweck, 2015), experiences (A. Kolb & Kolb, 2005), and reflection (Schön, 1983). Interaction with co-workers may be shaped by intersubjectivity (Billett, 2014b), interactional consequences (Filliettaz et al., 2015), cohesion (Salas, Estrada, & Vessey, 2015), psychological safety (Edmondson, 2018), and team learning (Kasl et al., 1997). Environmental elements include situated learning (Lave & Wenger, 1991) within the physical and social space (Rutten & Boekema, 2012). These central factors all interrelate with culture, which is placed at the bottom of the model and, for the purpose of this research, focusses on elements such as ethnicity and language as opposed to organisational culture.

Ultimately, the central factors and their interrelationship with cultural factors result in some type of change (i.e., learning) that is positioned at the top of the model. This model is referred to throughout this inquiry as a framework for learning in multicultural teams. To understand these concepts within a specific working context,

this inquiry focuses on the aged care industry: its work, workers, and factors that influence learning within it.

The aged care sector enables a contextualisation and conceptualisation of multicultural team learning where it is instantiated as the requirement that workers must learn on the job to respond to the demanding needs of the elderly whilst working as part of highly diverse cross-cultural teams (Chapter 3). In Chapter 3, it is proposed that aged care is a compelling context for this inquiry, for four reasons. Firstly, it is a context in which diverse subjectivities are at play due to, for example, the differing occupational readiness of workers. Some carers enter the sector without prior experience and little relevant education, whilst others are qualified nurses in their home country (Leahy, 2022). Secondly, the aged care environment is one that is socially and spatially unique (Naccarella et al., 2018). It is a home to residents, a workplace to care assistants, a clinic to health professionals, and a respite for families.

Third, the requirement for workers to interact with both their work and co-workers in this context is especially demanding (Bentley et al., 2016). They must meet the demands of residents, their families, supervisors, and co-workers, all whilst dealing with a broad spectrum of routine and regulated and non-routine work-related tasks. Fourth, aged care is an appropriate context because it is highly diverse in terms of ethnicity (Xiao et al., 2017). The low desirability of aged care work combined with the high number of job vacancies for assistants is driving migrant recruitment (Charlesworth & Isherwood, 2021). Chapter 3 proposes that more insights are needed to understand how those factors constrain or enable co-working and learning. The practical inquiry reported and discussed here aims to address this need by contributing data and insights specific to the aged care context.

Given this context, the premises and justification for the research methodology and procedures for gathering and analysing data is elaborated in Chapter 4. A mixed methods approach is used to gather both quantitative and, to a greater extent, qualitative data. There were two main instruments of data collection which gathered three distinct sets of data. These are briefly summarised here in Table 1.1 and more comprehensively described and validated in Chapter 4.

Table 1.1

Overview of Methods for Data Collection

Instrument	Informants	Data set	RQ focus	Analysed in
Questionnaire	102 carers from 23 facilities across two organisations	1. Quantitative 2. Qualitative	1 and 2 1 and 2	Chapter 5 Chapter 6
Case study	7 carers, and the General Manager from one facility plus Group Head of Learning and Development	3. Qualitative	2 and 3	Chapter 7

As presented in the left-hand column of Table 1.1, there are two instruments of data collection used in this research. The first, an online questionnaire, produced two sets of data including quantitative characteristics of workers (e.g., age, ethnicity, and years of experience) and qualitative comments from workers (e.g., perceptions of learning and co-working). There were 102 questionnaire respondents from 23 worksites of two different aged care chains: Senior Care and Elder Care. These worksites are located along the East coast of Australia in metropolitan and rural areas. Pseudonyms have been used to protect the identity of these organisations. The second instrument, a case study of one of these worksites, was formulated by capturing general facility information and, more importantly, interviews with its workers. These interviews included seven carers, the General Manager, and the Group Head of Learning and Development. As data collection occurred during lockdown periods for Covid19, questionnaires and interviews took place virtually without visits to facilities. The total number of interviews (i.e. nine) was limited by the severe staff shortages in the facility at the time of data collection. Nevertheless, a case study approach allowed for specific and rich data to be gathered from this group. The two instruments and three data sets presented in Table 1.1 represent a mixed methods approach for this inquiry that, due to the sensitivity of the aged care environment, needed to be gathered with care and caution. This caution was especially important because data collection occurred directly after the Royal Commission into Aged Care and during the Covid 19 pandemic- a sensitive time for those working in aged care.

Like any social research, there are significant ethical issues that need to be considered during this study, especially because this research context comprises of people who are often marginalised (i.e., the migrant carers) and vulnerable (i.e., the elderly residents). Aged care organisations are accustomed to acting as research sites and, therefore, have their own organisational approval processes to protect their

residents during research projects (Henwood et al., 2015). Nevertheless, it is important that the two organisations, Elder Care and Senior Care, had confidence that residents and workers would be protected throughout the research project. In this case, attention was given to these considerations based on recommendations by L. Cohen et al. (2017) which are also outlined in Chapter 4. The data collected via questionnaire and case study interviews are then analysed (Chapters 5, 6, and 7) and then key propositions about learning in multicultural workspaces are proposed (Chapter 8). Each of these key points within the research thesis is introduced and briefly summarised here.

In reporting and analysing the first set of findings, Chapter 5 refers to the quantitative data from this survey gathered via 38 multi-rated questions. The analysis in Chapter 5 is presented across three broad themes: (a) Respondent characteristics (including 15 questions), (b) Factors that influence how you work and learn (including 19 questions), and (c) working and learning during the pandemic (including four questions). Tables and an appendix are used to present the data for each of the 38 questions, including separate and combined data from the two organisations. The data are analysed as combined totals for the two organisations as well as separately for each of them in the chapter. Generally, these data reinforce the proposition made in Chapter 2 that learning in these workspaces is influenced by a complex of individual, interactional, environmental, and cultural factors.

The qualitative data gathered through the survey expand on many of the findings advanced through and identified in the literature and the quantitative data, especially in relation to individual, interactional, environmental, and cultural influences on learning. Hence, Chapter 6 elaborates the qualitative data from the survey via analysis of data from the 12 open-ended questions in the survey. The first part of the chapter is dedicated to presenting and describing the qualitative data using a thematic analysis approach. Data codes are identified and batched into higher level themes presented in tables and described in detail. A key feature of this chapter is the creation of a phraseology based on these themes. These terms are specific to this study and are used to advance propositions in Chapters 6, 7, and 8. The main deduction advanced in Chapter 6 is that learning, as a subjective and intersubjective experience, is affected when existent qualities, practices, and affordances that are enacted (e.g., buddying) or are absent (e.g., adequate staffing). These deductions directly address the second research question.

To engage in a more detailed and situationally specific analysis, the case study focussed on the working and learning experiences of carers based at one of the Elder

Care facilities, referred to henceforth as Northpoint. This case study helps to verify and deepen the analysis of this inquiry and delineates practical responses for promoting collaborative working and learning in multicultural teams. The first part of Chapter 7 describes Northpoint as a site for cross-cultural working and learning in aged care. The second part of this chapter presents, describes, and analyses interview data elicited from carers and managers at this worksite. The third part of this chapter advances a set of propositions about working and learning at Northpoint. Importantly, the case study supports the notion that learning in multicultural teams is influenced by individual (e.g., cultural approach to care), interactional (e.g., openness of communication), environmental (e.g., diversity of rostering), and cultural (e.g., ability to adapt to differences) factors. Chapter 7 explores how support and guidance should be provided at Northpoint and similar worksites. These findings and deduction directly address the third research question and form a basis for the key propositions about learning in multicultural teams in aged care advanced in Chapter 8.

Drawing together the findings with propositions advanced in the literature, the key deductions advanced here propose contributions to knowledge and point to practical considerations for enhancing working and learning in multicultural teams in these workplaces (Chapter 8). In overview, those contributions are about how individual, interactional, environmental, and cultural factors influence learning in these diverse work groups, especially during times of change such as the Royal Commission into Aged Care and the Covid 19 pandemic. That learning is enabled, especially during times of change, when carers use English as the main language whilst working, when they have access to the required equipment, and when they receive support from management. Barriers to learning include excessive administration, understaffing, prejudiced mindsets, and poor communication practices. To enhance working and learning in these spaces, this research found that communication and cultural skills should be supported for both native and non-native English speakers. These propositions are advanced in Chapter 8 as practical considerations and contributions to knowledge and are briefly described here.

1.6 Contributions to Knowledge and Practical Considerations

There are three main contributions to knowledge advanced in this thesis: (a) a proposed model for cross-cultural learning, (b) a set of explanatory concepts, and (c) some specific aged care insights. Firstly, the model depicted in Figure 1.1 contributes a view of workplace learning that conceptualises learning in multicultural workspaces.

This model is potentially helpful for future studies of workplace learning in work settings with culturally diverse work teams because it captures the key factors identified in the literature, and substantiated through this research, which shape workplace learning (i.e., individual, interactional, and environmental factors). Further, it depicts them as key influences that interplay with cultural factors at work. Secondly, the set of explanatory concepts that is proposed in Chapter 6 contributes a set of explanatory premises for understanding of learning in multicultural teams. Terms emerging from the data, for example, "cross-cultural habitude" (i.e., the habitual tendency and disposition towards co-working situations with CaLD peers or residents), have not been identified in previous research and may be helpful for further studies of this phenomenon. Within those explanatory concepts, the importance of language competence in the conduct of work and learning is illuminated. Thirdly, this research contributes and reinforces a subset of four insights that are specific to the aged care industry. These include (a) the proposition that the label "CaLD" may be representative of all workers, not just those born overseas; (b) the conceptualisation that culture is a fundamental influencing factor of workplace learning in aged care due to its higher than average level of diversity, (c) the identification of practices to support communication and cross-cultural habitude for more effective learning in CaLD settings, and (d) the reinforcement of inter-worker learning (e.g., buddying) as a key enabler of performance in aged care work. These contributions also point to some practical contributions.

A key outcome of this inquiry is the proposition of some practical ways in which learning support and guidance might be provided at these aged care facilities and at other diverse workplaces in Australia. These include the assessment of care disposition as part of pre-employment processes and the revitalisation of buddying approaches so that the learning of new workers is better supported. The need for more live interactive learning-related activities, especially on the topics of cross-cultural working and communication, is suggested through the research findings. To support such learning, additional support could be offered to leaders so they can role model the co-working and learning behaviours expected from the team. Management might also consider the constraint to workplace learning caused using personal protective equipment (PPE) in future risk assessment and policy revision. To enable all these practical considerations, a challenge and opportunity for these workplaces may be to increase the people and time provision (i.e., through adequate staffing levels) so that workers can learn and practise more effective care.

In sum, this study regards workplace learning as an outcome of individual, interactional, environmental and cultural influences, especially in multicultural settings. This learning enables aged care workers to negotiate the requirements of their job through co-working and to ultimately provide care to clients. This thesis advances that multicultural teams can be a setting for and source of rich workplace learning, when their qualities are understood and accommodated. This conclusion is illuminated in the literature through the identification of key influences on learning in aged care (Chapters 2 and 3), outlined in data collection methods (Chapter 4), and then advanced through data analysis and outcomes (Chapter 5, 6, 7, and 8).

1.7 Conclusion

In conclusion, as globalisation and immigration increase, workplaces may need to better understand the needs of complex multicultural workspaces and how learning occurs within them. Aged care is a relevant and compelling field of work in which to understand learning in multicultural environments due to its high degree of worker diversity and its projected industry growth both in Australia and overseas. Here, learning in multicultural age care teams has been appraised in terms of individual, environmental, interactional, and cultural factors. These factors provide a basis for understanding what influences workplace learning in a diverse co-working environment and how this learning can be improved. A mixed methods approach has been outlined that enabled both qualitative and quantitative data to be collected from two organisations comprised of 23 individual age care facilities. Ultimately, this inquiry affords an opportunity to contribute, not just to the field of workplace learning, but also to that of teams and cultural relations at work. It is anticipated that these contributions are applicable to the context of aged care and potentially can be leveraged across other industries and professions. The unique contribution is specifically to illuminate how learning within culturally diverse environments can be optimised so that it results in improved capability of individuals and teams to do their work together.

Chapter 2: Positioning the Research Questions in the Fields of Empirical Research

2.1 When Work, Workers, and Cultures Collide: Impacts for Learning

Working in teams, whose members are from diverse backgrounds, ethnicities, and work roles, has become a feature of contemporary workplaces (World Health Organization, 2017). The composition of these workgroups brings specific challenges for both work and learning. These challenges include different communication styles, language fluency, decision-making norms, and attitudes towards hierarchy (L. Chen et al., 2020). Increasing rates of globalisation, migration, and the ageing population have resulted in greater cultural diversity in Australian workplaces (Nguyen, 2019). This diversity leads to more complex (i.e., multi-faceted) working and learning environments for workers in sectors such as aged care (L. Chen et al., 2020). There are a wide range of contributions to the literature that inform a foundation for understanding the phenomenon of working and learning in multicultural teams, which is the focus of this thesis. This case is, firstly, outlined and then elaborated through the literature that supports it to advance propositions about what influences learning in multicultural environments. It takes a helicopter view of varied contributions to learning and co-working; some of which are explained in brief for necessary brevity. The various contributions discussed here represent a foundation for the model for learning introduced in Chapter 1 which is further advanced towards the end of this chapter. These contributions lay the foundation for Chapter 3, in which working and learning in the multicultural context of aged care is analysed through the literature. First, it is helpful to restate the research questions because these point to specific factors within the literature which, in turn, frame the structure of this chapter.

2.2 Research Questions and Chapter Overview

A key proposition of the research advanced in this thesis is that the capability of carers to undertake their work is often learned in and through work activities and interactions through co-working experiences (Lahti et al., 2022; Mertens et al., 2018; Walmsley et al., 2021). So, as work requirements are being made more demanding and difficult, the question arises as to how learning is impacted when it occurs within multicultural work environments. Consequently, the research questions proposed here are generated from gaps identified in the existing understanding about this phenomenon in the proposed field of research; that is, how workers learn in multicultural team environments.

This research aims to identify what influences and how to improve workplace performance and learning in multicultural teams and workplace settings by addressing the research questions outlined in Table 2.1.

Table 2.1

Overarching Investigation and Research Questions

Overarching investigation	Research questions
How do workers learn in multicultural team environments?	1. What are the key factors that influence learning for work performance in multicultural team environments?
	2. How do these factors support and/or hinder this learning?
	3. How should learning support and guidance be enacted in a multicultural workplace?

A principal focus of these questions is deployed to explore how workers learn in multicultural team environments, shown as the main research question in Table 2.1. More specifically, the aims of this research, shown as research questions in the second column of the table, are to identify key factors that influence work performance, how those factors variously support and hinder learning, and ways in which learning support and guidance should be enacted in multicultural workplaces. This chapter responds to the first question by advancing the proposition that four types of factors influence learning: (a) individual, (b) environmental, (c) interactional, and (d) cultural. These factors emerge from distinct, varying, and wide fields of study of human behaviour including adult learning, sociology, and psychology. Therefore, they represent a comprehensive range of contributions from empirical and theoretical research within those disciplines. This review of the literature does not aim to be wholly inclusive or comprehensive; rather, it deliberately focuses on the theories, concepts, and studies that contribute to a greater understanding of learning in multicultural work team environments. In some cases, complementary concepts are mentioned to support these focus areas; however, with less explanatory detail.

To illuminate these main factors, this chapter is presented in four main sections: Learning and the individual (Section 2.4), Learning and the environment (2.5), Learning through interaction (2.6), and Learning across cultural boundaries (2.7). These factors culminate in advancing key propositions and concepts (2.8) including scope for further research and a model for learning that is proposed as a framework for this research. The

aged care context is more specifically explored in relation to these theories in Chapter 3. Firstly, however, "learning" is explored in terms of its theoretical contributions and conceptualisations in the workplace.

2.3 Defining Workplace Learning

Over the last century, the broad field of learning has been a focus of research across a range of disciplines including psychology, pedagogy, sociology, biology, and neuroscience. The seminal contributions of Freud, Dewey, Ebbinghaus, Rogers, Skinner, Bruner, and Kolb offer some fundamental understandings of how people learn from their perspectives. Respectively, these contributions illuminate the role that emotions (Malberg & Raphael-Leff, 2018), social interaction (Jackson, 2015), individual change (Rogers, 1951), environmental influences (Skinner, 1968), scaffolding (Bruner, 1960), and experience (D. Kolb, 1984) play in the process of learning. These diverse contributions suggest that learning is a multifaceted and complex phenomenon. Illeris (2018) presented some important historical interpretations of learning theory such as those mentioned above; however, they do not represent a comprehensive view of this broader field. Learning has, therefore, been defined in many and varied ways in the literature, and this chapter does not aim to elaborate all these conceptualisations. However, some are more germane to the learning that occurs in the workplace, and these will be discussed in the following sections.

The more specific and contemporary field of workplace learning has also been interpreted and defined in different ways. This varied interpretation is, in part, because the task has been approached from many different disciplinary fields including psychology, pedagogy, and sociology (Manuti et al., 2015). Tynjala (2008) offered a comprehensive view of these interpretations, highlighting the contributions of Billett (2001), Illeris (2003), D. Kolb (1984), Senge (1993), and Eraut (2004), amongst others. A common element apparent across these is that learning results in a change within workers (Billett, 2008b). This change can, therefore, be regarded as learning because it represents the construction of new knowledge, skill, or understanding.

The proposition that this change is influenced by individual, interactional, environmental, and cultural factors is advanced in this chapter. Individual factors contributing to such changes that have been identified in the literature include subjectivity (Billett, 2008b), readiness (Billett, 2015a), mindset (Dweck, 2015), experience (A. Kolb & Kolb, 2005), and reflection (Schön, 1983). Interaction with co-workers may be shaped by intersubjectivity (i.e., the degree of shared understanding)

(Billett, 2014b), interactional consequences (i.e., how interactions occur and the outcomes arising from them in workplace settings) (Filliettaz et al., 2015), cohesion (i.e., the forces that steer individuals towards working together as a team) Salas, Estrada, & Vessey, 2015), psychological safety (i.e., a state in which team members believe they will not be chastised for raising concerns, questions, mistakes, and suggestions whilst in the process of work) (Edmondson, 2018), and team learning (i.e.,the existence of individual expression, integration of perspectives, and reframing) (Kasl et al., 1997). Environmental elements include situated learning (Lave & Wenger, 1991) within the physical and social space (Rutten & Boekema, 2012). Cultural elements include ethnicity (Barth, 1969), hybridity (Bhabha, 1994), and language (Cummins, 2014). These four factors, and the range of elements by which they are constituted, are elaborated in this chapter. Firstly, however, they are brought together here to form a definition for workplace learning that is applied to this research: that is, that workplace learning is the resultant change in skills or knowledge because of individual, interactional, environmental, and cultural forces occurring at and through work. The next sections elaborate this definition by examining these factors through some of the aforementioned literature. This elaboration commences with what is, arguably, the most fundamental aspect of this definition: the individual factors of learning.

2.4 Learning and the Individual

To understand how workers learn at an individual level, it is firstly important to understand the workers themselves (Bishop, 2017). This understanding is imperative for an inquiry seeking to illuminate what influences learning when individuals from diverse backgrounds engage in the same types of work. In this section, various aspects of learning and the individual are examined from three perspectives: subjectivity, readiness, and mindset, reflective practice, and learning through experiences. Here, it is proposed that the relationship between the individual and these concepts influences how people work and learn.

2.4.1 Subjectivity, Readiness, and Mindset

Individual dispositions, including a worker's values, attitudes, and interests, influence how they learn (Billett, 2008b). This *subjectivity* is described by Billett (2010b) as "our ways of engaging with and making sense of what we experience through our lived experience" (p. 7). The conscious and non-conscious subjectivities of

workers are key to understanding how they learn at an individual level (Billett, 2010b). These subjectivities can create a particular challenge for learning in aged care workplaces where approximately one in three people are born outside of Australia (Fine & Mitchell, 2007; Gillham et al., 2018). These challenges may arise when the lived experience of one worker may be far different from that of others who have different ethnic backgrounds and whose dispositions have been shaped by very different culturally shaped personal histories (Billett, 1998). So, individuals with differing backgrounds are likely to socially construct the reality in which they learn in personally particular ways (Collins, 2016).

Subjectivity can influence the readiness of workers to work and learn. The formative work from last century by Piaget maintained that learning occurs in stages according to the individual "readiness" of learners (Carey et al., 2015). Billett (2015a) described readiness as what individuals "know, can do and value" (p. 1), which shape the scope of their ability to learn from subsequent experiences. He further described it as "conceptual" knowledge (i.e., declarative facts, concepts, and propositions), "procedural" knowledge (i.e., implied thinking and acting to achieve a goal), and "dispositional" knowledge (i.e., attitudes, values, interests, and intentions). Readiness to learn is, therefore, based on what individuals already know, are able to do, and value as a priority for learning. So, a link can be drawn in the literature between the notion of the individuals' subjectivity and their readiness to learn. Thus, for organisations and teams to work effectively, they must consider how the differing backgrounds of team members influence the ability for individual workers to learn. The concepts of subjectivity and readiness are further explored in Chapter 3, where the challenge of working and learning in the aged care context is identified.

One area that influences subjectivity and readiness is the individual mindset of workers. Dweck's (2015) popular idea of "growth mindset" espouses that a person's self-efficacy affects their ability to learn. It is the individuals' belief in themselves to be able to develop skills and knowledge through dedication, hard work, and the ability to overcome setbacks. Although this concept originated from studies of children at school, it has evolved in the literature to shed light on how people learn at work. Duckworth (2016) referred to such perseverance as "grit". These concepts compare to the procedural and dispositional knowledge, described above, that Billett (2015a) stated are elements of learning readiness. So, workers' thinking, attitudes, and intentions (i.e., mindset) activate goal-oriented behaviour. From and through this behaviour, they learn.

In sum, individual learning has been considered in terms of subjectivity, readiness, and mindset. These factors influence how workers engage in the work which, in turn, impacts what and how they learn (Billett, 2010a). The field of workplace learning is rich with complementary interpretations of how individuals develop skills and knowledge. Much of this literature is dedicated to how individuals learn through reflective practice.

2.4.2 Reflective Practice

Learning through practice is most effective when there is an opportunity for individuals to reflect on what they have observed, discussed, or done (Boud & Walker, 1991). *Reflective practice* has been referred to by many scholars including Dewey (1929), Lewin (1936), and Piaget et al. (1976). However, it was Schon's (1983) work, *The Reflective Practitioner*, which contributed to our understanding of reflective practice more specifically in the context of workplace learning. Schon (p. 183) referred to the terms "reflection on action" (i.e., retrospectively and critically thinking about how a task was undertaken) and "reflection in action" (i.e., critically thinking about how a task is being undertaken as it is happening). Reflective practice is focused on the learning experience of individuals and excludes the input from others, which has been a source criticism on Schon's work (Greenwood, 1993). Nevertheless, the concept of reflective practice is an important one for understanding learning in multicultural teams because it demonstrates that workplaces need to afford the opportunity for individuals to reflect on the work they are doing and have done in order to learn.

Reflective practice is a particularly valuable learning activity when workers critically think about a situation or task that they consider to be a failure (DiMenichi & Richmond, 2015). The idea that we learn more from our failures than from our successes has been apparent in the literature for many decades (Ellis et al., 2014); however, in recent years, failure has gained even greater attention as a driver of learning and development. At the organisational level, Gino and Staats (2016) described the tendency for companies to "sweep mistakes under the rug" (p. 1), observing that there is a need to destigmatise failure in order to better learn from it. On an individual level, Dweck (2015) asserted that the ability to reflect on failures is vital for growth mindset and skill development in contemporary workplaces. The capacity to reflect on failure can, therefore, be considered an enabler of subjectivity and readiness for individuals' learning.

As a result of some of these more recent perspectives on failure, its associated stigma is starting to fade, made evident from terminology such as "productive failure" (Kapur, 2016), "noble failure" (Warren, 2007), and "accountable failure" (Casalino, 2014). Overcoming failure through reflective practice is a relevant idea for individuals working in aged care because of the setbacks associated with learning and practicing this type of work. Such setbacks include responding to resident mortality and physical harm from dementia sufferers (O'Connor, 2020). Individuals' engagement with such experiences represents another source of and influence on workplace learning. Experiential learning is, therefore, an area to which much literature is dedicated.

2.4.3 Learning Through Experiences

The notion that people learn through the process of "doing" is not a recent one. References linking theory to practice can be traced back hundreds, even thousands of years, for example from the work of Aristotle (4th century B.C.), Kant (18th century A.D.), Marx and Engels (19th century A.D.), to last century's contribution from Merleau-Ponty (Billett, 2010a). Throughout history, most occupational skills and knowledge have been developed through practical work experience, rather than in school or university settings (Billett, 2010a), which were none-existent or only available to tiny privileged minority. D. Kolb's (1984) publication about "experiential" learning drew further attention to the idea that experience is a significant, perhaps primary, source of learning and development. The four-stage "experiential learning cycle" illustrates how individuals learn through (a) concrete experience, (b) reflective observation, (c) abstract conceptualisation, and (d) active experimentation (D. Kolb, 1984). So, in this model, *experience* is broken down into distinct actions that more specifically illuminate learning through work. A criticism of this model is that it evades clarity of purpose, specifically about whether it intends to describe four learning styles or four learning stages (Bergsteiner et al., 2010). This criticism is important to note because researchers must be deliberate about whether its practical application is to illuminate how people learn, the sequence in which they learn, or a combination of both.

Nonetheless, there is a growing acceptance that workplace experiences are not only helpful, but essential in developing the skills and know-how to meet the demands of contemporary professions (Billett, 2010a). Eraut's (2011) study into what he referred to as "informal learning" concluded that experiential learning often occurs unintentionally and unconsciously, and that workplace activities provided up to 90% of individuals' learning. Consequently, this research into learning in the aged care work

context focuses primarily on instances of practice-based learning, rather than formal "training". This focus is important because, to effectively carry out care work, much is learned through the process of doing it (Arakawa & Anme, 2020; Kaasalainen et al., 2014). In the sections that follow, a comparison is made between some practice-based activities that are highlighted in the literature and are relevant to contemporary workplace learning contexts such as aged care.

One such practice, "mimesis," is described by Billett (2010a) as "the process of observation, imitation and practice" (p. 5). More specifically, "mimetic learning" is used by Billett to describe the intra- and inter-psychological processes of learning that are at play whilst mimesis occurs. The real and situationally rich contexts in which mimetic learning occurs are key to its efficacy for workplace learning (Billett, 2014a). Workers not only learn occupational tasks in this way, but their subjective knowledge, such as ideas, attitudes, and values, can be shaped through mimesis (Woerkom & Poell, 2010). In aged care workplaces, mimesis may simply involve, for example, the act of observing the specific way a colleague showers a resident, then trying that approach for oneself and, if helpful, incorporating it into regular practice.

A comparative experiential learning activity is "simulation," which exposes learners to occupational requirements through situational replication (Jossberger et al., 2018). In this case, for example, an aged care worker may play the role of resident while a less experienced colleague simulates a care-based situation. Although such simulations are not actual and real-time workplace events, they activate cognitive processes and memory function like mimesis that enable learning. Simulation and mimesis are, therefore, noteworthy examples of how individuals learn through practice at work. Mimetic learning is particularly significant in unpredictable aged and health care environments where occupational tasks are more likely to be learned through spontaneous events, such as assisting a colleague when responding to an aged care resident's fall.

Those types of practice-based learning activities may be intentional or unintentional and often involve the individual's engagement with a work-related task. However, these activities are often dependent on the availability of guidance from others and, therefore, are considered in this research as activities that influence learning in both individual and interactional ways. In fact, a limitation of workplace learning is that it is constrained by the availability of and access to appropriate expertise (Billett, 2002; Dochy et al., 2022). The literature often concludes that this guidance and assistance comes from the whole workplace community and the resources within it

(Mikkonen et al., 2017). Guidance may be direct (e.g., close interaction with a more experienced co-worker), or indirect via observation of more experienced peers during everyday work activities (Billett, 2002). It is an effective way of learning because it provides scaffolding for a worker to gradually adapt their ability to complete tasks with the necessary level of support from an experienced peer (Nielsen, 2008). A key focus for this research project is to understand how access to guidance is influenced by the aged care work environment and the interaction within a multicultural team of workers.

Processes discussed above, such as mimesis, simulation, and reflection, are all integral elements of how individuals learn at work. Their participation in such practices enables them not only to achieve a goal, but also to shape their identity (Billett & Somerville, 2004; Di Stefano et al., 2019) and reshape the work practices themselves (Billett et al., 2005). Therefore, through workplace learning, a fundamental change occurs in the identity of the individuals and the nature of the work. It occurs because identity is constructed when workers see and adjust to the cultural patterns and expectations around them (Beech et al., 2021). We can, thus, conclude that subjectivity, readiness, and mindset all help to define the individuals' identity within the social fabric of their work environment (Ligorio, 2010). Consequently, individual factors are incorporated into the methodological design for this research.

Firstly, however, it is necessary to look beyond the individual workers to better understand workplace learning because there are social and environmental factors at play in the above individual influences on workplace learning that cannot be ignored. Billett and Somerville (2004) described these factors as the relational interdependence between individual engagement and social agency. Consequently, in the next section, the proposition is advanced that learning is influenced by the physical and social setting in which individuals work.

2.5 Learning and the Environment

Workplaces are physical and social ecosystems that utilise and shape the cognitive, emotional, social, and manual capacities of the workers that inhabit them (Amdurer et al., 2014). To advance understandings of how workers learn in multicultural settings, it is necessary to examine the environment in which they learn and engage with work, people, and material resources within it. Many scholarly contributions have described the workplace environments in terms of two key factors: the social and the physical dimensions. In a review of over 300 journal articles about workplace environments and productivity, a consistent theme in the literature is that the

way people work and learn is directly impacted by both the social and physical environment (Al Horr et al., 2016). More specifically, Proulx et al. (2016) asserted that the built environment influences spatial cognition, social cognition, and the relationship between the two. Organisational spaces, such as that at The Lego Group—the Danish toy brand—have been subject to studies which determined that both the physical and social elements of the environment affect how workers learn and undertake their work (Esenkaya et al., 2017). We can, therefore, regard the workplace, such as the aged care context for this project, in terms of these two dimensions to better understand which factors influence workplace learning in multi-ethnic teams. These dimensions are examined below whilst additional and more specific focus is given to aged care as a learning environment in Chapter 3.

2.5.1 The Workplace as a Physical Environment for Learning

The physical space that people occupy directly influences how they work and learn (Boisot, 2013; H. Thomas, 2010; Walton & Matthews, 2018). The literature consistently highlights that room lay outs and the placement of resources facilitate the critical experiences required for individuals to learn and undertake their work (Kokko & Hirsto, 2020; A. Kolb & Kolb, 2005; Montanari et al., 2021; Tomkins & Ulus, 2016). The physical space is an important aspect of workplace learning because knowledge and skill acquisition invariably suffers when there is misalignment between individuals and the space they occupy and negotiate (van Merriënboer et al., 2017). For example, allied health workers learn less on-the-job when they do not have a space, separated from patients, in which they can reflect on tasks and problems (Nordquist & Sundberg, 2013). This space may take the form of a standard work area such as meeting and storage rooms which Wegener (2014) described as “reflective zones” that are necessary for learning. This illustration exemplifies the key role that the physical workspace plays in individual learning through Schon’s notion of reflective practice, described above. Further, the lack or deficiency of equipment influences how learning occurs within the workplace. This deficiency is especially the case for care workers who, when faced with a faulty device, will often learn how to repair it themselves (Bludau, 2017). The key point here is that individuals must negotiate the working space and resources to learn and work.

The notion that the physical environment influences workplace learning is further supported by Kasuganti (2017) who, in a study dedicated to this topic, claimed that the physical dimensions of the workplace enable learning when they allow for

communication. Central to that research was the sharing of knowledge between co-workers when the physical environment afforded "co-presence, movement, and encounter (because) these features were found to contribute to interaction that facilitated dialogue, and thereby transformation of knowledge" (Kasuganti, 2017, p. 12). So, physical spaces are not just important because they determine how individual workers engage in the learning of new work tasks and equipment; they also play a role in the co-working and communication needed for such learning. Hence, physical environments that comprise workplaces, such as aged care facilities, are also regarded as social spaces for working and learning.

2.5.2 The Workplace as a Social Environment for Learning

The work environment can also be considered beyond its physical attributes. A common theme in the literature suggests a characteristic of a learning environment as the proximity to people resources such as customers, patients, and colleagues (Bouw et al., 2019). This perspective of the environment is described by Rutten and Boekema (2012) as the "socio-spatial context" where the shared social capital facilitates or inhibits learning among individuals. Hence, the norms, values, identity, and collaboration that exist within the workplace environment are key to what and how people learn at work. The seminal work of Lave and Wenger (1991) on situated learning illustrated that this socio-spatial environment provides a specific context in which learning occurs and can be applied. Further, it is claimed that learning is effective when it is situated within work and activity that is contextually authentic, such as the provision of patient or resident care in a health facility (S.-H. Chen et al., 2017).

However, it is firstly helpful to consider other contributions to the literature that view the workplace as a social space of learning. In a meta-analysis of the work environment, Aneela (2016) found that common elements of the work environment include organisational culture, psychological atmosphere, working conditions, and organisational climate. Each of these elements is further illuminated by specific studies. For example, Oh and Han (2020) claimed that learning is positively impacted by work cultures in which there are family-like (i.e., "clan") and risk-taking (i.e., "adhocracy") characteristics. Such risk-taking behaviour is a product of what Edmondson (2018) described as psychological safety, because learning is not hindered by a fear of failure. Working conditions that affect learning in aged care include staffing levels (M. Chen & Grabowski, 2015), inclusion (Gillham et al., 2018), and management support (Petriwskyj & Power, 2020). A key aspect of the organisational climate is the

occurrence of and capacity to learn and adapt to change (Nikolova et al., 2019). Such change is especially the case for aged care recently, where carers have had to learn to respond to major disruptions to their work caused by the Covid-19 pandemic (Eftekhar Ardebili et al., 2021). The key point here is that working environments, like aged care, encompass cultures, climates, and working conditions that influence how workers learn.

The workplace as an environment for learning has, therefore, been regarded in terms of both its physical and social dimensions. These dimensions represent an important foundational platform for this research, for two reasons. First, they provide a scaffold for a more detailed analysis of the aged care workplace as the learning environment we are intending to comprehend. This context is elaborated in Chapter 3 where the aged care working environment is proposed as a rich context for this research. Second, it asserts that workplaces must be considered beyond their physical attributes. In sum, the space, furnishings, and equipment are interconnected elements of the complex social dynamics occurring when people work and learn.

Thus far in this chapter, individual factors of workplace learning have been identified, including subjectivity, readiness, experience, and reflective practice. The workplace as an environment for learning has been explained as a socio-spatial environment in which these factors play out. This social environment is considered one in which the interactions between workers is a principal factor of how people learn at work. So, the above proposition that individual and environmental factors are central influences on workplace learning is further advanced through literature related to a third factor in multicultural teams: interaction.

2.6 Learning Through Interaction

As people learn through work, an interplay between their individual subjectivity, their environment, and their co-workers occurs. To better understand this interplay, relevant concepts are outlined here including intersubjectivity, interactional consequences, psychological safety, and cohesion. The notions of team, workgroup, and team learning are also defined and discussed as fundamental aspects of learning through interaction. To understand these concepts as influences on learning in multicultural team environments, it is firstly helpful to explore the role of self in the organisational system.

2.6.1 Self and the Organisational Social System

The literature suggests that social systems are an integral element of how individuals learn, albeit in diverse ways. The notion of *self* and practices associated with

individual learning are integral to understanding interactive practices. This notion is important because people must regulate their social, linguistic, and cognitive approaches to suit the people and situations they encounter (Lund, 2019). The workplace is a social system where people are continually faced with situations in which they must develop their skills and knowledge to fulfil the requirements of their work. The changing nature of organisations and work practices in recent decades has resulted in workers needing to interact more. Cross et al. (2016) claimed that workers are 50% more involved in collaborative work now than in the last century. The increasing need for people to work and learn as part of teams sees a shift from self-direction to operating as part of a network of people (Billett et al., 2016). Workers are more reliant on each other to achieve outcomes than ever before. Central to this reliance is the role of dialogue in constructing new knowledge, integrating perspectives, and adapting approaches to work (Filliettaz et al., 2015). Dialogue is key in environments such as health care where discourse plays an essential role in learning how to care for patients (Gillespie et al., 2020). So, interaction is considered an increasingly central factor in how people learn at work.

Not only do workplaces demand greater collaboration, but there is growing evidence that individuals prefer to work and learn collaboratively (Billett et al., 2016; Gillies, 2016); The individual self must, therefore, be considered as part of the social system. Billett et al. (2016) defined four accounts of self that provide insight to the subjective learning experience of the individuals within the social environment; firstly, the “autonomous self” involving the freedom to learn without social constraint; secondly, the “subjugated self”, in which an individual’s learning is subject to their place in a social system; thirdly, the “enterprising self”, where individuals flex their personal learning to fit within a social structure; and finally, the “agentic self” in which an individual learns by challenging the social norms according to their individual needs. The subjugated self is especially relevant to the proposed field of study because the individuals’ place in the social system at work is influenced by their cultural backgrounds (Guimond et al., 2007; Hofstede, 1980) and language ability (Willis et al., 2018). Thus, how individuals learn at work is intrinsically connected to the social environment they occupy, especially when there are high levels of cultural and linguistic diversity. Central to learning in a social environment are the notions of intersubjectivity and interactional consequences.

2.6.2 Intersubjectivity and Interactional Consequences

Interaction as an influence on workplace learning in multicultural team environments can be further comprehended through more specific conceptualisations including intersubjectivity (Billett, 2014b) and interactional consequences (Filliettaz et al., 2015). First, effective co-working occurs especially when there is a shared understanding, described as "intersubjectivity" by Billett (2014b), amongst co-workers. Although intersubjectivity often arises through everyday work, intentional learning interventions in workplaces can help secure it. This can be achieved when there is shared understanding, joint awareness, common procedural capacities, and aligned values of people working together. Intersubjectivity is particularly important in work situations where decision-making needs to be instantaneous, such as the health and direct care professions (Billett, 2015a). Effective communication is, therefore, a core aspect of team learning and intersubjectivity. Senge (1994, p. 636) emphasised the role of conversation in effective team learning, particularly through "skilful discussion" and "dialogue". Dialogue particularly is an important consideration for this research because linguistic and cultural differences can impact conversations and the consequent shared understanding within a team. To learn effectively in a multicultural environment, a worker must be able to engage in dialogue and skilful discussion with colleagues from different ethnic backgrounds.

Second, the work of de Saint-Georges and Filliettaz (2008) contributes further understanding of the role of such exchanges as part of workplace learning. He advanced the notion of interactional consequences, that is, the ways in which interactions occur and the outcomes arising from them in workplace settings. This contribution is relevant to this research for two reasons. First, it reinforces the notion that linguistics play an important role in the learning and practice of tasks as workers speak, interpret, and cooperate to achieve joint actions. Second, it emphasises the important role that interactions play as part of providing guidance and mentoring at work. This interaction is important because aged care workers rely heavily on the provision of guidance to effectively learn and undertake their work (Choy & Henderson, 2016). Such guidance, cooperation, and interpretation are likely to be key considerations for how carers work and learn in culturally diverse teams. So, the type and quality of workplace interactions are likely to directly affect the shared understanding (i.e., intersubjectivity) needed for carers to learn, co-work, and provide care to residents. These interactions shape the level of cohesion and psychological safety within work groups.

2.6.3 Cohesion and Psychological Safety

An enabler and outcome of intersubjectivity is the level of cohesion (Salas, Estrada, & Vessey, 2015) and psychological safety (Edmondson, 2018) present within a workgroup. These are important concepts because they point to conditions and behaviours necessary for learning through interaction. Firstly, Salas, Grossman, et al. (2015) defined cohesion as "the shared bond/attraction that drives team members to stay together and to want to work together" (p. 365). Salas et al. claimed that, when absent, it reduces the likelihood of positive co-working behaviours that are needed for people to learn and produce results. Cohesion is an important consideration for the study of learning in multicultural environments because it helps to define a state in which diverse groups can effectively learn. The work of Levi (2011) emphasised the important role that conflict, decision-making, and problem-solving play in the realisation of team cohesion; or, in the terminology used above, in the achievement of greater levels of intersubjectivity. This intersubjectivity is imperative because engaging in activities like conflict resolution, decision-making, and problem-solving is not only generative of individuals' learning, but also involves groups of workers in shared activities from which intersubjectivity arises. The challenges presented by Levi can, therefore, be considered opportunities for increased intersubjectivity, greater cohesion and, ultimately, more effective learning when people are working together.

Edmondson's (1999) notion of psychological safety helps to further understand the role that intersubjectivity and cohesion play as part of learning through interaction. In simple terms, psychological safety is a state in which team members believe they will not be chastised for raising concerns, questions, mistakes, and suggestions whilst in the process of work. Central to this, is the notion that open communication between co-workers supports the collective knowledge needed to undertake their work. An enabler of psychological safety proposed by Edmondson (2012) is the concept of "teaming". Teaming is deliberately expressed as a verb to emphasise the "activity" of collective learning. It refers to the ability of group members to adapt their individual approaches to fit the immediate needs of the environment and their co-workers. Often, teams allow workers to enhance their ability to work together as well as offering processes through which they undertake work. This aligns to a study of Billett et al. (2005) which demonstrates that, during the process of learning through work, the workplace practices themselves are also reshaped and remade. This process is referred to as the "remaking" of work practices. So, cohesion and psychological safety not only contribute to effective

workplace learning; they also support the enhancement of the work itself. Much of the interaction described here occurs within established "teams" and "workgroups". So, it is important to define these terms in the aged care context and explore specific notions of how teams and workgroups learn.

2.6.4 Learning as a Team and Workgroup

When considering the interactional elements of workplace learning, it is necessary to define how the terms *team* and *workgroup* will be used in this research. This is important because there are a wide range of interpretations of the terms in the literature and, although they are used interchangeably, they are often applied in different ways (S. Cohen & Bailey, 1997). So, it is helpful to clarify how these terms will be used in this thesis to ensure clarity and consistency of definition. Since the early 1990s, Lave and Wenger's (1991) concept of "communities of practice" has been used in social learning theory to describe teams and workgroups that share "mutual engagement" (i.e., community norms and collaboration), joint enterprise (i.e., shared understanding that binds them), and shared repertoire (i.e., combined resources). A criticism of this concept comes from Wenger himself in that it does not adequately clarify the difference between team and workgroup (Farnsworth et al., 2016). An alternative view by Gherardi (2009) is "practice of communities". This asserts that the community is brought and bound together by the activity rather than the knowledge. This perspective has been applied to more recent studies such as that of Noble et al. (2017) looking at the collaborative prescribing practices of junior doctors. It helps to understand how groups of people working together in health/care environments, such as aged care, are bound through mutual workplace practice.

These groups can, therefore, be considered teams. Billett et al. (2014) described teams simply as "groups tasked with specific objectives and priorities" (p. 1023). This description allows for a broad definition for multicultural teams working in aged care; however, the definition from Cohen and Bailey (1997, p. 241) describes teams more specifically:

> A team is a collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and are seen by others as a social entity embedded in one or more larger social systems … and who manage their relationships across organizational boundaries.

This definition is appropriate for understanding how multicultural working and learning arises as it encompasses aspects of subjectivity and identity (i.e., "see themselves"),

interaction (i.e., "manage their relationships"), and environment (i.e., "embedded in social systems"). These three aspects represent fundamental themes in the literature which contribute to the theoretical foundation for an amalgamated learning model to be used in this research. Based on the contributions to the literature outlined above, the terms "group," "workgroup," and "team" will be used interchangeably in this thesis to describe carers in co-working situations. To understand these situations, it is helpful to examine how teams learn at work through interaction.

A review of the literature has identified a range of models and theories related to team and workplace learning, which have been described in the sections above. This review showed that there are some consistent factors within conceptualisations of learning, particularly related to teams and/or workplaces. Most importantly, learning arises when individual factors (Jarvis, 2006; Kasl et al., 1997; A. Kolb & Kolb, 2006; Tynjälä, 2013) and interactional factors (Billett, 2014a; Edmondson, 1999; Eraut, 2007; Illeris, 2018) influence work within a socially and physically situated work environment. In essence, these factors support the notion that learning occurs when there is a change to a person's skills or knowledge because of individual, interactional, and environmental influences.

To understand multicultural team learning, a principal focus is to illuminate how both individual and environmental factors shape interactions within those teams leading to the construction of new knowledge or skill. The theoretical foundation for this research is based on the seminal contributions to the fields of team and workplace learning. These include Kasl et al.'s (1997) model for team learning that highlights the importance of individual expression, external conditions for learning, integration of perspectives, and reframing. Edmondson's (1999) conception of psychological safety has been included, which emphasises the importance of sharing information, seeking feedback, talking about errors, and experimenting. Eraut (2007) described workplace learning in terms of collaboration within the team, consultation outside of the team, and individual interaction with the work itself. Biggs and Tang's (2011) 3P model for workplace learning includes presage (i.e., learner factors), process (i.e., work activities), and product (i.e., learning outcomes). Finally, Billett's (2014b) contribution to the understanding of intersubjectivity described workplace learning in terms of co-workers reaching a shared understanding through interaction, joint problem-solving, and the participation in everyday work practices. Together, these perspectives capture that learning, at its foundation, arises because of individual, interactional, and environmental factors.

2.6.5 The Worker, the Workplace, and the Team

Although team learning at work is a dynamic and multifaceted phenomenon, the literature consistently suggests that it occurs when individual and environmental factors affect the interaction of co-workers leading to the construal, processing, and practice of new knowledge, skill, or changed behaviour (i.e., learning). The work of Billett (2008a) about relational interdependencies supports the proposition that learning affects and is affected by the worker, the workplace, and the team. This insight is effectively captured by the claim that "the inter-psychological process of learning through work comprises an interdependence between the immediate social experience and individuals' appropriation of that experience" (Billett, 2008a, p. 46). Teaming and psychological safety are important factors in this interdependence because of their emphasis on the inclusion of a diverse range of viewpoints and how these can lead to improved intersubjectivity and cohesion. This inclusion is noteworthy because such viewpoints are likely to be more diverse in multicultural teams like those in aged care.

From this, the concept of inclusivity—a broader level of inclusiveness within work teams—is likely to be a positive attribute for understanding both learning and working. The study of De Cooman et al. (2016) shows how an inclusive team climate can result in higher levels of team cohesion. They demonstrated this through a comparison of team members' individual characteristics to those of their co-workers. This comparison enables individuals to determine how they believe they fit within the team and how compatible they may be with the norms, forms, and practices of the work team. The determination that individuals make is important because it may impact not just on the cohesion within the team, but also on the level of psychological safety within it and the readiness of individuals to learn through co-working. De Cooman et al. (2016) noted that these subjective perceptions may be influenced by attitudes towards diversity dimensions such as gender, age, and culture. So, how workers see themselves as part of a wider team, of which cultural identity is part, is likely to influence how they co-work and learn within it. It is, therefore, helpful to understand how learning exists and occurs when cultural boundaries, such as those prevalent in aged care environments, are a characteristic of a team.

2.7 Learning Across Cultural Boundaries

Necessarily, working with others—co-working—has become an increasingly common feature of contemporary work practices. Understanding how diverse groups of people work and learn together is important because they are increasingly becoming the

norm, with 26% of Australians born overseas and 46% with a parent born overseas (Australian Human Rights Commission, 2019). This norm is no more the case than in health and aged care where teams are often composed of individuals from diverse cultural backgrounds (Appannah et al., 2017; Hunt, 2007). Culturally diverse work teams are often deemed a source of creativity, innovation, and high performance (Kwan et al., 2018; Moss & Palgrave, 2010). When teams leverage their diversity in an inclusive way, they create an environment that is more productive and engaging, which can lead to enhanced client care (Frost & Alidina, 2019). However, diverse teams also face challenges because, not the least, different kinds of subjectivities and linguistic traditions can lead to a lack of clarity and purpose in co-working activities and interactions (Mackey, 2018). So, work teams can be both strengthened and challenged by the diversity of their make-up. This can result in cultural boundaries that shape how people work and learn together. In this section, these cultural boundaries are examined.

Firstly, a proposed definition of culture suitable for this research is advanced based on key contributions in the literature. Culture is then explored in terms of its influence on the individual, environmental, and interactional factors of team learning. Finally, enablers of cross-cultural understanding and competence are illuminated.

2.7.1 A Definition of Culture

There is no single definition of *culture,* and it would be futile to seek one for such a widely used and adopted concept because literature related to the topic has taken a broad and contextualised approach to the use of the term (Lang, 1997). However, to understand multicultural team learning, it is necessary to define culture in a way that is relevant for the investigation at hand. This need is supported by Jahoda (2012) who concluded that, due to the great variation of interpretations of the term, scholars should choose and explain how culture is defined and used for the context that is being studied. It is, therefore, helpful to evaluate various key definitions of culture from within the literature to identify the most appropriate meaning for the investigation of how multicultural teams work and learn together.

In the literature, culture is described by various authors as patterns of behaviour (Brislin, 1990; Kroeber & Kluckhoen, 1954; Triandis, 1996), collective differences (Brislin, 1990; Hofstede, 2001; Wyer et al., 2009), influenced by generations (Brislin, 1990; Chiu et al., 2013; Wyer et al., 2009), and socially learned (Brislin, 1990; Tylor, 1889). These definitions are helpful because, collectively, they suggest that individual and interactional dynamics are present within culturally diverse environments. The

consistent themes enable identification of a specific definition for the term “culture” as influence on learning within diverse settings. So, for the purpose of how this concept is used in this thesis, culture is regarded as:

1. patterns of behaviour,
2. collective differences from one group to another,
3. influence of individual history, and
4. social learning.

To better understand the interplay between culture and these other influences on learning, the relationship between each is explored through literature that connects these factors. This begins with individual cultural factors including ethnicity, language, and cultural identity.

2.7.2 Culture and the Individual

It has been proposed that workplace learning is influenced, in part, by individual factors such as subjectivity and identity. In multicultural teams, individual factors are even more evident because workers’ identity is greatly influenced by their culture (Michie, 2014). The literature consistently proposes that the individuals’ subjectivity is influenced by cultural factors including ethnicity (Atwater et al., 2013; Gillborn, 1990; Ridley, 2007), cultural identity (Altugan, 2015; Dimic, 2003; Paquette, 2016), and language (Doub, 2019; Pennycook, 2019; Peters, 2010). The following section seeks to illuminate these areas and their impact on individual subjectivity and learning. Firstly, key conceptualisations of ethnic and cultural identity are examined by defining ethnicity and describing its impact on individual identity. This definition is followed by an analysis of language as a characteristic of individual subjectivity at work.

Ethnicity and identity are aspects of culture that impact how individuals work and learn. Culture has been defined above as patterns of behaviour and collective differences from one group to another, influenced by history and learned socially through generations. To further understand the implications of culture at work, it is helpful to illuminate what this means in terms of “ethnicity”. In anthropology, ethnicity relates to a group of individuals which shares cultural values, continues indefinitely, possesses a unique way to communicate and interact, and identifies itself as distinguishable from other groups (Barth, 1969). More specifically, individuals may regard their ethnic identity as something that is formed by their birthplace, physical characteristics, social traits, and/or national origin (Atwater et al., 2013). Thus, ethnicity can be considered an integral element of not only workers’ general background, but also

what they value and believe, as well as how they communicate and behave. This suggests that, when facing a new situation at work (i.e., a learning event), individual workers may respond in different ways due to their ethnic and cultural background.

In their investigation into culture, ethnicity, and diversity, Desmet et al. (2017) found that, although ethnicity can be a predictor of cultural attitudes, there are often exceptions. These exceptions occur because individuals who identify as part of one ethnic group may often exhibit differing cultural behaviours when compared to each other. While ethnic identity is influenced by a group's common heritage, cultural identity is shaped by the characteristics of a group in a particular time and context (McCready, 1983). The ethnic versus cultural identities of individuals may, therefore, be considered as separate and distinct. This distinction is an important observation for understanding multicultural teams as it emphasises that culture is fluid and allows for individual differences of behaviour within one ethnic group. So, caution must be taken when referring to ethnic groups in workplace contexts to ensure that generalisations are applied only in a way that is helpful to the investigation and that stereotypes are avoided. Nevertheless, different individual cultural identities in the workplace are identifiable at work in a number of ways. One of the more obvious of these is through language.

As claimed by Clots-Figueras and Masella (2013), "Language can be regarded not only as a communication tool but also as an attribute of empowerment and cultural identity" (p. 354). When individuals form a team, their language can be a marker of difference or belonging. It is, therefore, a way of understanding and processing the reality in which workers engage (Doub, 2019). A connection can be made here to Billett's (2010b) description of subjectivity because language affects how individuals make sense of and engage with what they experience. Further, Hu (2021) argued that language is a social force that influences the micro-actions of everyday behaviour of individuals. He claimed that language is a way for individuals to be socially visible to themselves and to others. Language is an important consideration for multicultural teams at work because the diversity of their language backgrounds impacts not only how they communicate, but also how they perceive the same reality and process ways to respond to it. Language is, therefore, a key factor in the way individuals work and learn in ways that are similar to and/or different from their colleagues.

Ethnicity, identity, and language are aspects of culture that affect the individual dynamics of learning at work. This dynamic creates an additional layer of complexity in the workplace when diverse individuals are brought together by shared challenges (i.e.,

as part of cross-cultural environments; Imakwuchu & Billy, 2018). However, apart from individual factors, there are other aspects related to learning at work that are impacted by culture, particularly environment and interaction. The spaces in which individuals learn and work are becoming increasingly multicultural, which has implications for how they learn. In the next section, the environment is examined to better understand how culture impacts learning at work.

2.7.3 Culture and the Environment

Workplaces, as social and spatial environments, are gradually becoming more ethnically and culturally diverse (Nguyen & Velayutham, 2018). This diversity is especially the case for the aged care contexts which will be specifically examined in Chapter 3. However, it is firstly helpful to examine some broader issues related to culture, the work environment, and their influence on learning within workgroups. These concepts illuminate how, in recent human history, colonialism and globalisation have shaped the environments in which people work today.

Postcolonial theorists such as Bhabha (1994), Spivak (Spivak et al., 1996), and Said (2003) have contributed to the understanding of how the historical movement of people impacts how people live and work together in multicultural environments today. Y. Wang (2018) succinctly described postcolonialism as being "mainly concerned about the study of cultures formerly (or currently) colonised power, struggle between cultures, and intersection of cultures" (p. 273). In workplaces, this can impact power relations, emotions, and misperceptions of work practices between workers from colonial versus non-colonial backgrounds (Ulus, 2015). These impacts are important because not only has colonialism contributed to today's diverse work environments, but it also helps to understand the social dynamics, such as power, within these spaces.

Colonialism evidently caused an increase of ethnicities coming together, a greater awareness of ethnic difference, and the resulting social dynamics. This can be understood as a type of "cultural contact zone" described by Pratt (1991) as "social spaces where cultures meet, clash and grapple with each other, often in contexts of highly asymmetrical relations of power, such as colonialism, slavery, or their aftermaths as they lived out in many parts of the world today" (p. 281). The notion of cultural contact zones is useful in understanding cross-cultural work teams because it establishes that diverse workplaces are, essentially, more complex environments in which people must work and learn. Health and aged care workplaces are relevant examples of cultural contact zones because of their high level of diversity and instances of co-working

needed to provide care. In sum, colonialism has contributed to workplaces becoming cultural contact zones in recent centuries. More recently, this has been expounded by other factors including globalisation, immigration, and technology (Aluttis et al., 2014).

Globalisation has been characterised as the international movement of people, goods, money, and knowledge (International Monetary Fund, 2008; Rezaei et al., 2018). This has resulted in significant changes to how industries respond to demand for services and how they organise labour to fulfil that demand, for example, by importing workers through economic migration (Gibson et al., 2020; Jordan, 2017). Thus, globalisation has caused changes to industry, labour, jobs, and economic migration which have ultimately increased the requirement for workers from different backgrounds to work and learn as part of teams in the same physical and virtual space (Chan & Nyback, 2015; Sargent et al., 2021). Virtual co-working has been expounded recently by the Covid-19 pandemic (Bednar et al., 2021). This bringing together of people from diverse backgrounds has resulted in a range of benefits (e.g., innovation) and challenges (e.g., conflict) for work teams (Kuhn, 2013). The need to investigate multicultural learning environments is important because this recent progress of globalisation and technology has caused an increase in cultural contact zones, a demand to understand them better, and an opportunity to optimise cross-cultural teams at work.

The workplace environment is, therefore, an integral factor in understanding how people from diverse backgrounds work and learn together in teams. Colonialism and globalisation have resulted in greater prevalence of ethnic and cultural diversity in working spaces. Power relations and communication within teams are directly impacted by the diversity of their make-up and these cultural contact zones are complex in terms of the benefits and challenges they bring to working and learning. Indeed, cross-cultural factors impact the "blocks" and "flows" of knowledge sharing and acquisition amongst workers sharing social spaces (Ford & Chan, 2003). To better understand these blocks and flows, the next section examines how culture impacts the specific interaction within teams in these social spaces.

2.7.4 Culture and Interaction

It has been proposed, in Section 2.6, that interaction is a fundamental aspect of how people learn as part of a team. This has been supported by contributions from the literature including intersubjectivity, communication, inclusivity, and cohesion. These factors, therefore, need to be examined further in relation to how cross-cultural teams affect the interaction that occurs amongst the co-workers who occupy them. The

consequent impacts on cross-cultural teams can then be discussed in terms of how they illuminate the process of learning in such teams. These areas are outlined in this section.

To understand how learning arises in and through diverse kinds of teams, Billett's (2014b) description of intersubjectivity as "shared understanding" must be considered in terms of how that understanding is reached when ethnicities and cultures are different. Language is an integral factor of intersubjectivity, with Cummins (2014, p. 3) effectively capturing this idea:

> The yoking together of two or more people engaging in language behavior establishes a common basis from which the participants confront the world. It makes available a shared framework within which statements can be interpreted. It thus provides a scaffold for shared intentionality.

Although language is described in the previous section as an aspect of individual learning, it is also considered here as a fundamental element of interaction. It is an enabler of the skilful discussion (Senge, 1994) and shared understanding required for effective co-working and learning. Language diversity, therefore, can create some challenges for this intersubjectivity, which have been described by R. Kim et al. (2019) in two ways. First, when speaking English at work, the differences in fluency can make it more difficult to understand each other. Second, native speakers can perceive a lack of fluency as not only a lack of competency in English, but also a more general lack of competency to undertake work tasks (H. Li et al., 2019). This can lead to subtle forms of discrimination and impede effective team working (Cano, 2020). As a result, intersubjectivity is more complicated in multicultural environments. This complication can be further illuminated by examining some of the impacts of cross-cultural team dynamics including cultural hybridity (i.e., the blend of an individual's native and adopted cultural identities; Bhabha, 1994).

Beyond language, one of the impacts of interacting within a cross-cultural team occurs when individuals assimilate to the needs of their co-workers. This assimilation is described in the literature as "hybridity" and has been interpreted and used in different ways and within different fields of study including biology, language, literature, and anthropology (Stockhammer, 2011). With the growing awareness of multicultural issues late last century, hybridity has been theorised principally by Gilroy, Spivak, Hall, Canclini, and Bhabha, whose interpretations focus on hybridity as a mix of culture and identity (Donald & Rattansi, 1992). It is the work of Bhabha (1994) that has been the subject of most focus regarding hybridity over the last 30 years; this work interprets it in terms of the effects of colonialism. He describes it as a space "in between the

designations of identity … this interstitial passage between fixed identifications opens up the possibility of cultural hybridity that entertains difference without an assumed or imposed hierarchy" (Bhabha, 1994, p. 64).

Cultural hybridity may occur, for example, when a team of workers sharing the same space participate in various ways of undertaking work that reflect the practices of co-workers representing different cultures. This type of hybridity is known as "interculturation" (Drouin, 2000). Interculturation can, therefore, be considered one key impact of the increase in cultural contact zones in which people from different cultures change, mimic, and assimilate as a way to identify with each other (Rudmin, 2013). Hybridity is a relevant concept for the understanding of how cross-cultural teams work and learn together because it helps to explain the process of how individuals adapt to their sociocultural environment, especially where there is established authority or power. Furthermore, for hybridity to occur, teams must engage in some type of mimicry in order to take on the characteristics and behaviours of another culture (Das & Dharwadkar, 2009). A parallel can therefore be made between cultural hybridity and how individuals learn through Billett's aforementioned notion of mimesis (2014a). So, co-workers enact mimesis as a way not only to learn how to undertake their work, but also to adapt to the cultural norms of others. Aged care workplaces are examples of cultural contact zones in which cultural hybridity, interculturation, and mimesis are at play.

An examination of culture and interaction has thus far helped to understand some of the impacts of cultural contact zones (i.e., workplaces) such as language and hybridity. This begins to illustrate the complexity faced by workers who are part of multicultural teams and the need for competence to be effective in such a setting. Consequently, the enablement of cross-cultural understanding and competence is key to effective learning in diverse teams.

2.7.5 Enablers of Cross-Cultural Understanding and Competence

For individuals to work and learn effectively as part of multicultural teams, they must understand and exhibit behaviours that support competency in this area. A consistent theme within the research related to cross-cultural competence is its focus on a person's level of sensitivity to cultural differences and their capability to adapt to other environments (Chiu et al., 2013). In their review of the related literature, Chiu et al. (2013) identified two main enablers of cross-cultural understanding and competence: cross-cultural assessment and cultural intelligence. These themes represent practical

affordances for workplaces to enact effective working and learning in multicultural groups.

First, cross-cultural assessments are claimed to be valid and reliable ways to measure the cross-cultural capability of individuals (Matsumoto & Hwang, 2013). This includes tests such as Cultural Intelligence (CQ), Intercultural Adjustment Potential Scale (ICAPS), and Multicultural Personality Questionnaire (MPQ). The identification of these tests is valuable for this research because assessment of an individual's ability to work in a multicultural team is regarded as an effective way for workers to identify, reflect on, plan for, and act on ways to build cultural intelligence (Majda et al., 2021). Hence, these assessments are a basis from which people can learn and develop cultural intelligence (Finley et al., 2017). Earley and Ang (2003) defined cultural intelligence as "a person's capability to adapt effectively to new cultural contexts" (p. 80). In workspaces, this can be achieved when workers communicate a situation in a way that can be understood and accepted by co-workers of a different cultural background. Communication is, therefore, central to cultural intelligence (Cho, 2021; Tuleja, 2021).

In sum, the assessment of cultural intelligence and the enactment of culturally appropriate communication are enablers of effective learning and working in cross-cultural environments like aged care. More broadly, the literature contributes a range of cultural factors that influence the individual and their interaction with others and the environment they occupy that affects how they construe, process, and practise their work. These factors play an interconnected role with what and how people change their knowledge, skills, and intersubjectivity (i.e., learning). In today's diverse work environments, it is proposed that the cultural and linguistic diversity (CaLD) within workgroups has a profound effect on how people work and learn.

2.8 Key Propositions and Concepts

A range of contributions have been identified in the literature to advance the proposition that workplace learning in multicultural team environments is influenced by four key factors. First, workplace learning is regarded as a process that involves individual elements including readiness, mindset, prior experience, and reflective practice. These individual subjectivities impact how workers adapt their knowledge and skills to respond to new situations. Second, learning is influenced by the environment that workers occupy and in which they engage. Both social and spatial cognition affect how workers learn at an individual and group level. Third, learning occurs through interaction with other workers. A shared understanding (i.e., intersubjectivity) is

realised as a result of the social dynamics of the team through factors such as psychological safety and cohesion. Culture (i.e., ethnicity and language) represents a fourth factor influencing the individuals, their interaction, and the environment in which they learn. Workers learn through these individual, environmental, interactional, and cultural factors resulting, at a secondary level, in the construal, processing, and practice of new knowledge and skills. Ultimately, this leads to a change in what workers know and can do; that is, learning.

Workplace learning is fundamentally influenced by the constitution of the team (Kasl, Marsick, & Dechant, 1997), especially when that team is culturally and linguistically diverse (Li, Yuan, Bazarova, & Bell, 2019). A review of the literature has helped to define culture as patterns of behaviour, collective differences from one group to another, the influence of history and generations, and social learning. Culture, ethnicity, and language influence how workers respond not only to their work, but also to themselves (i.e., individual), the workplace (i.e., environment), and each other (i.e., interaction). A worker's ethnic background is, therefore, associated with their subjectivity and readiness to learn. It impacts how they engage in and occupy the physical and social space (i.e., as a cultural contact zone) and, most importantly, how they relate to their co-workers. Cultural intelligence is an enabler not only of effective co-working, but also of enhanced intersubjectivity and learning in CaLD teams. Such factors help individuals to relate to themselves, the social environment, and their co-workers more effectively.

The main proposition advanced here is that learning at work is directly and fundamentally impacted by the ethno-cultural characteristics of the team. It has been established that instances of cross-cultural working will inevitably increase in the future, especially in industries like aged care. To prepare workers, teams, and workplaces for this increase, more needs to be understood about how culture impacts learning as an individual, environmental, and interactional experience.

2.8.1 A Gap in the Research

A review of the literature has indicated that there is an abundance of published work about learners, workplaces, co-working, and culture in multicultural team environments. Indeed, in the sections above, only the concepts that are most relevant and useful for this study have been identified, some of which were examined in brief. As with any field of human research, particularly one that is dynamic and far from fully understood as effective intercultural working and learning, there are a range of areas

which require further attention from researchers seeking to understand specific phenomena. The case of understanding co-working within multicultural teams is no exception. There is a significant opportunity to contribute more research that centres specifically on the learning experiences of people as part of multicultural workgroups.

Although there have been studies on the implications for multicultural teams working together, fewer insights have been identified in relation to *how* they learn together. Indeed, in a review of literature relating to work-related learning, race, and ethnicity, little was found that connects these phenomena (Brooks & Clunis, 2007). The work of S. Kim and McLean (2014) represented a first step towards addressing this issue. However, there is an opportunity for deeper and further investigation. The significant contributions of Bhabha (2004), Billett (2008a, 2014b), and D. Kolb (1984) to their respective fields provide a strong foundation for this research which, when considered in parallel, exposes the potential to uncover new understandings.

There are few insights in the literature that tell us what capacities are needed by workers to learn effectively as part of multicultural workgroups. These insights are evident, in part, by some of the aforementioned literature, such as that of Earley and Ang (2003), with some focus on the capability required for effective interprofessional work. The work of Emmerling et al. (2008) and Bennett (2013) has provided some strategies; however, the generalised nature of these affords an opportunity for additional research to test their practical application in specific environments. The general need for carers to more effectively work and learn as part of diverse aged care teams is evident in literature such as that of Fine and Mitchell (2007) in which low worker retention is revealed. However, the research into the more explicit learning needs of aged care workers in multicultural environments is sparce. Studies relating to aged care tend to focus on the resident experience, clinical topics and, to a far lesser extent, worker experiences. In the case of the latter, some research, such as that by Nichols et al. (2015), Xiao et al. (2018), and L. Chen et al. (2020), has investigated the co-working in multicultural aged care workplaces. However, these contributions do not explicitly consider the impacts of cross-cultural working on the workplace learning experience. A more detailed examination of the aged care context through the literature is provided in Chapter 3.

The above gap in the literature provides an opportunity for this research to contribute not just to the field of workplace learning, but also to that of teams and cultural relations at work. It is anticipated that these contributions are applicable to the context of aged care and potentially can be leveraged more broadly across other

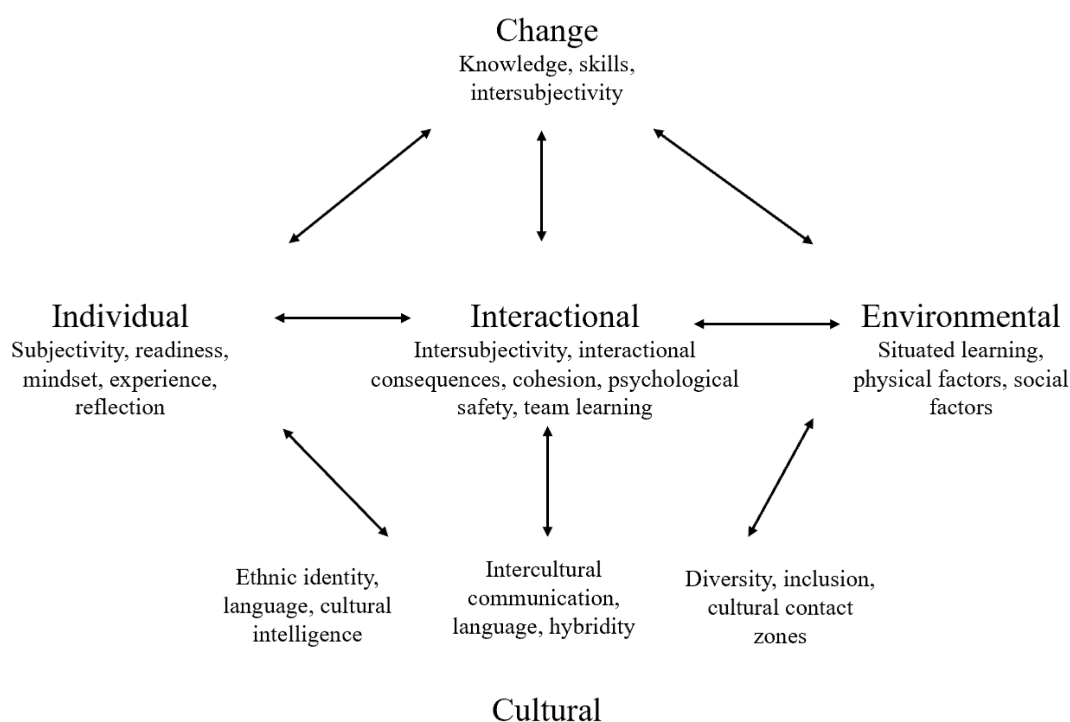
industries and professions. The unique contribution is specifically to illuminate how learning within culturally diverse environments can be optimised so that it results in improved capability of individuals and teams to learn their work whilst working together. To address this gap, a model for learning in cross-cultural teams was introduced in Chapter 1, is depicted here in Chapter 2, and referenced in this thesis thereafter.

2.8.2 A Model for Understanding Learning in Cross-Cultural Work Teams

Whilst advancing the propositions of how workers learn as part of multicultural groups, an opportunity to add new insights has become apparent. To contribute a more specific and cohesive lens for understanding this phenomenon, the core factors are presented here in Figure 2.1 as a model for workplace learning in multicultural team environments.

Figure 2.1

Model for Learning in Multicultural Team Environments



In Figure 2.1, the prominent factors in the literature related to workplace learning in multicultural teams are depicted. It is proposed that learning is fundamentally influenced by three central factors (i.e., the individuals, their interaction, and the environment), all of which are affected by a fourth factor—culture (i.e.,

ethnicity and language) and result in some type of change (i.e., learning). This chapter has illuminated these factors and their interplay by incorporating the various contributions evident in the literature, which are briefly summarised and restated here.

First, a consistent theme in the literature is that learning in influenced by individual factors such as subjectivity, identity, and other personal characteristics (Billett, 2008a; Tynjälä, 2013). A second notion is that interaction of those individuals with the work and with each other has a profound effect on the way they learn (Edmondson, 1999; Eraut, 2004; Kasl et al., 1997). These individuals and their interaction are influenced by the third factor, environment, as a physical and social space in which they work and learn (Bouw et al., 2019; Lave & Wenger, 1991; Wegener, 2014). Figure 2.1 depicts an interplay not only between these three elements but also with culture as a direct and fundamental element of how people learn at work. The literature has identified the effect of culture on individual dispositions (Hong, in Wyer et al., 2009; Tyler, 1889), interaction with others (Chiu et al., 2013; Kroeber & Kluckhoen, 1954), and the environment (Triandis, 1996). The outcome of these interrelating factors is that a change occurs in relation to the knowledge, skills, and shared understanding at individual or group level (Billett, 2014b; Easterby-Smith & Lyles, 2011). Effectively, learning arises through an interplay of cultural factors with the individual, the team, and the environment in which they work.

Figure 2.1 represents the main factors in the literature that help to understand workplace learning. It provides a simple, yet focussed, lens through which to further examine such diverse groups in the context of aged care. Ultimately, what is being proposed here is that there are individual, environmental, interactional, and cultural factors that influence workplace learning in CaLD workgroups. To prepare for the future, workplaces may need to recognise and address the needs of complex multicultural teams because it is such work groups that will be producing the products and services needed in the future. Figure 2.1 provides a basis for understanding these needs, and a framework for presenting the literature relating to the specific context of this research: aged care.

Aged care is a compelling context for this research for three reasons. First, it is a workplace in which diverse subjectivities are at play. Learning is more complex because workers represent varying subjectivities, readiness, and ethnicities. Indeed, as highlighted in Chapter 1, aged care is ethnically more diverse than the average Australian workplace and workers, such as carers, often bring limited relevant experience to the job suited to the Australian context. The differences in carer readiness

and subjectivity may therefore be great. Second, the aged care environment is one that is socially and spatially unique. It is a home to residents, a workplace to care assistants, a clinic to health professionals, and a respite for families, plus it is a cultural contact zone to all. Third, the requirement for workers to interact with both their work and co-workers is especially demanding. They must meet the demands of residents, their families, supervisors, and co-workers in a culturally sensitive way, all whilst dealing with a broad spectrum of work-related tasks. These range from personal care (i.e., showering and toileting) to serious medical episodes and, on a regular basis, resident death. So, these reasons are further examined in a review of the aged care industry in Chapter 3. Through this contextual discussion, the need to better understand learning in multicultural teams becomes even more apparent.

Chapter 3: Contextualising the Problem and the Theory in Aged Care

3.1 Aged Care as a Multicultural Form of Work

The aged care industry is one that requires employees to learn through their work and as part of workgroups. That these workgroups are more culturally and linguistically diverse than in most other workplaces is a fact of practice (Adebayo et al., 2020). Hence, this sector provides a valuable setting in which to study and better understand the influences on learning and co-working in such multicultural settings. In Chapter 2, it was proposed that learning in CaLD workplaces is influenced by individual, interactional, environmental, and cultural factors. In this chapter, these factors are further examined through a review of aged care literature advancing the proposition that it is an appropriate context for this research project. This review begins with the identification of the strengths and challenges of aged care that workers face when learning in this environment. An overview of the future of aged care is then provided which highlights the exponential growth of the sector and the immediate need to prepare to manage it. Following this account of the dynamic situation, an examination of aged care in the international context is included, thereby demonstrating that issues related to working and learning are not restricted to Australia. Through an industry-specific review of the literature, the proposition is further advanced that environmental, interactional, individual, and cultural factors influence workplace learning in aged care. In this way, the chapter sets the scene for a rich and complex context through which to better understand the field of workplace learning and to help prepare an industry facing immediate challenges and future exponential growth.

3.1.1 The Qualities of Aged Care Work

The aged care sector contributes an essential service to society, the care of aged, particularly when the level of care required is beyond that which can be provided by families. It is an environment in which workers can learn, develop, and build rewarding and purposeful careers. Despite these positive attributes, aged care is a complicated and challenging environment with unpredictable work, low pay, high ethnic diversity, and abstruse client needs such as dementia. The recent Royal Commission into Aged Care Quality and Safety and the Covid-19 crisis (Fitzgerald & Konrad, 2021) highlighted deficiencies and added pressure to an already challenging environment. These issues need to be examined to better comprehend the reality that aged care workers face when working and learning in this sector.

Before examining the characteristics of aged care work, it is helpful to define the environment in which it most often occurs—the residential aged care facility (RACF). Traditionally referred to as "nursing homes," they differ in roles from country to country; however, (Sanford et al., 2015, p. 184) have created an international definition for these facilities that is suitable for this research:

> A nursing home is a facility with a domestic-styled environment that provides 24-hour functional support and care for persons who require assistance with ADLs and who often have complex health needs and increased vulnerability. Residency within a nursing home may be relatively brief for respite purposes, short term (rehabilitative), or long term, and may also provide palliative/hospice and end-of-life care.

This definition is useful because it captures the core elements of the aged care work environment within and beyond Australia.

There are various positive characteristics of RACFs that make them a potentially satisfying, meaningful, and positively challenging environment in which to work, learn, and build a career. Aged care workers often report a personal connection with those to whom they care which draws them to and keeps them in aged care careers (Ritchie, 2018). Indeed, one of the most reported meaningful and enjoyable aspects of aged care work is the long-term, person-centred relationships that carers can form with residents (Carlson, 2015). Aged care workers state a connection and contribution to the lives of their residents. Further, RACFs are held to provide valuable opportunities for learning and skill acquisition. Rogan and Wyllie (2003) described aged care work as a positive environment for improving compassionate care-giving skills, enhancing communication, and even improving a sense of the workers' self-worth. So, despite negative media attention about aged care work caused by the Royal Commission into Aged Care Quality and Safety, many workers build sustainable and rewarding careers in this sector (Xiao et al., 2021).

As the demand for aged care services grows, so does research and investment in the sector, resulting in more effective working and learning conditions. For example, programs driven out of Tasmania's Wicking Dementia Research and Education Centre support more innovative learning experiences and practice for aged care workers in Australia (Robinson et al., 2017). Opportunities to build a secure and long-term career in aged care are improving due to an anticipated 30% increase in the number of aged care workers in Australia between 2017 and 2023 (Australian Government, Department

of Jobs and Small Business, 2017). Meaningful work, rich learning, and career opportunity are reasons that there has been a notable improvement in the attractiveness of aged care employment in recent years (J. Anderson, 2018). Nevertheless, the sector experiences significant challenges to attract, engage, develop, and retain workers. An opportunity exists, therefore, to understand and leverage these issues so they can be addressed.

According to Stodart (2016, p. 1), “The most challenging aspects of aged residential care (ARC) nursing are also what makes it most rewarding”. The literature presents a range of challenges associated with work in aged care facilities which are discussed in the following paragraphs. It is important to understand the challenges for two reasons. First, these issues are likely to diminish the conditions required for effective workplace learning, such as the availability of time and the level of motivation (Gard & Larsson, 2017). Second, the sector has been under intense scrutiny during the Royal Commission into Aged Care Quality and Safety and the Covid-19 pandemic. This sector is, therefore, accustomed to inquiry and open to consider new insights that will help it to improve (Woods & Corderoy, 2021). The literature is rich with insights into these challenges, some of which are described in the following section.

RACFs are challenging environments in which to learn because of the unpredictable and demanding nature of the work. One of the most notable reasons for this is the growing prevalence of residents with dementia, a term used to describe a group of ailments with common attributes including progressive memory loss, confusion, and inability to perform everyday tasks (Houghton et al., 2016). Around half Australian aged care residents have dementia which includes Alzheimer’s disease and vascular dementia (Harrison et al., 2020). Caring for residents with dementia involves a range of challenges, including the occasional need to manage aggressive behaviour (Cowdell, 2013). This can escalate to the point that care workers experience verbal and physical abuse, sometimes requiring resident restraint (Pu & Moyle, 2020). Aside from dementia, aged care workers face other confronting personal care situations whilst they support residents, such as toileting and bathing (Awuviry-Newton et al., 2019). Falls are common in aged care facilities, requiring workers to support the associated pain and anguish experienced by residents when this occurs (Francis-Coad et al., 2019). Another demand placed on aged care workers is the need to deal directly and on a constant basis with their residents’ the mortality , with many of whom they have forged a personal bond (Young et al., 2017). The ongoing exposure to the death of residents can have negative emotional impacts on workers including the increase of personal anxiety (Dick,

2014). So, aged care work is challenging because it involves the need for workers to deal with the extremes of the human condition such as pain, suffering, abuse, and death. However, these are not the only challenges associated with aged care work.

Dementia and mortality create a backdrop for complex interrelationships amongst aged care workers, supervisors, residents, and their families. Studies of RACFs indicate that the relationship among families, residents, and workers is an important factor of aged care and can lead to more effective care for residents and more rewarding work for caregivers (Bowers et al., 2000; Cash et al., 2017). However, these relationships are not always positive, particularly when families chastise and place unrealistic demands on workers (Kemp et al., 2009; Vick et al., 2018). Language and culture also influence these relationships due to racist behaviours from residents' families to caregivers (Berdes & Eckert, 2001; Olasunkanmi-Alimi et al., 2021). Further, co-working in aged care involves challenging relationships between staff. The 24-hour nature of aged care work requires shift handovers that can lead to a discord about task completion from one shift to the next, especially when communication is not clear (Jones & Moyle, 2016). These interactions are important because the shared understanding or intersubjectivity that is reached between workers, residents, and families has a direct impact on the effectiveness of learning. Billett (2014b) noted that staff handovers in a healthcare environment are an example of how such dialogue creates opportunities for further intersubjectivity and understanding. Aged care, therefore, represents a workplace context in which interactions play a particularly significant role in how employees work and learn.

In addition to these challenges, workers in aged care work often face a heavy workload. Pressures on the sector due to dementia and the aging population have contributed to a decrease in the ratio of workers to residents, resulting in more intensive work (Kaine & Ravenswood, 2014; McHugh et al., 2021). Furthermore, one study has shown the number of qualified nurses in aged care homes decreased by 13% between 2003 and 2016 (Bonner, 2017). So, not only are there fewer workers to care for more patients, but the level of skill available to care for residents is being diluted by the change in nurse-to-carer ratio (E. Foley, 2018). This places additional pressure on both nurses and care workers who are struggling to respond to their clients' needs. As identified by Foley (2018), this is important because adequate staffing is shown to save lives. This correlation is evident in assorted studies both in Australia and overseas (Gnanamanickam et al., 2018; Griffiths et al., 2019; Hill, 2017; Lasater et al., 2021; McHugh et al., 2021). Increasing demands on workers are also being caused by a

greater need for compliance and reporting in aged care homes (J. Anderson, 2018). When more time is required for reporting, there is less time available for care. This has been a long-term challenge for care professions, sometimes referred to as "paperwork versus peoplework" (Burke, 1990). The Australian Nursery and Midwifery Federation (2019) indicates that staffing ratios and administration are having a negative impact on resident care. This impact is, in part, because workers do not have enough time for training and on-the-job learning (Wan et al., 2018). These issues are aggravated by greater pressure on workers to meet the requirements of new and increasing accountabilities of residents' safety (Dehm et al., 2021). Thus, it is concluded that heavy workload in aged care homes is directly affecting workers' learning experiences in specific ways. For instance, it might be more about short cuts and impersonal efficacies than quality care.

Despite the challenges of complex work and high workload, aged care is considered and is in fact a low-paying sector and occupation. Various studies have indicated that low pay is a major challenge for the sector and its workers (Burgess et al., 2015; Crozier, 2021; Wait, 2016). Palmer and Eveline (2012) illuminated the paradox that aged care is highly skilled and in-demand work, yet significantly low paid. They attribute this to a devaluation of care work by organisations and society because it is considered a "natural" capability and undeserving of high pay. A common outcome of this, as described by Kaine and Ravenswood (2014), is a reduced quality of care for residents. Additionally, low wages contribute to a lower sense of pride and dignity in aged care work (Stacey, 2005). Workers in aged care, therefore, not only face complex and demanding work, but they must also do this work in a society that undervalues and poorly rewards them. So, the motivation to work and learn in such conditions is likely to be adversely affected and needs to be better understood (Dang & Chou, 2020).

Because of the above challenges, the aged care sector struggles to attract and retain talent. To prepare for the anticipated growth and demands of the sector in the future, pay and conditions must improve (Wait, 2015). In the Australian Government's aged care workforce report (Australian Government, Australian Institute of Health and Welfare, 2017), it was predicted that the number of workers will need to triple to meet the growth demands of the sector by 2050. This creates some urgency for the sector when considering research that shows, for example, that aged care is not attractive to nursing graduates (Naughton et al., 2019; New Zealand Nurses' Organisation, 2012) and when temporary job agencies report that their lists of employees view it undesirable work (Bennett et al., 2015). Even for those workers who choose to commence a career

in aged care, studies have shown that turnover or intention to quit is high (Austen et al., 2016; Karantzas et al., 2012; Radford et al., 2015). This high turnover has been shown to cause not only an increase in hospitalisation of residents, but also less effective training and supervision (K. Thomas et al., 2013; Wastesson et al., 2021). High turnover exacerbates the need for constant learning support because, when there are more new starters, there is greater pressure placed on the facility to train and supervise them. Aged care work, despite its positive attributes, is subject to the challenges of complicated client needs, high workload, low pay, and high turnover, all of which lead to a complex setting in which to learn. Such challenges have also become a focus of the recent Royal Commission into Aged Care Quality and Safety.

The Royal Commission commenced in early 2019 reluctantly by the then Australian Federal Government to understand how older people are cared for in Australia. Although it was regarded as an excellent opportunity for improvement in the sector for both workers and residents, it was also a sign that the above challenges need to be addressed in a comprehensive and immediate way (Wischer, 2019). The Royal Commission was prompted by community, resident, and family concerns about the provision of care; the primary question it aims to answer is “How can we make sure that aged care homes and services provide good and safe care?” The final report cites “improved training” as a fundamental area that needs to be improved in Australian aged care facilities (Royal Commission into Aged Care Quality and Safety, 2021). It shows that registered training organisations (RTOs) are qualifying aged care students who do not possess the necessary skills to start in the sector. It also notes that aged care is not adequately addressed in the curriculum for students studying nursing at university (Royal Commission into Aged Care Quality and Safety, 2021), and is rarely a preferred option for student nurses (Austin et al, 2016). This places pressures on aged care facilities when they must meet this capability shortfall with on-the-job learning. Inexperienced workers are placed in situations they are not ready for, supervisors must more closely oversee their work, and experienced workers are required to support them. The Royal Commission has illuminated the need for a better understanding of the learning curriculum gaps within the aged care sector. It is, therefore, a compelling, vital, and highly visible context in which to gather data and contribute new insights about learning through and for this sector.

In sum, aged care work needs to be better understood so that workers can more effectively learn through the process of undertaking it. It is work that elicits noble human qualities to care for some of society’s most vulnerable. The sector represents

opportunities for greater investment, more innovation, enhanced working conditions and, ultimately, improved resident care. To realise these opportunities, the Royal Commission has recognised the need for better training by improving the conditions in which care providers work and learn. The negative effects on workers who must deal with the complexity of dementia in a volatile, demanding, and low-paying environment is becoming abundantly clear from the issues uncovered in the Royal Commission. It is anticipated that new insights about co-working and learning in aged care may illuminate ways to improve skilling and readiness for better caregiving in the sector.

3.1.2 Aged Care: Future Outlook

Thus far, a review of the literature relating to aged care work has identified the pros and cons of working in the sector and, consequently, has advanced the proposition that aged care is a worthwhile context for further study. Building on these insights, this section examines the future outlook for aged care work and workers and suggests that further research is needed to prepare the sector and its workers to respond to anticipated changes. As previously mentioned, the number of aged care workers needed to support the Australian sector is expected to triple in the coming 30 years. This growth is already being experienced, driven by our ageing population and the increasing need to for residential care for dementia sufferers (Wilson et al., 2020). The low attraction of workers to the sector is resulting in greater numbers of migrants filling these roles, a trend which is anticipated to be an even more prominent feature of the sector in the future (Hamilton et al., 2021). To prepare for this scenario, more knowledge is needed about how to attract, develop and retain people to work within increasingly CaLD age care settings.

In the report into the future of Australia's aged care sector workforce (Siewert, 2017), issues that will impact the experience of the worker and the sector were highlighted. These include projected growth of the workforce, evolving needs in care for and service towards older Australians, and changes to the skills mix. The workforce is estimated to grow from around 366,000 to 980,000 by 2050, with skill shortages already being noticed within carer jobs and in rural areas; the report recommends that the sector focusses now on staff training to broaden skill sets to prepare for this. The report shows that the number of Australians with dementia is expected to increase at a similar rate; from about 400,000 in 2020 to 900,000 in 2050. Advancements in medicine mean older Australians will stay at home longer, resulting in an increased ratio of aged care residents with acute and palliative needs. In essence, there will be

more older Australians requiring care in the future and their care needs will be greater. The report provides evidence that there is a trend towards a decrease in medically qualified staff, such as registered nurses, and an increase in unregulated workers, such as carers. So, as the need for specialised knowledge and skills in the sector grows, the availability of workers to provide it is diminishing. This is placing demands on how staff work and learn together to respond to resident needs and creates risk for the sector. To address this risk, the report highlights the need for the aged care sector to attract new workers, including those from migrant backgrounds.

Migrants working in aged care already represent a higher proportion of workers than in the average Australian workplace. About one third of Australian aged care workers are from CaLD backgrounds (Siewert, 2017), and this ratio is likely to increase. Migrant workers represent a smaller proportion of the average Australian workforce (X. Liu et al., 2019), so aged care is already a far more culturally diverse environment than most other sectors. Further, the number of migrants in Australia is expected to grow by 15% by 2050 (Australian Government, 2010). To attract more overseas workers to Australia in the future, one suggestion is to create direct migrant pathways into aged care, such as specialised visas, which is already occurring in Europe, Asia, and North America (Hamilton et al., 2019). So, the already high proportion of migrant workers in aged care is likely to grow in the future. This highlights a particular need to understand the experiences of these workers in this context, where there is a much greater probability that they must work, interact, and learn with people from CaLD backgrounds different from their own.

In sum, the future of aged care highlights some changing characteristics of how workers must undertake their jobs. Not only will there be a greater demand for aged care services and workers, but the skills required to meet these demands will be more complex. This is due to the increase in resident needs, such as dementia and acute and palliative care, as well as a growing need to work effectively as part of diverse teams. Research into these issues is, therefore, important because it may contribute to new understandings about how the sector can help prepare for its future. This is especially important because the scenario described above is not limited to Australia, with many countries facing similar trends.

3.1.3 Aged Care in the International Context

The future of aged care in Australia represents an increasing opportunity for workers to learn on the job and to develop rewarding careers. The escalating challenge of the work itself, projected sector growth, and rising diversity are testament to this option. However, these characteristics are not exclusive to the Australian context. Other countries, despite legal and cultural differences in how they care for the aged, face a similar outlook (Hussein & Manthorpe, 2005). To enhance the understanding of workplace learning in cross-cultural environments like aged care, it is helpful to consider it as a global concern. This is because much can be learned from the experiences of Europe, Asia, and the Americas which face comparable challenges. Here, similarities and differences across international aged care settings are outlined.

It is evident in the literature that the challenge of working and learning in aged care is overwhelmingly an international issue. Hussein and Manthorpe (2005), in their international review of the care workforce, outlined challenges emerging due to the ageing population, deficient long-term care systems, staff shortages, and the reliance on immigration to fill the gaps. In the United Kingdom, the situation has been described as a crisis, with studies showing insufficient aged care places and a shortage of skills to deal with the demands of the sector (Wittenberg et al., 2020). In the United States and Canada, negative attitudes towards aged care work create barriers to effective attraction, retention, and training of workers (Hovey et al., 2017). In a review of elder care in Latin America and Africa, Aminbakhsh (2017) found that, even in developing countries, the rapid growth of the sector is creating challenges in preparing and educating caregivers to effectively carry out increasingly complex work. In Nordic countries, where aged care is often considered advanced, studies have shown that workers are exiting the sector because of concerns they are unable to provide adequate care and support (Trydegård, 2012). The aged care sector in Asia and the Pacific is rapidly evolving, which has created a need for greater educational support for the sector (Bank, 2016). These studies, collectively, suggest that challenges such as worker shortages are not recent; nor are they exclusively Australian issues. The proposition that the sector is facing similar challenges globally makes aged care an even more compelling workplace context for research.

Despite these shared experiences, there are still some aspects of aged care work, especially cultural ones, which differ from country to country. The experience of working and learning in the aged care context is directly impacted by the workplace

culture of a country, as well as by the laws, the economy, and values towards care for the elderly (Ngocha-Chaderopa & Boon, 2015). Hovey et al. (2017) described cultural attitudes towards caring for the aged as vastly different depending on geographical location. For example, Asian and Latin cultures tend to show a high level of respect to elders, evident in the greater financial, emotional, and residential support provided by families. Further, there is increasing pressure on families in countries like Japan, which is often referred to as a "super ageing country", as it has the highest ratio of elderly in the world (Koyama et al., 2020; Muramatsu & Akiyama, 2011). In Nordic countries, caring for the elderly is very much a governmental responsibility where the national economies provide for the aged, as is typical for such welfare states (Szebehely & Meagher, 2018). These differences are especially important considering that such a large number of migrants are relied on to fill aged care jobs in many countries. This is because cultural differences represent varying subjectivities that may impact the attitude and approach that a foreign worker has towards how they learn, work, collaborate, and care for residents (Hovey et al., 2017).

There are many studies that examine foreign care workers who are from certain regions and their experience working in a particular host country, for example, Philippinos in Hawaii (Browne et al., 2006), South Asians in The United Kingdom (Raghuram et al., 2011), Romanians in Italy (Degiuli, 2016), Chinese in Singapore (W. Tam et al., 2017), and Nepalese in Australia (Negin et al., 2016). However, few studies have been identified that look more generally at the issue of migrant workers in aged care irrespective of home or host country. Although there are some clear differences when comparing the sector around the world, the effects of globalisation are resulting in more universal attitudes towards aged care (Hovey et al., 2017). For example, in cultures where familial support for the elderly is strong, like in Japan, there is a growing reliance on institutional residential aged care (Nishino, 2017). In traditional welfare states, like Nordic countries, there is an industry shift towards the "for-profit" models of other countries (Szebehely & Meagher, 2018). So, despite differences from country to country, the international context for aged care must prepare for some shared challenges. This represents a more universal opportunity to contribute new insights to the field of workplace and cross-cultural learning. To do this, it is helpful to understand the aged care workers themselves.

3.1.4 Profile and Perspectives of Carers' Roles

As foreshadowed, the challenges and opportunities of the aged care sector are increasing now and into the future, in Australia and internationally. As advanced in Chapter 2, the literature suggests that there are individual influences on learning within cross-cultural teams. It is, therefore, helpful to examine the profiles and perspectives of the individuals who undertake aged care work. In this section, the roles within aged care are outlined with a specific focus on the sector's most common job: the carer. The high levels of cultural diversity in aged care are then described to further highlight the potential contribution this sector can make regarding learning in cross-cultural workplaces. An understanding of these characteristics provides a backdrop for examining worker experiences which are then examined, including communication, marginalisation, and discrimination. The profile, perspectives, and experiences of aged care workers help to illuminate how they learn and undertake work.

Jobs in aged care are dominated by roles that involve direct care of residents such as enrolled nurses, registered nurses, and carers. Care work usually involves 24-hour shift work, staff handovers, and managing resident care plans while responding to daily, and often spontaneous, care situations (R. Quigley et al., 2022). Carers are mostly involved in non-medical personal care (e.g., bathing and meals) as well as general support to nurses (Howe et al., 2012). Most roles in the sector tend to be performed by carers who make up 70% of direct care roles in Australia (Royal Commission into Aged Care Quality and Safety, 2021). This high proportion of carers is, therefore, a key rationale for focussing this research on the learning experiences of these workers who are the central to the sector.

Carers not only represent the highest proportion of workers in aged care; they are also associated with a range of factors that make their workplace learning a complex and compelling case for investigation. Carers are particularly exposed to the challenges described above such as staff ratios, residents' demands, and high levels of CaLD co-working. The ratio of carers to nurses has increased by more than 10% in the last decade (Bonner, 2017) which has resulted in less medical support for residents and greater pressure on carers to carry the burden of varying residents' needs. This causes a need for carers to learn and respond to new and changing tasks on the job at an increasing rate. Further, workers occupying carer roles tend to possess little or no relevant qualifications or other preparation for the work they undertake, either in general training (Burrow et al., 2017) or in specific areas like palliative care (Frey et al., 2015).

Paradoxically, some migrants possess qualifications that are not recognised in Australia, essentially rendering them overqualified for their jobs (Ethnic Communities' Council of Victoria, 2014). Nevertheless, there is poor vocational readiness, meaning that workplace learning (i.e., learning on the job) is especially important for skill acquisition in aged care, especially for carers.

Furthermore, these relatively unqualified workers face tasks that are far more involved than those of similarly paid entry-level roles in other industries, such as hospitality and construction (C. Wright et al., 2021). These complexities have been outlined in Section 3.1.1, including abuse from residents, complaints from families, extreme personal care situations, and client mortality. All of this occurs in a 24-hour shift environment in which the majority of residents are experiencing acute medical conditions (Lawn et al., 2017). Finally, a large proportion of carers are foreign born, and the rate of diversity continues to increase. For example, between 2006 and 2011 there was a 333% increase in the number of South Asian migrants taking such roles in Western Australia (Negin et al., 2016). The low desirability of aged care work combined with the high number of job vacancies for assistants is driving migrant recruitment. Such elevated levels of cultural diversity in aged care make co-working and learning even more challenging (L. Chen et al., 2020).

To better understand these specific challenges, it is helpful firstly to describe the cultural demographics of carers. Internationally, there is a growing trend of recruiting non-native workers into these roles. In countries representing the Organisation for Economic Co-operation and Development (OECD), aged care facilities hire on average between 20–40% of workers from culturally and linguistically diverse backgrounds (Negin et al., 2016). Australia sits at the higher end of this range, with many migrant workers coming from India, The Philippines, and other parts of Southeast Asia (Australian Government, Department of Health, 2021). There is also an increasing number of workers from Nepal and African countries. The international trend of hiring migrant workers into care roles has grown by up to 50% in the last two decades and is anticipated to continue (K. Ho & Chiang, 2015). In Australia, there are more migrant workers in aged care than the average of other industries (Howe, 2009). Migrant care workers in Australia were traditionally targeted to meet the diverse cultural and linguistic needs of residents; however, nowadays they are simply hired to address the deficit (Isherwood & King, 2017). So, migrant workers are now far less likely to reflect the cultural backgrounds of the residents for whom they care. To be able to work and

learn effectively in their environment, migrant carers face issues related to acculturation and socialisation (Gillham et al., 2018). These issues are outlined below.

The literature provides a range of insights into the experiences of migrant workers in aged care. This includes some positive impacts such an improvement in their ability to respond to change and to deal with more complex tasks (K. Ho & Chiang, 2015). The experience of being a migrant enables them to better face some of the challenges of the role, such as caring for residents from culturally diverse backgrounds. At times, they also may have the opportunity to leverage their language skills, especially when interacting with a resident from a similar background (Howe, 2009). In some cases, migrants come from places where there is a culture of greater respect for the elderly compared to their host country (Laidlaw et al., 2010); this can lead to better care for residents (Willis et al., 2018). Despite these positive impacts, the literature is much more focussed on the difficulties for migrant workers in aged care, including values conflicts, communication barriers, marginalisation, discrimination, and violation of rights.

One of the greatest challenges migrant caregivers face when working in aged care is the values difference between their home and host countries, particularly in attitudes toward the older generation of Australians. These workers can experience a loss of personal and professional identity as they struggle to understand and adapt to new ways of working and interacting with the elderly (Malik & Manroop, 2017). This disassociation is partly caused by the differing attitudes towards the older generation in their host country, especially for the many workers coming from Asia, where the level of respect for society's aged is often high (Walsh & Shutes, 2012). Migrant workers must also adapt to different values towards gender; for example, many see aged care work as the domain of women, and some female workers are not used to close contact with males (Browne et al., 2006). Such differences have caused these workers to struggle with guilt and cultural dissonance (Willis et al., 2018). To adapt to differing values, carers must learn and appreciate new behaviours that come naturally to their local counterparts, especially behaviours related to communication.

Just as migrant workers are expected to adapt to the values of their host country, they must also learn how to communicate and interact with residents in ways that might be different than might occur in their countries of origin. This can cause them to experience difficulties and discomfort with social interactions (Malik & Manroop, 2017). There are a range of studies highlighting communication in aged care is also constrained by language differences and proficiency (Azize et al., 2018; Isherwood &

King, 2017; Mackey, 2018). Migrant carers might struggle with oral and written instructions (Ngocha-Chaderopa & Boon, 2015) while residents, many of whom have hearing difficulties, and are generally not accustomed to the accents of migrant workers might struggle to understand these workers leading to complications in resident-worker relations (Walsh & O'Shea, 2010). Communication challenges like these are noteworthy because they diminish the quality of interactions needed with co-workers for effective intersubjectivity (i.e. shared understanding) in situations like shift handover (Mori & Shima, 2020). Values differences and differences in language proficiency not only make working and learning more difficult but have also been shown to cause mistreatment towards migrant workers (Browne et al., 2006).

Mistreatment towards migrant workers often comes in the form of discrimination, which impacts how they work and learn on the job (Overgaard et al., 2022). The most frequent form of this is racism from residents which has been shown to impede these carers' ability to provide quality care, particularly if that care is rejected by residents (Ngocha-Chaderopa & Boon, 2015). The aged care workplace is reported to have experienced discriminatory practices such as selective rostering and unfair workload (Isherwood & King, 2017; Malik & Manroop, 2017; Walsh & O'Shea, 2010). This extends to more blatant violation of rights such as wage theft and uncontracted work in many countries including Australia (Clibborn & Wright, 2018; Degiuli, 2016). migrant workers were 50% more likely to experience a violation of rights than their local counterparts (Green & Ayalon (2018). Discrimination, when combined with values differences and communication challenges, can lead to marginalisation of aged care workers by their host country. This places them in a precarious situation where they face social exclusion and limited social ties (Jordan, 2017; Malik & Manroop, 2017). Marginalisation of migrant aged care workers is also characterised by a low status in society. Kadri et al. (2018) highlighted how the work of migrants in aged care in the United Kingdom is often considered undesirable, while Hirano et al. (2016) identified a social stigma attached to migrant care work in Japan, Hong Kong, and France. In Singapore, aged care work can be considered gendered (i.e., for women) and nationalised (i.e., for Southeast Asians) and, therefore, unfit for local workers (Huang et al., 2012). Racial discrimination is also prevalent in the aged care sector in Australia (Ferdinand et al., 2015; Ziersch et al., 2020) These studies have shown that such marginalisation can lead to ethnocentricity and typecasting of migrant aged care workers.

In sum, aged care workers from migrant backgrounds face challenging circumstances in which to work and learn. Although their diverse backgrounds can enhance their experience of aged care work (e.g., through better change resilience and language skills), it fundamentally makes this work more difficult to learn and practise compared to their local counterparts. They may need to overcome considerable differences in culture and values to learn how to work with residents and within environments different from their host country. Language often forms a barrier to effective communication, leading to social exclusion, misunderstanding of task requirements, and mistreatment by residents and colleagues. Migrant workers face discrimination and marginalisation in a sector that is already fraught with the challenges of dementia, mortality, and skills shortages. In a sector that has higher than average rates of migrant employment, the above challenges highlight a need to better understand the learning experiences of diverse teams in aged care. In the next section, the individual, interactional, and environmental aspects of workplace learning will be further examined with specific focus on the experience of CaLD teams in aged care.

3.2 Learning in the Aged Care Sector

So far in this chapter, the aged care context has been described and presented as an appropriate setting for research into multi-cultural teams. To further advance this proposition, the individual, interactional, environmental, and cultural influences on learning in aged care are examined and discussed through the literature. This is followed by the identification of risks, opportunities, and knowledge gaps related to this research project topic. Finally, the focus of this research is advanced through a summary of key insights from Chapters 2 and 3.

Learning by aged care sector workers has been subject to informed inquiry for several decades; however, the depth and breadth of research in this specific area is not extensive. In 2002, in Australia, there was evidence of pressures on the learning experiences of workers due to a skills gap being filled by untrained workers (Somerville, 2002). In 2006, it was becoming even more apparent that skills required for aged care work are complex and reliant on effective vocational and on-the-job learning (Somerville, 2006). More recently, there have been some studies related to more specific factors including individual, interactional, and environmental influences on the experiences of aged care workers. These are examined in the following sections.

3.2.1 Aged Care as a Learning Environment

As proposed in Chapter 2, much professional and vocational learning occurs within both the physical and social environments of aged care workplaces. To understand the environmental factors that influence learning in aged care, each of these domains needs to be examined within this more specific context. RACFs provide unique settings for working and learning that differ from many other workplaces. They are physical and social environments where workers occupy and engage in a space that represents the home, restaurant, medical providers, and social setting of residents, all in one condensed location. They are also facilities that operate 24-hour a day and open to the families of residents. So, , aged care facilities are work environments that have particular characteristics in which to understand workplace learning as both physical and social spaces. Each of these qualities is discussed below.

First, aged care facilities are physical sites incorporating furnishing, equipment and digital platforms through which work and learning (Bouw et al., 2019). In a study examining the lighting, humidity, and temperature of aged care environments, it was found that the circadian rhythm of occupants may be negatively affected by a lack of natural light (Noguchi et al., 2019), which other studies have indicated can impact memory and learning (de Jong et al., 2000; L. Wang et al., 2019; K. Wright et al., 2012). The lack of natural light in nursing homes can, therefore, be an obstacle for workers learning new tasks. There is growing evidence that nursing homes should be designed in a resident-centric way (Rushton & Edvardsson, 2017). This may require carers to adapt residents' personal space to ease mobility (e.g., placement of furniture) and create familiarity (e.g., arrangement of personal artefacts such as photos). The need to personalise the physical space places extra demands on carers as they learn to cater for the differing needs of their residents. Studies of nurses and aged care workers report that the location of shift handover conversations can impact knowledge transfer on the job (McMahon, 1994) and social relations (Salzmann-Erikson & Eriksson, 2012). So, the physical space also lays the foundation for the social interactions in nursing homes.

How workers occupy and engage within nursing homes represents the second dimension of this learning environment, that is, aged care as a social environment. In a study of aged care spaces in Australia, Petersen et al. (2016) found that the social space had a significant impact on the experiences of workers and residents. For example, the presence of families in the space often aided the work of carers (e.g., at mealtimes), but also complicated it (e.g., criticism of their work). This study highlighted the importance of the RACF as a social space in which residents, workers, and families must collaborate to meet the demands of the facility. The physical space must, therefore, be

designed and organised to facilitate such collaboration. For example, this might include providing appropriate areas in which staff and families can discuss resident issues. An architectural study into the design of nursing homes showed that the location of the reception, nursing station, corridors, and resident areas can impact social interaction in positive (e.g., openness of nurses' station) and negative ways (e.g., lack of communal space; Ju Hyun et al., 2017).

In sum, the aged care working environment is a unique space for working and learning compared to other industries. It exemplifies the important influence that the workspace has on how carers learn, for example, when they have a physical area separated from residents to quietly consider the challenges as a form of reflective practice (Nordquist & Sundberg, 2013). Aged care can represent a physical social space well suited to situated learning where caregiving practices can be observed, tested, modified, and adopted by carers (Hwang et al., 2015). It is a space where carers must collaborate with others to respond to resident needs and thereby interact and learn. So, this environment directly impacts how carers interact as they work and learn together.

3.2.2 Learning in Aged Care Through Interaction

The work of carers is heavily reliant on the need to collaborate with others to fulfil caregiving duties, for example, when supporting the mobility of a resident (Lemetti et al., 2019). In Chapter 2, it was established that interaction is a key factor that influences working in multicultural workspaces. It was highlighted how workgroups can learn effectively when elements, such as the prospect for intersubjectivity and cross-cultural communication, are optimal. These areas are examined here within the aged care context; however, it is firstly helpful to illuminate how the notion of *team* plays out in aged care. Nursing homes are 24-hour facilities requiring most staff to work around the clock. This often involves a rotating schedule and means that carers work with a changing set of colleagues on different days. It is, therefore, not the norm to have a set group of peers with whom workers share their daily routines, so, as discussed in the previous chapter, the terms "team" and "workgroup" are used interchangeably in this thesis. Various studies have shown that good teamwork in aged care is required to enhance learning, working, and delivery of care to residents (Aberdeen & Byrne, 2018; Gibb et al., 2016; Jamieson & Grealish, 2016; Hartgerink et al., 2014; Heponiemi et al., 2012). Characteristics of effective teamwork in aged care include listening, positive exchange, the ability to "speak up" (i.e., psychological safety), and individual accountability. So, despite the fluid nature of teams in round-the-clock aged care

environments, a positive interaction (i.e., teamwork) plays an important role in achieving intersubjectivity (i.e., shared understanding) in this context.

Learning interventions can help to secure intersubjectivity through shared understanding, joint awareness, common procedural capacities, and aligned values of people working together. This is no more the case than in direct care professions, such as aged care, where decision-making needs to be instantaneous (Billett, 2015a). In the Olmos-Vega et al. (2018) study of intersubjectivity of workers in hospital settings, Billett's conceptualisation of intersubjectivity was used as a theoretical lens to understand worker interactions. It was found that shared understanding is reached when workers continually adapt to each other. When conscious or subconscious efforts are made by workers to build bridges during workplace interactions, they can better understand different perspectives and adapt theirs accordingly. This can result in carers learning a new or different way to face a task. Moreover, Billett (2015b) concluded that effective care work is achieved when there is a high level of intersubjectivity. This arises when individuals are given access to take part and learn within the social setting at work (i.e., "affordances") and to have some level of interest to engage in it (i.e., "engagement"). These contributions emphasise the importance of intersubjectivity in health- and care-related environments where spontaneity, urgency, and immediacy are the norm. So, shared understanding or intersubjectivity is a key factor in understanding the role that interaction plays in workplace learning in aged care. This research aims to illuminate this phenomenon further.

Another element that is key to understanding worker interaction in aged care facilities is communication. Considering the high volume of literature relating to workplace communications, it is possible to focus more specifically on those that relate to the aged care workplace. Effective communication in aged care occurs when workers actively seek and share information related to residents including via face-to-face, telephone, and written channels (Allen et al., 2013). A range of targeted studies exist that illuminate issues related to communication, such as interaction with residents (Harwood et al., 2018), communicating safety (O'Keeffe, 2016), transitions from aged care to emergency (McLane et al., 2017), and interactions with stakeholders outside the nursing home (Allen et al., 2013). However, the areas that are most pertinent to the study of learning in cross-cultural teams in aged care are related to how communication impacts two particular areas: learning and cross-cultural relations.

First, effective communication in aged care homes can be directly linked to more positive learning outcomes. In Hockley's (2014) investigation into communication

and learning related to end-of-life care in nursing homes, it was found that group reflective practice plays a vital role in growing capability to deal with resident mortality. The study showed that, when there is designated time for workers to debrief and discuss a recent resident death, it provided an opportunity for teaching, understanding, and critical thinking. This not only enabled workers to learn how to better manage such situations, but also enabled work practices to be enhanced. This is an example of what Billett et al. (2005) described as the "remaking" of work practices. So, the communication that occurs during reflective interactions can be considered a key enabler of how workers and workplaces adapt, evolve, and learn to deal with the circumstances of their environment.

Second, communication in nursing homes is made more complex when teams are culturally and linguistically diverse. It is important to note that, despite these complexities, the vast majority of aged care homes in Australia hold a positive view of culturally diverse workplaces, as shown in the 2012 aged care workforce report (King et al., 2013). Cross-cultural communication is considered a key factor in learning how to meet the needs of the aged care workplace, especially between workers (Xiao et al., 2018). Issues related to this communication are summarised by O'Keeffe (2016) as misunderstandings of work tasks arising from mispronunciation, differing cultural attitudes towards ageing, impatience exhibited by native speakers towards their CaLD peers, and reticence of migrant workers.

In the case of the latter, non-native English speakers are less likely to speak their minds during work interactions. This lack of self-disclosure limits important learning behaviours such as asking questions, expressing opinions, and challenging others' perspectives (Nichols et al., 2015). Xiao et al. (2018) reported that mispronunciation can lead to errors when CaLD workers are interacting with native-speaking peers and residents. In a health and care environment, the repercussions may be serious when an aged care assistant's language proficiency is limited. However, native speakers may need to improve their ability to communicate within cross-cultural environments. Mackey (2018) identified a need for local carers to learn intercultural communication skills to reach shared understanding with their foreign colleagues. This would help to avoid prejudicial treatment towards CaLD workers which can impact not only how work is communicated, but also how workers are allocated and trained (Nichols et al., 2015). In sum, language and cultural differences in aged care can form a barrier to effective learning, working, and resident care. This highlights a need to better

understand this aspect of interaction in aged care so that cohesion can be more effectively achieved.

As identified in Chapter 2, to achieve intersubjectivity in the workplace, effective communication is key. The above review of the literature reveals that this is especially the case in aged care facilities and, even more so, in those that are culturally and linguistically diverse. The multicultural, volatile, and 24-hour nature of the aged care work environment places extra pressure on workers to be able to effectively learn through interaction. To understand this further, it is helpful to examine the process of learning in aged care from the perspective of the individuals who occupy these teams and environments. In the next section, this is examined more closely.

3.2.3 Individual Factors of Learning in Aged Care

In Chapter 2, it was proposed that considerations such as subjectivity, readiness, and mindset influence how workers learn at an individual level. This often occurs through direct experience and by appraising their work practice (Billett, 2014a). In this section, these concepts are further examined with respect to the aged care context. The individual perspective of the learner in aged care is then discussed in terms of cultural difference and how this represents different subjectivities and affects how one individual in aged care may learn differently from their colleague from a different CaLD background.

Individual dispositions, including a worker's values, attitudes, and interests, influence the way in which they learn (Billett, 2008a). A review of the literature shows that such subjectivity is especially evident in the aged care workplace, which brings together individuals from vastly different backgrounds to work and learn together. They are diverse not only in terms of ethnicity but also language, age, educational background, and motivations for entering the aged care profession. In the case of the latter, Billet and Somerville (2004) highlighted that some aged care workers enter the sector for practical reasons (e.g., abundance of available work, flexible hours, low-level qualification requirements). This can impact an individual's attitude toward work and how they learn on the job.

Individual cultural differences have also been shown to influence how carers work and learn (Cuesta & Rämgård, 2016). For example, a worker from India may possess values and attitudes towards caring for the elderly that are different from their colleague from the Philippines. Their individual process of learning may, therefore, also be distinct in aged care. A study of individual learning in aged care showed that learner

attitudes have a direct impact on the transfer of learning that occurs on the job (Augustsson et al., 2013). In a comparison of workers across six European countries, culture was shown to impact the types of caring behaviours that workers exhibit towards nursing home residents (Papastavrou et al., 2012). This is important because culture is a fundamental part of individuals' identity and subjective approach to working and learning in aged care. So, aged care is a context in which learning is particularly influenced by individual factors such as subjectivity and cultural difference. This study of learning in cross-cultural teams in aged care aims to illuminate this further.

In sum, the aged care workplace is a useful context for understanding workplace learning. This environment creates a complex and unique setting in which workers must learn to respond to a vast, and often unpredictable, range of resident needs including medical, social, domestic, and mobility support. The aged care environment is one in which workers are challenged by cultural and communication differences that impact how they interact with each other and, ultimately, how they reach a shared understanding of the work they collaboratively undertake. Culture is manifested in the individual subjectivities of workers which has also been shown to affect their attitudes towards care work and how they learn on the job. To better understand learning in cross-cultural teams in aged care, the environmental, interactional, and individual factors need to be further investigated. This will, therefore, be a primary focus of the practical inquiries reported and discussed in this thesis.

3.2.4 Enablers of Learning in a Cross-Cultural Aged Care Context

In reviewing the literature related to working in the aged care context, insights and practices have been encountered that support optimal learning. These include experiential learning (Kemeny et al., 2006), intercultural communication (Xiao et al., 2018), reflective practice (Augustsson et al., 2013), and mentoring (Robinson et al., 2017). These areas are considered as potential interventions during the discussion of results that forms a later part of this thesis.

In particular, experiential learning has been shown to be very well suited to aged care environments (Kemeny et al., 2006). Experiential simulations in aged care allow workers to take charge of a situation without pressure of supervisor interruption or risk of resident harm (Vanlaere et al., 2010). For example, structured experiences that expose carers to end-of-life care can enhance their readiness to face such situations (Lamiani et al., 2011). Experiential learning can also be a helpful way for workers to build intercultural skills in aged care settings (Jain, 2013). Studies have shown that

structured experiential learning interventions can improve interaction in multicultural aged care settings (Gillham et al., 2018, Nichols et al., 2015; Willis et al., 2018; Xiao et al., 2018).

Cross-cultural capability has also been linked to improved workers' well-being (Wesołowska et al., 2018). This is because such activities lead to greater self-disclosure, empathy, and trust, which enable more efficient and effective co-working. This outcome can be achieved by addressing four factors: (a) intrinsic factors (i.e., acknowledgement of the diverse values and beliefs of the team), (b) moderating factors (i.e., through training and mentoring), (c) extrinsic factors (i.e., recognising the benefits of diversity in the team), and (d) communication processes through the use of culturally sensitive language (Nichols et al., 2015). These four factors are relevant to this research project as they provide examples of interventions that have made a difference for the aged care working environment.

In sum, there is a range of evidence to indicate that experiential learning is suited not only to aged care workplaces, but also to contexts in which cultural diversity is high. The environmental, interactional, and individual aspects of workers' experiential learning conditions, therefore, form a primary focus of this research.

3.3 Risks, Opportunities, and Gaps

The importance and complexity of aged care work has been illuminated in Section 3.1 of this chapter. As the population ages and as dementia becomes more prevalent, the global need to accommodate the needs of society's elderly becomes greater. The effects of this are already evident in recent increases in the number of RACFs, demand for more aged care workers, changes to the skill matrix (i.e., fewer nurses and more carers), and increasing recruitment of migrants to fill the gaps. This creates specific challenges for how the sector responds to the changing needs for how carers can effectively learn to provide care to the aged. The risks associated with such fast growth and increasing complexity are already being experienced, as observed in the recent Australian Royal Commission into Aged Care. This acknowledgement of these risks provides a basis to better understand what influences the learning of workers in multicultural aged care environments. Considering the predicted exponential growth of the sector, such insights may help aged care organisations to support the learning needs of workers more effectively in the future.

A review of the literature has shown that aged care is a sector that has been subject to academic inquiry in many and varied ways. There is an abundance of

literature about the experiences of aged care residents, particularly related to dementia, their transition into the residential setting, and other acute medical and social needs. However, fewer studies have been identified that illuminate the experiences of workers, especially in relation to how they learn. A significant amount of research has been reported focussing on the experiences of migrant workers in aged care and, to some extent, cross-cultural relations. Despite this, few insights have been identified in the literature that specifically illuminate and elaborate the experiences of aged care workers and how they learn in a multicultural aged care environment. It is, therefore, anticipated that this research will contribute something new to the field. Furthermore, there is potential for these findings to be leveraged to help understand workplace learning in other industries and professions.

3.4 Focus of This Inquiry (Propositions to Explore/Illuminate)

Ultimately, the objective of this inquiry is to illuminate the influences on workplace learning in a multicultural work environment. As highlighted in this chapter, aged care represents a rich and compelling context in which to better understand workplace learning. To reach this understanding, a key proposition to explore is the individual, interactional, environmental, and cultural differences experienced by workers in terms of their approaches to and engagement with learning through work. Additionally, a focus of this research is to determine what factors support or inhibit workplace learning in multicultural teams. A final area to be illuminated is what support and guidance should be enacted in a multicultural workplace.

To reiterate and build on the proposition outlined in Chapter 2, aged care is a particularly compelling workplace context, for four reasons. First, it is a context in which diverse subjectivities are at play. Literature related to aged care indicates that learning is especially complex because workers represent varying subjectivities, vocational readiness, and cultural perspectives. Second, the aged care environment is one that is socially and spatially unique. It is a home to residents, a workplace to carers, a clinic to health professionals, and a respite for families, plus it is a cultural contact zone to all. Third, the requirement for workers to interact with both their work and co-workers is especially demanding. They must meet the demands of residents, their families, supervisors, and co-workers, all whilst dealing with a broad spectrum of work-related tasks. Fourth, the aged care sector relies heavily on the recruitment of migrant workers to work and learn alongside Australian counterparts and residents. As a sector, it represents an opportunity to contribute further understanding of learning in

multicultural workplaces now and in the future. In Chapter 4, the research method for illuminating the influences on workplace learning is outlined.

Chapter 4: Research Methodology

4.1 Introduction

This thesis aims to identify factors that influence workplace learning in multicultural team environments. This aim extends to understanding how such factors support and hinder learning, and what learning support and guidance should be enacted in culturally diverse workplaces. Through a review of the literature, Chapter 2 advanced the proposition that workplace learning is primarily influenced by individual, environmental, interactional, and cultural factors. Chapter 3 proposed that aged care is a relevant and rich context in which to further understand these influences. In this chapter (Chapter 4), the methodology adopted for and applied to this research project for collecting and analysing data about these factors is described and justified. The chapter begins with an explanation of the research questions and conceptual framework as bases for methodological design. A rationale for the methodological design (i.e., mixed methods) is then outlined, followed by an explanation of and justification for the data collection approach. In this rationale, reference is made to how the impacts of Covid19 on the aged care industry shaped the approach to data collection. This rationale includes a detailed description of the questionnaire and case study that produced three data sets which are respectively discussed in Chapters 5, 6, and 7 of this thesis. Ethical considerations, analytic techniques, reliability, validity, and limitations are then explained. However, it is firstly important to restate the research questions and outline how they impact methodological design.

4.2 Research Questions as a Basis for Methodological Design

In social inquiry, research questions represent an important basis for the design of methodological approaches because they focus how data will be gathered and analysed (Greene, 2007). So, the methods outlined in this chapter directly address the central investigation of this research which is to illuminate how workers learn in multicultural teams. This overarching investigation and its research questions were introduced in Chapter 1 and are briefly restated here in Table 4.1.

Table 4.1

Overarching Investigation and Research Questions

Overarching investigation	Research questions	Procedure
How do workers learn in multicultural team environments?	What are the key factors that influence learning for performance in multicultural team work environments?	Questionnaire
	How do these factors support and/or hinder this learning?	Questionnaire and case study
	How should learning support and guidance be enacted in a multicultural workplace?	Questionnaire and case study

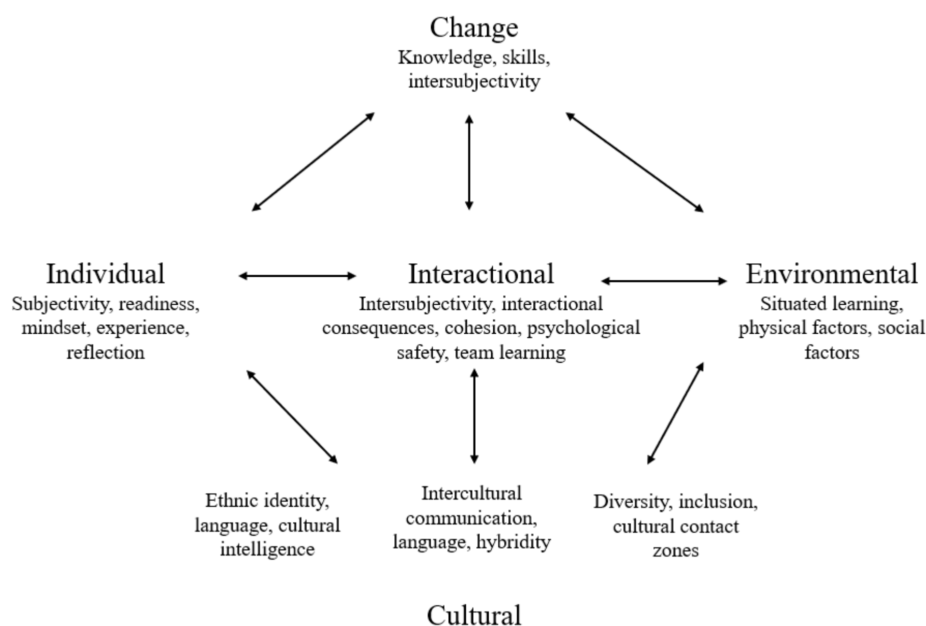
The first question aims to identify factors that influence learning in multicultural team environments while the second will qualify those factors by understanding how learning is impacted in positive and negative ways. The third question identifies what should be done in workplaces so they can better support learning in multicultural groups of workers. Consequently, the design of research methodology and specific data collection and analyses procedures, as shown in the right-hand column of Table 4.1, serve to directly address these questions. This alignment is explained in detail in the latter parts of Chapter 4. However, it is firstly important to note that specific contributions to the literature discussed in Chapter 2 have, in part, responded to these questions. The proposition has been advanced that the learning of workers in multicultural team environments is primarily influenced by individual, interactional, environmental, and cultural factors. These factors form the basis of the theoretical foundation of this research represented as the model for learning in multicultural team environments proposed in Chapter 2. This model has also significantly shaped the methodological design of this research, so it is briefly reiterated in the section that follows.

4.3 Conceptual Framework for Research Design

Research on a topic as multifaceted as workplace learning in multicultural team environments requires a clear and evidence-based conceptual framework. A conceptual framework brings together multiple pre-established theories to scaffold and focus the research and its design (Creswell & Creswell, 2018). For this research project, the conceptual framework that explains the phenomena discussed here is represented as the model referred to in Chapters 1 and 2 and depicted again here as Figure. 4.1.

Figure 4.1

A Foundation for Understanding Learning in Multicultural Teams at Work



This figure is helpful because it anchors and connects the investigation end points that have shaped the design of method and instruments for this research. Here, the prominent factors related to workplace learning in multicultural teams are depicted.

The model proposes that learning is fundamentally influenced by three central factors (i.e., the individuals, their interaction, and the environment) which are placed at the horizontal centre of the figure. Individual factors incorporate key contributions from the literature including subjectivity (Billett, 2008b), readiness (Billett, 2015a), mindset (Dweck, 2015), experiences (A. Kolb & Kolb, 2005), and refection (Schön, 1983). Interaction with co-workers may be shaped by intersubjectivity (Billett, 2014b), interactional consequences (Filliettaz et al., 2015), cohesion (Salas, Estrada, & Vessey, 2015), psychological safety (Edmondson, 2018), and team learning (Kasl et al., 1997). Environmental elements include situated learning (Lave & Wenger, 1991) within the physical and social space (Rutten & Boekema, 2012). These central factors all interrelate with a fourth factor, culture, which is placed at the bottom of the model and, in this research, focusses on elements such as ethnicity and language. Ultimately, the central factors and their interrelationship with cultural factors result in some type of change (i.e., learning) which is placed at the top of the model. This model is referred to throughout this chapter when advancing the methodological approach and describing the data collection instruments used in this research.

4.4 Methodological Rationale

It is important to choose a methodology that ensures a clear, relevant, and legitimate process for collecting and analysing data in the chosen context (Murphy & Allan, 2022). In the study of workplace learning in multicultural teams, the research questions and conceptual framework described above point to the types of data required to address the research problem; that is, how workplace learning is influenced by individual, interactional, environmental, and cultural factors. To illuminate this phenomenon, a mixed methods approach has been applied. This broad methodology is a widely adopted and effective approach for exploring the social sciences (Cohen et al., 2017) and is appropriate for this research project for two main reasons.

First, mixed methods allow both quantitative and qualitative data to be collected and analysed to respond to the research questions (Greene, 2007). The incorporation of both data types is beneficial to this research because it includes insights that are both externally valid and generalisable (i.e., quantitative) as well as contextualised and detailed (i.e., qualitative; Almalki, 2016). Quantitative data, such as demographics (e.g., country of birth) and attitudes to workplace learning (e.g., from whom carers learn), are valuable for this research because they can be drawn from a relatively large sample size of informants from many aged care environments to illuminate what influences learning. Qualitative data are helpful for this research because they can focus on the detailed perspectives of workers to identify how those influences (e.g., personal characteristics) impact learning and what can be done to enhance working conditions and behaviours (e.g., leadership support). Importantly, mixed methods research strengthens data validity because results can be compared, cross examined, and triangulated (Creamer, 2018). It also allows for data collection to be an integrated and sequenced process.

Second, mixed methods research can be sequenced so that the focus and design of the second and third data collection instruments is based on insights emerging from previously collected data. Greene (2007) described this as “integrated design” in which data collection procedures and consequent data sets interact with each other, for example, where the design of the interview questions is dependent on the outcomes of the questionnaire. In the literature related to research methodology, this approach is often referred to as “sequential design” which can be exploratory (i.e., quantitative followed by quantitative) or explanatory (i.e., quantitative followed by qualitative; Cohen et al., 2017). The research methodology of this project aligns more to the latter

because it begins with a questionnaire eliciting both quantitative and qualitative data followed by a purely qualitative case study. There were two main instruments of data collection which gathered three distinct sets of data: questionnaire and case study. These are briefly summarised here in Table 4.2 and described in more detail in the next part of this chapter.

Table 4.2

Overview of Methods for Data Collection

Instrument	Informants	Data set	Research question focus	Analysed in
Questionnaire	102 carers from 23 facilities across two organisations	1. Quantitative 2. Qualitative	1 & 2 1, 2, & 3	Chapter 5 Chapter 6
Case study	7 carers, and the General Manager from one facility plus Group Head of Learning and Development	3. Qualitative	2 & 3	Chapter 7

As shown in the left-hand column of Table 4.2, there are two key data gathering instruments in the practical inquiries. The first instrument, a questionnaire, produced two sets of data including quantitative characteristics of workers (e.g., age, ethnicity, and years of experience) and qualitative comments from workers (e.g., perceptions of learning and co-working). There were 102 questionnaire respondents from 23 worksites within the two different aged care chains: Senior Care and Elder Care. Pseudonyms have been used to protect the identity of these organisations. The second instrument, a case study of one of these worksites, was formulated by capturing general facility information and, more importantly, interviews with its workers. These interviews included seven carers plus the General Manager and the Group Head of Learning and Development. As shown in the third column, the first data set, which is quantitative, responds to Research Questions (RQs) 1 and 2 while the second data set, which is qualitative, responds to RQs 1, 2, and 3. The third data set, which is qualitative, responds to RQs 2 and 3. The right-hand column indicates the chapter in which each data set is analysed (i.e., in Chapters 5, 6, & 7, respectively). The two instruments and three data sets presented in Table 4.2 represent a mixed methods approach for this inquiry that is dominated by qualitative methods.

Qualitative techniques are especially suitable for educational research due to the complexity of how people learn in different socially situated contexts (McCrudden et

al., 2019). In this research, methods such as interviewing allow data to be gathered from the multicultural aged care context to illuminate how the individual, environmental, interactional, and cultural factors influence the development of work skills and knowledge. The stories, attitudes, and general perspectives described in the data allow for detailed, subjective, and contextualised insights in response to the research questions.

Qualitative methodology is an established research paradigm in the fields of workplace learning, team dynamics, cross-cultural relations, and aged care. There is a range of recent peer-reviewed qualitative research published in these different fields. For example, a study into the learning experiences of nurse graduates in aged care gathered data solely via pre- and post-placement interviews (Moquin et al., 2018); A study into communication and informal learning at work was conducted in a Finnish workplace by video recording worker activities and then interviewing them (Pejoska et al., 2016); The multicultural workplace was studied using a pure qualitative approach by collecting data about working in diverse teams via interview and focus group (Merrell et al., 2014). These peer-reviewed publications focus on and contribute to an understanding of people in the workplace. Qualitative research is, therefore, a recognised and well-practiced methodology for understanding the broad fields that this research project intends to address. However, this methodology is strengthened when integrated with quantitative techniques (Creswell & Creswell, 2018).

Qualitative insights can be further explained by quantitative data when they are collected from the same context, such as aged care facilities, within an inquiry (Hitchcock & Onwuegbuzie, 2022). Although this research project is dominated by qualitative techniques (i.e., through open-ended survey questions and interviews), the initial quantitative data (i.e., collected via multiple choice survey questions) are valuable because they elicit contextualised data based on the model for learning described in Chapter 2. These data help to form a view of aged care workers, their characteristics, and attitudes towards individual, interactional, environmental, and cultural influences on learning.

Across the peer-reviewed outcomes, mixed methods studies have been identified that focus on learning in aged care, such as a study of nursing student placements in aged care (Husebø et al., 2018), an evaluation of leadership training in aged care (Richter et al., 2020), and an assessment of diversity learning in aged care (Appannah et al., 2017). In all three studies, quantitative methods were integrated with qualitative ones to respond to their respective research questions. So, mixed methods is also an

established and accepted methodology for the study of workplace learning in aged care. For this research project, a mixed methods approach also created some flexibility in data collection instrument design and sequencing during the Covid-19 disruption. It is important to note that the planned sequence of data collection shown in Table 4.2 was, in part, influenced by the availability of aged care facilities and their workers to participate in the research.

However, the data collection phase of this research project coincided with Covid-19 lockdowns. The pandemic severely restricted availability of and access to aged care workers because facilities moved into crisis mode to protect their vulnerable residents (Ní Chróinín & Patil, 2020). The pandemic led to staff shortages and the inability for outsiders to physically enter facilities. Consequently, the sequential design of this research project was adapted to these conditions, resulting in the placing the questionnaire as the first collection instrument. There were three distinct advantages to this placement.

First, it enabled the research to progress, despite ongoing facility lockdowns, because the questionnaire was administered virtually and required limited time of the workers to participate. Second, it provided an opportunity to leverage the pandemic as a unique time to understand how workers learn during a period of significant disruption. Third, it supported an emergent design of the case study allowing interview questions to examine more deeply some of the initial insights illuminated by the questionnaire data. So, despite the potential barriers that Covid-19 created for this research project, a mixed methods approach provided the flexibility for it to continue. In sum, mixed methods is an appropriate and valuable methodology for this research project. It consisted of the collection phases, instruments, and data sets outlined in Table 4.2, all of which are explained further in the following section.

4.5 Data Collection and Sampling

Effective mixed methods research relies on the appropriate design and use of data collection instruments (Younas et al., 2020). As foreshadowed, there were two main data collection instruments which produced three sets of data for this research. This section describes these instruments, states their purpose, justifies their value, and explains how they were used in this research. However, it is firstly important to describe the context from which data were collected.

In Chapter 3, the proposition was advanced that aged care is an appropriate context in which to understand workplace learning because it is culturally diverse and

spatially unique and relies heavily on co-working as a form of experiential learning. Data were collected from two multi-site aged care organisations for this research. As introduced in Chapter 1, those sites are pseudonymously referred to as Senior Care and Elder Care in this thesis, to protect the identity of these organisations. It was important to collect insights from separate organisations for this research for two reasons. First, a comparison of workplace factors from two organisations with distinct organisational cultures and operating styles can be made. Analysing the same measures from two different, socially situated contexts enhances the reliability of the data (Rose & Johnson, 2020). Second, working with two organisations has provided flexibility in the data collection phase of this research conducted at the height of pandemic restrictions. The aged care facility lockdowns referred to previously in this chapter created a risk that the research could be significantly delayed or completely halted; working with two organisations helped to mitigate this risk if one of them had to cease data collection activities.

Both Senior Care and Elder Care are located in Australia, with multi-site facilities offering residential services and clinical care to older Australians. The two aged care chains are similar in terms of the range and level of care services offered. These services include short- and long-stay residential care, catering, healthcare support, and recreational activities for residents. Senior Care is the smaller of the providers, with all its facilities located in one state. It has a strong European heritage in terms of its branding and appeal to older Australians, many of whom are either post-war European migrants or within families of those migrants. The residents in this specific facility tend to reflect that cultural and ethnic profile. Elder Care is a large provider of aged care with facilities across all Eastern Australian states. It projects a more culturally diverse brand and appeal. Multiple sites from within both of these organisations participated in the first phase of data collection (i.e., the questionnaire), producing two data sets—one quantitative and one qualitative.

For the second phase of data collection (i.e., the case study), only one facility at Elder Care participated, producing a third set of data. Each of these data sets are respectively analysed in Chapters 5, 6, and 7 of this thesis. However, here in Chapter 4, the data collection instruments are described and justified in more detail as key elements of the overarching research methodology. This begins with an overview of the questionnaire.

4.5.1 Questionnaire of Carers Working at Senior Care and Elder Care

Questionnaires can be an effective way to collect data about social phenomena, particularly in relation to the informants' experiences, values, and attitudes (Foddy, 1993). Although they generate data in different ways, most questionnaires share a simple yet core characteristic (De Vaus, 2014). That is, questionnaires are data collection instruments that ask the same set of questions to different people. A key strength of questionnaires lies in their practicality. They can be distributed to very large target groups, at low cost, and in a relatively short amount of time (Bell, 2005). For this reason, a questionnaire was deemed to be an effective instrument for data collection for this project, especially because this research phase coincided with the Covid-19 disruption. To further validate this choice of instrument and to guide its design, a range of principles suggested by Rowley (2014) were considered. These include:

1. Validation of choice of questionnaire as instrument
2. Determination of type of research to be conducted
3. Deciding which questions to be asked
4. Considering how respondents can answer accurately
5. Deciding questionnaire length and sample size
6. Determining potential respondents
7. Deciding method of distribution

First, the questionnaire is an appropriate instrument for this research because its practical features make it suited to workplace research, especially due to the time constraints caused by Covid-19. Second, the questionnaire supports mixed methods research because it can obtain both quantitative and qualitative data (De Vaus, 2014). Third, question design was closely aligned to the conceptual framework to ensure that individual, interactional, environmental, and cultural factors are illuminated. These questions are introduced in this chapter. Fourth, to support accuracy of responses, questions were worded using simplified language that is easily comprehensible by non-native English speakers. A pilot was conducted with representatives of the Human Resources teams at the organisations, including a non-native English speaker, to test that language. Further, an explanatory paragraph was included in the questionnaire to provide clear context and instructions for respondents.

Fifth, Rowley (2014) suggested that questionnaires should aim for a minimum of 100 respondents. A total of 102 carers responded to the survey; however, for some questions this number is lower because some carers did not answer every question.

Response rates and patterns for each question are tabulated, described, and analysed in Chapters 5 and 6. Fifty questions were included in the survey to allow for the capture of both quantitative and qualitative data about each of the factors shown in the model for learning. This amount also enabled some questions to be included about working and learning in the pandemic. Sixth, the target respondents for this questionnaire were determined to be workers in residential facilities working in the role of carer. As outlined in Chapter 3, they are the focus of this research because they represent the sector's most commonly occupied and culturally diverse job role (Australian Government, Department of Health, 2021).

Seventh, the questionnaire was distributed using the software called LimeSurvey® which is a tool for creating and distributing questionnaires accessible to researchers via the Griffith University license. It was circulated via head offices of both Senior Care and Elder Care to most of their facilities. However, some worksites were excluded if they were deemed by the organisations as too sensitive due to facility lockdowns and Covid-19 cases at that time. Twenty-three worksites in three Australian states participated in the survey which ensured that different aged care workplace contexts were included in the research. In sum, a thorough and evidence-based approach was applied to the design of the questionnaire.

Although the questionnaire produced two distinct data sets, analysed separately in Chapters 5 and 6, the quantitative and qualitative elements were distributed as part of the same questionnaire to minimise time demands on workers during Covid-19. Each of these two elements of the questionnaire is further described separately as outlines and elaborated in the sections that follow.

Quantitative Questionnaire. An effective way to collect data is via a quantitative survey (Nardi, 2006). This is a valuable type of questionnaire because it allows large amounts of data to be gathered and be analysed efficiently (Nardi, 2006). Quantitative questionnaires have been used in comparable research such as the McSherry and Pearce (2018) survey of the health care working environment which gathered the rated perceptions of workers. Henderson et al. (2017) claimed that nursing practices in aged care are commonly measured through quantitative survey. Quantitative survey data were also used in research into workplace learning such as Billett's (2015b) study of learning through everyday work activities, as well as Hoss et al.'s (2022) survey of remote learning during the pandemic. These examples suggest that quantitative survey is an established and effective method for gathering data about aged care workplaces and learning.

In this research of learning in multicultural team environments, the purpose of the quantitative survey was to collect data and make deductions about the key factors that influence learning and how such factors support and or hinder it (i.e., RQs 1 and 2). There are 35 questions in the survey spread across three broad themes: (a) Respondent characteristics (18 questions), (b) Factors that influence how you work and learn (13 questions), and (c) Working and learning during the pandemic (4 questions). These questions were closed rather than open-ended and considered the needs of the respondents by being easy to follow and short enough to avoid "respondent fatigue" (Bryman & Bell, 2015), as well as reducing language comprehension issues.

Based on the questionnaire design recommendations listed above from Rowley (2014), a descriptive questionnaire instrument was used to collect data to illuminate the characteristics and perceptions of carers towards learning within their multi-ethnic team environment. The questionnaire was constructed with most questions using a Likert scale with a range of response options to measure perceptions, behaviours, and opinions (Cohen et al., 2017). This scale was suitable because it could be easily understood and took a short amount of time to complete. This questionnaire used the five-point scale that is often used in social science research, including the answer options *strongly agree, agree, undecided, disagree,* and *strongly disagree* (Norman, 2010). The questions and response options included in the quantitative survey are presented in Appendix C. To complement and extend the insights from these data, the questionnaire also included qualitative questions relating to the same categories.

Qualitative Questionnaire. In mixed methods research, qualitative data collected via questionnaire are valuable complements to quantitative data because they generate insights from within the target population rather than through the expectation of the researcher (Ricci et al., 2019). A qualitative questionnaire differs from the quantitative version described above because it allows respondents to use free-form text to write words and phrases representing their perceptions, experiences, and opinions (Cohen et al., 2017). It is considered a valuable and appropriate tool in research because it allows for a large number of respondents and gathers data that are more contextualised, descriptive, and richer than quantitative data (Greene, 2007). Many studies have used qualitative questionnaires in social inquiry to understand both the fields of workplace learning (e.g., King et al.'s 2019 study of learning interaction in veterinary clinics) and aged care (e.g., Morandi et al.'s [2015] study of dementia caregiving practices).

In this research approach, qualitative data were collected via the questionnaire to complement the quantitative data and are helpful for two reasons. First, open-ended questions assist to further illuminate and explain the influences of learning in multicultural teams beyond the numerical patterns identified in the quantitative data. Second, these insights can be used to shape the focus and approach for the subsequent phase of data collection eliciting qualitative data through case study interviews (Creswell & Creswell, 2018). There were 12 open-response questions in the survey which aimed to collect more specific data about how carers learn within multicultural team environments. Those questions were:

1. What personal characteristics do you believe enable people to work well in your role?
2. What personal characteristics do you believe prevent people from working well in your role?
3. In what ways does working with others enable people in your role to do their job effectively?
4. Regarding the list of factors that you believe multicultural teams in aged care find most difficult, why are those factors difficult?
5. Generally, what could teams that are multicultural do to more effectively undertake their work?
6. The pandemic has caused some changes to the way work is done. In what way was support provided to people in your role to learn these changes?
7. During the pandemic, how could your learning have been better supported?
8. What changes would you suggest at your facility to enable you to provide better resident care during the ongoing Covid-19 disruption?
9. When facing new tasks at work, what prevents people in your role from completing them effectively?
10. When facing new tasks at work, what specifically helps people in your role to complete them effectively?
11. What kinds of things can people working in your role do to make multicultural teams work better together?
12. What kinds of things can Aged Care Facility Managers do to make multicultural teams work better together?

These questions were included because they respond more directly to the second and third research questions of this research. In the list above, Questions 1, 2, 3, 4, 9, 10, and 11 were intended to gather data to respond to the second research question: “How

do these factors support and or hinder this learning?". Questions 5, 6, 7, 8, and 12 were intended to gather data to respond to the third research question: "How should learning support and guidance be enacted in a multicultural workplace?". Responses to these questions are presented and discussed in detail in Chapter 6.

In sum, the first phase of data collection consisted of a questionnaire which collected two distinct sets of data—one quantitative and one qualitative. Rowley's (2014) questionnaire principles were applied to the design of the instrument to ensure characteristics of the questionnaire, such its size, distribution, and questions, were appropriate for this research. The quantitative and qualitative elements of the questionnaire have been described and will be further discussed in Chapters 5 and 6 which are respectively dedicated to the analysis of each data set. The insights that emerged from that analysis responded to the research questions and pointed to more specific areas to be illuminated within the second phase of data collection: the case study.

4.5.2 Case Study of Elder Care Northpoint

A case study was also included to provide a more detailed account of the physical and social setting that comprised one of these age care settings. A case study can comprise an investigation of a particular person or group within a defined and real-life context (Sullivan, 2009). Often referred to as a "naturalistic design", the case study is particularly suitable for social science research because it helps to generate insights that are deeper and more multifaceted than insights from questionnaires (Crowe et al., 2011). Case studies are a helpful way to explore, describe, or explain phenomena within their natural setting (Yin, 1994). For these reasons, a case study method was used for the second phase of data collection in this research of learning in multicultural environments.

The case study approach was also adopted because it provided a way to overcome the very poor availability of carers from the representative aged care organisations to participate due to Covid-19. The original intent of this research was to conduct at least 15 interviews with carers across various work sites. However, this phase coincided with the height of the Covid-19 pandemic in 2021 in Australia when aged care facilities were struggling to operate under tight lockdowns and virus breakouts. To enable the research to progress, the second phase of data collection was adapted from interviews (i.e., with 15 carers from various sites) to a more focussed case study of one aged care facility. Despite this change, the second phase of data collection

produced a valuable data set that responded directly to the research questions of this project and complemented the data gathered in the first phase.

The case study focussed on one working site from the Elder Care organisation that participated in the questionnaire outlined above. This working site, Elder Care Northpoint (pseudonymously referred to henceforth as Northpoint), is located in a large coastal town on the east coast of Australia within 100 kilometres of the nearest state capital. It was selected, firstly, because of its availability to participate in the research and the commitment of the General Manager to allow access to staff for interviews. More importantly, it is a suitable case study context because its size, staff demographic, Covid-19 impacts, and aged care services are representative of the many other facilities in Australia, including those that participated in the questionnaire. The case study draws data from four different areas of this site.

First, general data were gathered from the documented sources provided by Elder Care about the site, such as the website, facility brochure, and internal human resource information. Second, facility leadership perspectives were gathered via interview with the General Manager of Northpoint. Third, insights about the learning affordances intended for facilities that are part of the wider Elder Care chain were gathered via interview with the Group Head of Learning and Development. Fourth, and most importantly, stories and examples of the everyday realities of working and learning were gathered via interviews with seven carers working at Northpoint. The collation of data from these sources enabled the formation of a case study that is described, discussed, and analysed in detail in Chapter 7 of this thesis.

From an epistemological perspective, this case study draws on both positivist and interpretivist approaches (Crowe et al., 2011). It can be considered positivist because it aims to generate insights that are generalisable to other aged care environments and potentially to other culturally diverse work settings (Crowe et al., 2011). It can be considered interpretivist because it attempts to understand social meanings of the individual carers, as well as the wider social setting they occupy (Crowe et al., 2011). To illuminate these phenomena, semi-structured interviews with carers identified how their work was transformed and how differing cultural backgrounds affected the learning and practice of new tasks and working conditions. Creswell and Creswell (2018) suggested between five and 25 participants as an appropriate sample size for qualitative interview research. A standardised open-ended interview approach enabled the data to be collected consistently, whilst allowing for unanticipated themes to emerge and to be examined (Weller et al., 2018). Simplified

question design considers that some workers come from non-native English-speaking backgrounds. Seven carers were interviewed and asked the following three questions:

1. What changes to your work have occurred due to Covid-19?
2. How were these tasks made easier or more difficult because of the different cultural backgrounds of your work team?
3. What could have been done by the workplace and your supervisors to make it easier and more productive in these instances when working with multicultural colleagues?

The first question was asked to illuminate specific and recent disruptions to their work. Such changes have been shown to represent significant opportunities and occasions for workplace learning (Hetzner et al., 2015). The second question was used to elicit how cross-cultural working impacted the learning and practice of those changes. The third question was purposed to identify specific workplace affordances that would enhance learning in these circumstances. These questions align closely with the overarching research questions of this project. The General Manager of the facility and Elder Care's Group Head of Learning and Development were asked the same three questions. Further, the General Manager was also invited to share leadership perspectives about these areas while the Group Head of Learning and Development was invited to share insights about the learning affordances intended for facilities that are part of the wider Elder Care chain, including Northpoint.

These interviews took place over a 2-week period, were approximately 30 minutes long, and were conducted and recorded remotely via Microsoft Teams so that participants could connect using their personal device outside of working times. This approach was helpful because the informants were not restricted by the unavailability of work time or equipment to conduct the interview. All participants were offered a Coles Myer gift voucher in gratitude of their personal time and input into the research. All these interview data are collated and presented as a case study in Chapter 7.

In sum, Section 4.5 has outlined and described the methods and instruments for data collection used to illuminate the influences of learning in multicultural work settings in aged care. This included an overview of two phases of data collection (the questionnaire and case study) and the resulting three data sets they produced (quantitative questionnaire responses, qualitative questionnaire responses, and a case study). To ensure a responsible, respectful, confidential, and careful approach was taken with the collection of these data, it was important to determine and apply ethical considerations to this research. These considerations are examined in the next section.

4.6 Ethical Considerations

Like any social research, there were significant ethical issues that needed to be considered during this inquiry, especially because the aged care context comprises of people who are often marginalised (i.e., migrant aged care assistants) and vulnerable (i.e., the elderly residents). Aged care organisations are accustomed to acting as research sites and therefore usually have their own strict organisational approval processes to protect their residents during research projects (Henwood et al., 2015). It was important that the organisations had confidence that residents and workers were, therefore, protected throughout the research project. The participating organisations, Elder Care and Senior Care, each provided written authorisation to conduct the research and were provided with copies of documentation approved as per Griffith University's Human Research Ethics protocols and clearance was provided (Ref: 2020/815). This documentation included a research information sheet (Appendix A) and informed consent forms (Appendix B). Further, attention was given to ethics considerations in the following ways based on recommendations by Cohen et al. (2017):

1. Gaining participant consent
2. Option for participants to withdraw their consent
3. The outcomes of the research will improve the participant experience
4. Participants will not be harmed by the outcomes of the research
5. Involvement is anonymous, confidential, and non-traceable
6. Data collection considers the sensitivities and potential reactions of participants
7. Data are analysed in a reliable and methodological way

First, carers volunteered to be involved in the research and their consent was obtained within the questionnaire and at the start of the recorded interviews. Second, carers were advised they could withdraw their involvement at any time or abstain from answering certain questions. Third, the outcomes of the research will potentially improve how aged care workers learn and work, for example, by recommending alternative pedagogical interventions. Fourth, they will not be harmed by the outcomes of the research in any way. Fifth, their involvement is anonymous, confidential, and non-traceable, with pseudonyms used within all published work and in reporting back to the partner organisations. As recommended by Cohen et al. (2017), access to sensitive information was limited, with only the researcher performing transcription of data. Sixth, the questionnaire and interviews considered the sensitivities and potential reactions of workers in aged care. This consideration was especially important because

of recent negative media attention from the recent Royal Commission into Aged Care and the Covid-19 crisis which placed a spotlight on the work of aged care workers. So, it was a sensitive time to be inquiring about how they do their work. For that reason, specific mention of contentious issues, such as resident abuse, was avoided in the questionnaire and case study interviews. This circumspection was intended to reduce potential offence or intrusion and therefore to improve the quality of the data collected. Seventh, data were analysed in a reliable and systematic way which is outlined in the following section. In sum, ethics raises important considerations for this research methodology which impacted it design, of which analytic techniques were central.

4.7 Analytic procedures

To understand the influences of learning in multicultural work settings, the analysis of the data collected via the methods described above must be accurate and reliable (Creswell & Creswell, 2018). Data analysis is a process that involves inspecting, cleansing, organising, and categorising data so that they can be used to identify findings and make deductions in response to the questions raised in research (Cohen et al., 2017). In this research project, the data analysis was conducted across a five-stage process, summarised in Table 4.3, comprising preparation, exploration, analysis, representation, and interpretation of the results.

Table 4.3

Data Analysis Approach

Step	Quantitative	Qualitative	
	Questionnaire data set 1	Questionnaire data set 2	Case study interviews data set 3
Preparation	Transfer data to data analysis software (SPSS) and organise as total and organisational results	Listen to recordings; transcribe them according to interviewee and format	Extract and collate qualitative responses from survey
Exploration	Review results and record first thoughts	Read responses and record first thoughts	Read transcription and record first thoughts
Analysis	Conduct univariate, bivariate, and multivariate analysis	Conduct thematic content analysis to apply codes and batches of data themes from interviews	Conduct thematic content analysis to apply codes and batches of data themes from interviews
Representation	Present findings as tables	Present findings as quotations and tables	Present findings as quotations and tables

Interpretation	Link findings back to literature and research questions	Link findings back to literature and research questions	Link findings back to literature and research questions

Note. Adapted from Cohen et al., 2017.

As presented in the second column of Table 4.3, the quantitative data collected via the survey were firstly prepared by transferring them to the data analysis software SPSS, an IBM software platform that enables the manipulation of quantitative survey data (R. Ho, 2017). The data were then batched as total results and then as subtotals for both Elder Care and Senior Care. These data were explored with initial review of the totals and subtotals for each question and preliminary observations being noted.

Primarily, univariate analysis was conducted; to a lesser extent, some bivariate and multivariate analysis occurred as well. According to Cohen et al. (2017, p. 731), “Univariate analysis examines differences among cases within one variable. Bivariate analysis looks for a relationship between two variables. Multivariate analysis looks for a relationship between two or more variables.” This analysis focussed on univariate analysis because each question concentrated on a single and discreet characteristic or perception of the carers. However, in some cases, the result for one question was compared to that of one or more of the other questions. Hence, bivariate and multivariate analysis illuminated certain relationships between variables, for example, attitudes towards work tasks that carers find most difficult or easiest versus those that take the most time or require co-working. This approach was valuable to the analysis of the questionnaire data as it generated a wider range of insights and deductions than univariate analysis alone. The data were represented in tables which are presented in Appendix C of this thesis and interpreted in Chapter 5 with findings linked to the literature, conceptual framework, and research questions. The five steps listed in the left-hand column of Table 4.3 also shaped the analytic approach of qualitative data in this research.

As presented in the right-hand columns of Table 4.3, the data analysis approach was similar for both sets of qualitative data (i.e., the questionnaire and the case study interviews). The open-ended responses were extracted from the survey and the recordings, then organised according to question type and respondent. These responses were subsequently reviewed, and initial observations were noted. Following this, the data were analysed more thoroughly using a thematic analysis approach. Thematic analysis allows repeated patterns of data (i.e., themes) to be identified and described as

findings in the research (Cohen et al., 2017). It is a valuable form of analysis for qualitative data because of the flexibility it offers researchers to identify and code themes from the data (Braun & Clarke, 2006). In this investigation, coding and categorisation was decided based on repetition of themes, correlations to literature, the learning model, and if the participants emphasised the importance of a certain factor. Representation of the data involved presenting the findings in a way that summarises key themes by using tables and specific quotes from the participants. The results of the qualitative data analysis were presented numerically in tables and are examined in detail in Chapters 6 and 7. These results were then interpreted by determining how they addressed the research's original questions. Interpretation also occurred by comparing the results to the model for learning and the prominent themes in the literature. Finally, a summary is presented of how the findings contribute to the literature, how they address the challenges in aged care, and how they can be further researched in the future.

In sum, the data were analysed according to the evidence-based practices espoused by seminal contributors to the field of research theory such as Creswell and Creswell (2018), Cohen et al. (2017), and Braun and Clarke (2006). It enabled findings to be carefully identified due to the consistent preparation, exploration, analysis, representation, and interpretation of the three sets of data. This approach also supported the reliability and validity of the data, which are further discussed in the paragraphs that follow.

4.8 Reliability and Validity

Throughout the research collection and analysis phases, it was important to ensure that reliability and validity were secured to achieve worth and integrity of the research. In mixed methods research, validity is concerned with the depth, richness, honesty, and scope in how information is collected and analysed (Cohen et al., 2017). Validity was enhanced in this project by its multi-method approach. The instrument design and sample sizes also helped ensure validity as they were closely based on the approaches espoused by theorists of qualitative research such as Creswell and Creswell (2018) and Cohen et al. (2017). Another way to increase research validity is to reduce the bias that can occur when the researcher is overly familiar with the context (Roulston & Shelton, 2015). It is for this reason, in part, that the aged care context was selected for this project. Prior exposure of the researcher to this industry is minimal, which supported an objective approach to the analysis of data.

Such validity also contributes to the overall reliability of this type of sequential inquiry. Reliability is enhanced when the research is transferable, the process is dependable, and the findings can be confirmed (Lincoln & Guba, 1985). Although qualitative data were collected from only one worksite for the case study, further data were also collected in the questionnaire from a larger number of sites around the country. The latter larger sampling enables findings to be potentially transferable to other aged care facilities, organisations and, possibly, even to other workplace contexts. This transferability is possible because the challenge of learning and working as part of a multicultural teams exists in many other industries in Australia and internationally. Validity and reliability are important considerations in this overall methodology because the research not only proposes to address a gap in the literature, but also holds the potential to contribute practical insights to the aged care industry in Australia. Although the results of the questionnaire may be generalisable, the results of the case study may not, which represents a limitation of this research and forms part of the discussion in the following section.

4.9 Limitations

Like in any research project, there are limitations associated with this study that must be highlighted. These limitations include access to data and the consequent sample sizes as well as the chosen context. As indicated in previous sections, the data collection phase coincided with the Covid-19 pandemic which caused aged care to be one of the most locked down industries in Australia (Cornish et al., 2021). Government and organisational policies were enforced which restricted access to all visitors for prolonged periods (Yeh et al., 2020). Further, facilities experienced higher resident mortality rates and understaffing as they dealt with their own localised breakouts of the virus (R. Quigley et al., 2022). These factors caused the data collection phase of this research to be delayed and, when it was able to progress, limited its access to the carers who are the central subjects of this investigation. As a result, access to data and the consequent sample sizes used in this research were limited. For the questionnaire, this project reached its target of 100 responses based on the guideline of Rowley (2014); however, not all questions within the survey were answered by all respondents, resulting in fewer than 100 responses in some cases. For the interviews, the target of 15 carers was not reached, prompting this phase of data collection to be changed to a case study. This case study incorporated facility information and interviews with nine workers including seven carers, the General Manager, and the Group Head of Learning

and Development. Creswell and Creswell (2018) suggested between five and 25 participants as an appropriate sample size for qualitative interview research, so although this aspect did not reach its target sample size, it is still within an accepted range for validity.

Another limitation of this research is the context from which data were gathered. Firstly, this inquiry focusses on the experiences of Australian aged care facilities and their workers. As indicated in Chapter 3, the challenge of working and learning in multicultural aged care settings is largely an international issue. However, this research focusses on the Australian experience and, therefore, its findings are limited to this country context. Further, data were collected from 23 facilities within two multi-site organisations. Although some results may be generalisable to other aged care settings, they are limited by the considerable size of the industry which, in Australia, consists of over 2,700 facilities (Australian Government, Department of Health, 2021). Despite the challenges and limitations associated with this research, its methodology was designed and applied with academic rigour to strengthen the validity and reliability of its findings.

4.10 Concluding Summary

This inquiry seeks to understand how learning in multicultural work teams is enabled and/or hindered, and how it could be better supported. The research methodology and procedures to illuminate this phenomenon has been described and justified in this chapter. To address the research questions, mixed methods has been proposed as a suitable and valuable approach for data collection and analysis for this aged care context. The emergent design provided the flexibility for the research instruments to be adapted to the requirements of the participating organisations amid the Covid-19 outbreak. Indeed, the pandemic provided a unique opportunity to understand workplace learning during a time of disruption, which has illuminated insights beyond the original intent of this research.

The methods selected for this research enabled the collection of general data that are representative of many aged care worksites in Australia (i.e., the questionnaire) as well as the identification of specific, deep, and contextualised insights (i.e., the case study). The conceptual framework guided the design of data collection instruments so they could specifically illuminate the individual, interactional, environmental, and cultural influences on learning. Ethical considerations were embedded in this methodology to address the sensitivities of the aged care industry and the vulnerabilities

of those who work and reside in it. The evidence-based and rigorous approach to data analysis in this research has been explained with reference to the work of Creswell and Creswell (2018), Cohen et al. (2017), and Braun and Clarke (2006). Despite some limitations related to sample size, this approach supported the validity and reliability of the processes employed in this research. In sum, the research methodology described and justified in this chapter has led to the effective collection and analysis of data to illuminate and elaborate the influences on workplace learning in multicultural teams. Insights from the three data sets introduced in this chapter (i.e., the quantitative questionnaire, the qualitative questionnaire, and the case study) are respectively analysed and discussed in detail in the following Chapters 5, 6, and 7.

Chapter 5: Working and Learning in Multicultural Teams: Quantitative Accounts

5.1 Introducing the Quantitative Accounts

To better understand learning in multicultural aged care workplaces, survey data were gathered directly from workers engaged in that work in two aged care facilities. Through the description, presentation, and elaboration of these data, the proposition is further advanced that learning arises as a duality of change that is both experienced and caused by individual, interactional, and environmental factors, all of which are influenced by culture and cultural practices at the personal and situational levels. These influences were proposed earlier (Chapter 2) through a conceptual model for learning in multicultural workplaces. In Chapter 3, these propositions were contextualised in the aged care context, highlighting these influences and the challenges of working and learning in this sector. In Chapter 4, the means to investigate these propositions, in the form of a research methodology, was outlined and the two main data collection procedures (i.e., survey and case study interviews) were described and justified, including their capacity to secure three distinct sets of data. The first of these data sets, the quantitative survey findings, are presented and discussed in this chapter. Through an elaboration of these data, this chapter aims to further illuminate the influences of learning in multicultural team environments (i.e., responding to RQ 1) and to identify what enables and hinders that learning (i.e., RQ 2).

In overview, the survey data are presented and discussed across nine sections, each with a distinct focus. These sections are: (a) Respondent characteristics, (b) Employment characteristics, (c) Co-working characteristics, (d) Characteristics of overseas-born workers, (e) Respondents' attitudes towards work, (f) Factors that influence how respondents work and learn, (g) Source of respondent learning, (h) Multicultural characteristics of aged care teams, and (i) Working and learning during the pandemic. This chapter concludes by advancing the proposition that carers primarily learn through the experience of co-working with other carers in work that is highly interactive. It is proposed that this peer-to-peer learning is directly impacted by the carers' cultural subjectivities, communication practices (especially language proficiency), and disruptions in the environment. Firstly, it is helpful to understand more about the physical and social contexts from which the data were gathered.

5.1.1 Settings and Sources

Data were gathered from two different aged care organisations referred to in this thesis as Senior Care and Elder Care. As foreshadowed in Chapter 4, both organisations are located in Australia, with multi-site facilities offering residential services and clinical care to the elderly residents. The staff who responded to the survey are undertaking personal care roles in these organisations. A total of 102 of these carers responded to the survey with 31 (30%) responses from Senior Care and 71 (70%) from Elder Care. So, the majority of survey respondents came from Elder Care, the larger of the two organisations. The survey data are presented in tables indicating frequencies from each organisation, which are then compared and discussed in this chapter. However, the presentation of the data analyses focuses on the combined totals of both organisations as, together, they represent a larger sample size and wider range of aged care facilities.

5.2 Respondent Characteristics

This investigation seeks to understand how co-working relationships are manifested in aged care settings. Here, this process commences with presenting the responding carers' characteristics, including age, gender, experience, languages, and migrant status, which are presented in Table 5.1. The individual and combined totals for Senior Care and Elder Care and the combined totals are presented respectively. Percentages as a proportion of the total number of respondents for each attribute are represented in brackets and a total for each characteristic is presented as a number (*n*). Each variable is then described and discussed. Section 5.2 provides a summary of these variables and how they may shape work and learning.

Table 5.1

General Characteristics of Carers

Characteristic	Senior Care N (%)	Elder Care N (%)	Total (%)
Age range			
20-29	4 (12.9)	14 (19.7)	18 (17.6)
30-39	8 (25.8)	10 (14.1)	18 (17.6)
40-49	8 (25.8)	11 (15.5)	19 (18.6)
50-59	10 (32.3)	23 (32.3)	33 (32.4)
60-69	1 (3.2)	13 (18.3)	14 (13.7
Age range total	31 (100)	71 (100)	102 (100)

Gender			
Female	29 (93.5)	62 (87.3)	91 (89.2)
Male	2 (6.5)	9 (12.7)	11 (10.8)
Other	0 (0)	0 (0)	0 (0)
Gender total	31 (100)	71 (100)	102 (100)
Languages, excluding English			
None	7 (22.6)	42 (59.2)	49 (48)
1	9 (29)	15 (21.1)	24 (23.5)
2	11 (35.5)	10 (14.1)	21 (20.6)
3 or more	4 (12.9)	4 (5.6)	8 (7.8)
Languages total	31 (100)	71 (100)	102 (100)
Overseas born			
Yes	21 (67.7)	32 (45.1)	53 (52.0)
No	10 (32.3)	39 (54.9)	49 (48.0)
Overseas born total	31 (100)	71 (100)	102 (100)

5.2.1 Age of Respondents

The respondents' ages were gathered through the survey. These data are important because age may influence how workers learn and fulfill the various requirements of their roles (Bingham, 2019). The age groupings in the left-hand column of Table 5.1 are based on the Australian Bureau of Statistics' national age categories. However, the categories presented here are those pertaining to these respondents (i.e., earlier age categories were not used). The middle columns indicate the number and percentage of respondents' age in various ranges in each organisation, with combined totals in the right-hand column.

The respondents' ages are distributed across 20–69 years, with the most frequent (32%) being 50–59, followed by the 40–49 age group with 18%, then both 30–39 and 20–29 representing 17% of respondents in each category. The least frequent percentage of respondents was aged 60–69 (13%). With almost 65% of workers aged 40 and over, middle aged workers represent the majority of these respondents. Therefore, just over 35% of respondents are under the age of 40. No workers in this population are of school leaving age (i.e., 15–19), only a small percentage are nearing or at pension entitlement age, and none is nearing or at the age of residents for whom they provide care (i.e., 70+).

There were similarities and differences across the respondents from the two organisations. Both have a high proportion of respondents (32.3%) aged between 50 and 59. However, Elder Care has a more even spread across the age ranges between 20 and 69, indicating that it is the more age diverse of the two respondent groups. On the other hand, the majority of Senior Care respondents are clustered in the age ranges of 30–59.

The key finding here is that carers in these two organisations are aged 40 and over, suggesting that care work is undertaken mainly by older workers. This is noteworthy because older workers can engage in multicultural teams differently from younger workers (Deloitte, 2018). The capacity of carers to interact with co-workers from other countries is likely to influence how they learn and undertake work that is inherently cross-cultural. So, data about ages raise a question about how age may impact learning, especially how older workers respond to the diverse working and communication styles within the team. Another carer characteristics gathered in the survey is gender, which is also presented in Table 5.1 and discussed below.

5.2.2 Gender of Respondents

Much care work, particularly within health and aged care, is undertaken by females (M. Foley et al., 2020). Hence, it is helpful to know the genders of respondents from these two work settings. Table 5.1 presents these data, with this value being stated in the left-hand column as female, male, and other. The latter is for those who prefer not to identify as male or female, for example, trans workers. The survey found that 91 (89%) respondents are female, 11 (10%) are male; none identified as other. Females, therefore, represent the overwhelming majority of the combined respondent population. This result is not surprising given that the nationwide gender ratio for Australian aged care workers is very similar, at 87% (Australian Government, Department of Health, 2018). There is minor difference between the two organisations with Senior Care having only a slightly higher frequency of females (93%) than Elder Care (87%). So, both organisations that participated in this research are representative of the low levels of gender diversity that exist broadly across aged care facilities around Australia.

In this population, a very low frequency of males and other workers means that, although the workplace is highly diverse in some dimensions, for example, culture, it is lacking diversity in other ways, including gender. It can be speculated that such a skew towards female workers may also affect co-working in aged care, particularly in relation to aspects such as their lived experience (i.e., subjectivity) and how they reach a shared understanding with others (i.e., intersubjectivity). Communication in female-dominated workplaces has been shown to be distinctly different from more mixed and male-dominated environments (Cruz, 2011). So, it is likely that the dominant female characteristic of these carers influences their interactions. The influence of gender on such aspects of workplace learning is further discussed in this chapter; however, it is firstly necessary to present other carer characteristics, including language ability.

5.2.3 Languages of Respondents

As a measure of the linguistic diversity in these two settings, data about the respondents' spoken languages were gathered and are presented in Table 5.1. Such insights are helpful because language is a fundamental aspect of the interactions required for working and learning in multicultural teams, especially in such diverse cultural settings. In the survey, respondents were asked the number of languages they speak other than English. In the left-hand column, the options are listed as *none, 1, 2,* and *3 or more*.

A total of 102 respondents answered this question. Forty-nine selected *none* (48%), 24 selected *1* (23%), 21 selected *2* (20%), and eight selected *3 or more* (7%). Of the two organisations' respondent populations Senior Care shows more language diversity, with close to 80% who speak a language other than English, compared to Elder Care with about 40%. The Senior Care respondent group also has a higher proportion of multilingual carers, with almost half speaking two or more languages compared to Elder Care, at about a third. This proportion is not surprising because, as foreshadowed in Chapter 4, Senior Care caters to residents with European migrant backgrounds.

So, just over half of this respondent population speak at least one language other than English. This language diversity is noteworthy because there is less language diversity in the general population, in which only 27% of people speak a language other than English at home (Australian Government, Department of Jobs and Small Business, 2017). From the survey population, 20% speak two languages other than English and 7.8% speak three or more languages. So, almost a third of respondents speak three languages. This proportion is noteworthy considering that only 16% of the world's population speaks three languages (ILANGUAGES.ORG, 2021). This elevated level of language diversity is likely to be attributed to the high proportion of age care worker respondents born overseas.

5.2.4 Respondents Born Overseas

To further illuminate the cultural diversity of these carers, data were gathered about where they were born. This characteristic is shown in Table 5.1 with *yes* and *no* values in the left-hand column. Of the 102 respondents who answered this question, 53 (52%) answered *yes* and 49 (48%) answered *no*. Senior Care shows a higher frequency of overseas-born respondents, at 67%, compared to 45% at Elder Care. The more frequent category of *yes* indicates that a slight majority of this respondent population

was born overseas. This frequency is noteworthy because, as foreshadowed in Chapter 3, the average number of overseas-born people employed in aged care in Australia represents 36% of all workers. So, it is likely that these carers are more culturally diverse than the average Australian aged care facility and, indeed, than other industries. Hence, this respondent group is highly suitable for a study of cross-cultural learning. Given the high proportion of overseas-born carers, it is helpful to understand more about them, so their specific characteristics are examined later in this chapter. However, firstly, the employment characteristics of the whole respondent population are outlined and discussed.

5.2.5 Key Insights About Respondent Characteristics and Learning

This respondent group is characterised by the majority of workers who are older, female, multilingual, and born overseas. An important observation here is that these carers work and learn in an environment that has highly diverse workforces. As noted above, it is likely that age, gender, and culture influences how carers co-work and respond to new challenges (i.e., learn) in these settings. These characteristics are closely linked to the workers' identities which are shaped by subjectivities based on gender (Somerville, 2002) and culture (Paquette, 2012). These findings are relevant because the construction of such identity affects the intention, interest, focus, and intensity of workers towards learning (Billett & Somerville, 2004). These characteristics are further examined in the Phase 2 interviews of this research. Beyond individual worker traits, it is also helpful to understand more about the employment attributes of these carers. These characteristics were gathered in the survey and are examined in the next section.

5.3 Employment Characteristics

This section presents and discusses the employment characteristics of carers including their years worked in aged care, number of previous aged care employers, and if they currently work in more than one facility. Those characteristics are shown in the left-hand column of Table 5.2 while the middle columns indicate the number and percentage of respondents in each organisation, with combined totals in the right-hand column. Section 5.3 provides a summary of these variables and how they may shape work and learning.

Table 5.2

Employment Characteristics

Characteristic	Senior Care N (%)	Elder Care N (%)	Total (%)
Years worked			
Less than 1 year	2 (6.5)	13 (18.3)	15 (14.7)
Between 2 and 3 years	4 (12.9)	24 (33.8)	28 (27.5)
Between 4 and 7 years	8 (25.8)	12 (16.9)	20 (19.6)
More than 7 years	17 (54.8)	22 (31.0)	39 (38.2)
Time period total	31 (100)	71 (100)	102 (100)
Aged care employers excluding current			
None	11 (35.5)	27 (38.0)	38 (37.3)
1	12 (38.7)	21 (29.6)	33 (32.4)
2	6 (19.4)	14 (19.7)	20 (19.6)
3 or more	2 (6.5)	9 (12.7)	11 (10.9)
Employers total	31 (100)	71 (100)	102 (100)
Currently working in more than one facility			
No	25 (80.6)	61 (87.1)	86 (85.1)
Yes	6 (19.4)	9 (12.9)	15 (14.9)
Multiple facility total	31 (100)	70 (100)	101 (100)

5.3.1 Respondents' Years of Experience

To understand these workers' experience and readiness , information on years worked in aged care was gathered in the survey and shown in Table 5.2. A total of 102 carers responded to this question. Of these, only 15 indicated less than 1 year (14%), 28 indicated between 2 and 3 years (27%), 20 indicated between 4 and 7 years (19%), and 39 indicated more than 7 years worked in aged care (38%). So, over half (57%) of the respondent population have been employed in aged care for 4 or more years, indicating that for many respondents, aged care work is not temporary employment and that they have substantial experience undertaking it. This finding is supported further by the most frequently answered category, 7 or more years (38%)

When comparing the two organisations, there is a high degree of experience in both, although in Senior Care this is higher with close to 80% having 4 or more years' experience compared to Elder Care with less than 50% in this category. Elder Care also has more people with less than 1 year of experience in aged care (18.3%) compared to Senior Care with 6%. The most frequent response for Elder Care was "between 2 and 3 years" (33%) whereas for Senior Care, "more than 7 years" was the most frequently answered category (5%).

In sum, the respondent group possesses a high degree of experience working in aged care. Such experience is a key insight for this research as it is likely to be an enabler for learning and responding to new types of care work. Occupational tenure has

been shown to directly impact knowledge-sharing behaviours that are integral to intersubjectivity (Sarti, 2018). Such a long tenure in the industry raises questions about if and how carers keep their skills up to date either through workplace affordances such as training and buddying, or through exposure to new situations. For some of these workers, their aged care experience was gained with previous employers, data about which were also gathered in the survey.

5.3.2 Previous Experience in Aged Care Employment

Another factor influencing carers' readiness to learn and work is their experience gained in other facilities. So, the survey gathered data about the number of previous aged care employers. These data are presented in Table 5.2. A total of 102 people responded to this question with 38 indicating *none* (37%), 33 indicating *1* (32%), 20 indicating *2* (19.6%), and 11 indicating *3 or more* (11%). The most frequent category was *none*, meaning that, of their time spent in aged care, 37% of the respondent population have worked with their current employer only. However, most respondents (62%) have worked in at least one other aged care company during their time in aged care. Just under one third (32%) of the total respondent population has worked for one other company while slightly less (30%) have worked for two or more aged care employers. The least frequent category, *3 or more,* represented just 10% of the respondent population. There is minor difference across the two sites with a fairly even proportion across each category, with the exception of *3 or more* in which Elder Care has 12% compared to Senior Care with 6.%.

The combined total data show that about two thirds of respondents gained experience in aged care work outside of their current setting. This proportion is important as it suggests that many respondents have been exposed to the varied processes, working cultures, clients, training, and operating standards of different organisations. When considering these data alongside their years of experience, it can be speculated that much of this respondent group possesses broad experience as carers gained over a number of years in various settings. The learning experienced in one organisation or business unit can be transferred to and positively impact on learning and performance in a new setting (Stadler et al., 2022). To further understand this experience, the survey gathered data about exposure to different facilities operated by their current employer.

5.3.3 Respondents Working in Multiple Facilities

Due to the casual nature of personal care work and the multi-site character of many aged care organisations, some carers work in more than one residential facility within the one organisation. This form of multi-site work helps to balance peaks in workload and offers additional shifts to carers seeking them. The survey gathered data about this characteristic. These data are also presented in Table 5.2. Across the two organisations there is not much difference, with more than 80% of carers working exclusively in the one facility. Only 15 (15%) of the respondent population indicated that they currently work in more than one facility. This low frequency may be due to limitations of movement from one facility to another due to Covid-19. It also helps determine that only a small proportion of the population of carers are currently exposed to team cohorts and the specific facility work practices outside of their own. This finding indicates that carers learn new tasks, develop relationships with co-workers, and build familiarity with their environment primarily at one site.

5.3.4 Key Insights About Employment Characteristics and Learning

The data indicate that these carers have a high degree of experience in different aged care organisations, but that their current work tends to occur in one site only. Such employment characteristics suggest that their workplace learning is influenced by the knowledge and skills they have gained over various years in multiple aged care organisations. Despite the reported challenges of retaining skilled staff in aged care (Xiao et al., 2021), these carers can likely leverage their considerable experience to respond to work requirements. These are all factors that impact working and learning in the multicultural context of aged care. Co-working is especially key here and warranted specific focus in the survey, as outlined in the next section.

5.4 Co-Working Characteristics

Workplace interaction is a central quality of many forms of work, especially in aged care where intraprofessional (i.e., within the same occupation) is as common as is interprofessional (i.e., across occupational disciplines) working (Ang & Early, 2003). Given that the focus of the inquiry here is to gauge how working and learning in multicultural teams progress, a key concern is to identify the carers’ degree and variety of co-working. Those characteristics are shown in the left-hand column of Table 5.3; the middle columns indicate the number and percentage of respondents in each

organisation, with combined totals in the right-hand column. Section 5.4 provides a summary of these variables and how they may shape learning.

Table 5.3

Degree of Co-Working

Characteristic	Senior Care N (%)	Elder Care N (%)	Total (%)
Degree of co-working			
I work with others all of the time	16 (51.6)	28 (40.0)	44 (43.6)
I work with others most of the time	7 (22.6)	20 (28.2)	27 (26.7)
I work about equally alone and with others	8 (25.8)	15 (21.4)	23 (22.8)
I work with others sometimes	0 (0)	6 (8.4)	6 (5.9)
I work mainly alone	0 (0)	1 (1.4)	1 (1.0)
Degree of co-working total	31 (100)	70 (100)	101 (100)
Working with same/different co-workers			
Most work shifts with different co-workers	16 (51.6)	42 (60.0)	58 (57.4)
Most work shifts with the same co-workers	15 (48.4)	28 (40.0)	43 (42.6)
Same/different co-workers total	31 (100)	70 (100)	102 (100)

5.4.1 Degree to Which Respondents Co-Work

The survey gathered data about the carers' degree of co-working. In total, 101 respondents answered this question. One person (1%) indicated they work mainly alone, six (6%) with others sometimes, 23 (23%) equally alone and with others, 27 (27%) work with others most of the time, and 44 (44%) work with others all the time. Hence, almost all (99%) respondents are involved in co-working. Further, the vast majority (93%) indicated that at least half of their work is with others. The most frequent category shows that co-working occurs all the time for almost half (43%) of the respondent population. In Senior Care, respondents indicated a higher degree of co-working than in Elder Care, with zero indicating that they work mainly alone or only sometimes with others. At Elder Care, the rate of co-working is also high, with less than 10% of respondents indicating they work with others only sometimes or mainly alone.

The key deduction from these data is that the work undertaken by carers is highly interactive: i.e., labouring together. The need for carers to co-work to complete tasks is an important characteristic of this job role. This reinforces the importance of understanding how interaction within this multicultural workplace influences how people work as individuals and in teams. These carers undertake shift work as is typical for many healthcare settings (Etherton-Beer, Venturato, & Horner, 2017). Changing timetables can require carers to work as part of teams that consist of different co-workers on each shift. The degree to which this difference occurs is examined in the next section.

5.4.2 Working with Same Versus Different Co-Workers

As foreshadowed in Chapter 3, the complex and constant needs of elderly residents create a need for personal care work to occur 24 hours a day. Hence, carers are required to do shift work and many facilities schedule rotating shifts. In Table 5.3, data show if these respondents regularly work with the same or differing colleagues. These are helpful data because shift work has been shown to affect team familiarity and performance (Dall'Ora et al., 2016).

Altogether, 101 respondents answered this question with 43 (42%) indicating that most shifts are with the same co-workers and 58 (57%) indicating that most are with different co-workers. So, most carers work with changing sets of peers from shift to shift. This is a typical characteristic of aged care work where scheduling prevents carers from working alongside the same group of colleagues all the time (K. Anderson & Blair, 2021). This characteristic is noteworthy because the traditional view of workplace teams (i.e., involving work with the same set of teammates) is, therefore, less applicable in this work setting (Tannenbaum & Salas, 2020). It can, thus, be speculated that the respondent population undertaking aged care work has less opportunity to familiarise themselves with the backgrounds and working styles of their co-workers. Continual shift handover can also influence learning and knowledge transfer of these workers (Symons et al., 2012). This lack of opportunity is especially noteworthy for multicultural teams in aged care where co-workers are dissociated not only by shift variability but also by their cultural backgrounds (Pun, 2021).

5.4.3 Key Insights About Co-Working Characteristics and Learning

Overall, these carers experience a high degree of co-working with changing sets of peers. Given the fundamental role that interaction plays in multicultural workplace learning (as advanced in Chapter 2), these characteristics are likely to influence carers' capacity to reach shared understanding as they learn to do their work. A high level of collaborative work with different colleagues may support or hinder learning in various ways, as suggested by the work of Billett (2014b) on intersubjectivity. These supports and hindrances are further examined later in this chapter and in Chapters 6 and 7. However, first, data are examined from the survey that gathered more specific characteristics of overseas-born respondents.

5.5 Characteristics of Overseas-Born Workers

As presented in Table 5.1, over half the survey respondents were born overseas. To further illuminate the characteristics of these workers, the survey included additional questions about where they were born, when they assumed residence in Australia, their level of spoken and written English, as well as their aged care experience gained in their country of birth. Those characteristics are shown in the left-hand column of Table 5.4; the middle columns indicate the number and percentage of respondents in each organisation, with combined totals in the right-hand column. Section 5.5 provides a summary of these variables and how they may shape these carers' work and learning.

Table 5.4

Characteristics of Overseas-Born Workers

Characteristic	Senior Care N (%)	Elder Care N (%)	Total (%)
Country of birth			
India	5 (23.8)	5 (15.6)	10 (18.9)
Fiji	8 (38.1)	0 (0.0)	8 (15.1)
New Zealand	1 (4.8)	3 (5.7)	4 (7.5)
Nepal	2 (9.5)	2 (3.8	4 (7.5)
Philippines	1 (4.8)	2 (3.8	3 (5.7)
Thailand	0 (0.0)	3 (5.7)	3 (5.7)
Uruguay	0 (0.0)	3 (5.7)	3 (5.7)
United Kingdom	0 (0.0)	2 (3.8)	2 (3.8)
China	0 (0.0)	2 (3.8)	2 (3.8)
Japan	0 (0.0)	2 (3.8)	2 (3.8)
South Korea	1 (4.8)	1 (1.9)	2 (3.8)
Other*	3	7	10
Total countries of birth	21 (100)	32 (100)	53 (100)
Arrival in Australia			
20 or more years ago	8 (38.1)	13 (39.4)	21 (38.9)
15-19 years ago	6 (28.6)	2 (6.1)	8 (14.8)
10-15 years ago	4 (12.9)	6 (18.2)	10 (18.5)
5-9 years ago	1 (4.8)	4 (12.1)	5 (9.3)
2-4 years ago	2 (9.5)	6 (18.2)	8 (14.8)
1-2 years ago	0 (0)	1 (3)	1 (1.9)
Less than 1 year ago	0 (0)	1 (3)	1 (1.9)
Arrival total	21 (100)	33 (100)	54 (100)
Spoken English proficiency			
Very well	10 (47.6)	20 (60.6)	30 (55.6)
Well	11 (52.4)	12 (36.4)	23 (42.6)
Not well	0 (0)	1 (3.0)	1 (1.9)
Not at all	0 (0)	0 (0)	0 (0)
Spoken English total	21 (100)	33 (100)	54 (100)
Written English proficiency			
Very well	7 (33.3)	14 (42.4)	21 (38.9)
Well	12 (57.1)	18 (54.5)	30 (55.6)
Not well	2 (9.5)	1 (3.0)	3 (5.6)

Not at all	0 (0)	0 (0)	0 (0)
Written English total	21 (100)	33 (100)	54 (100)
Employed in aged care prior to Australian arrival			
No	18 (85.7)	31 (93.9)	49 (90.7)
Yes	3 (14.3)	2 (6.1)	5 (9.3)
Prior experience total	21 (100)	33 (100)	54 (100)

Note. *Other countries include Hong Kong, Nigeria, Germany, Vietnam, Switzerland, United States of America, Canada, Italy, Africa (not specified), and Portugal.

5.5.1 Country of Birth

The first characteristic about overseas-born carers gathered in the survey was their country of birth. This characteristic is helpful to understand because it shows the range of national diversity occurring for this respondent group. These data are shown in Table 5.4. Within the respondent group of 53 who indicated they were born overseas, there are 21 countries of birth. The most frequent response was India with 10 (19%) respondents, followed by Fiji with eight (15%), New Zealand and Nepal with four each (7.5%), the Philippines, Thailand, and Uruguay with three each (5%), and the United Kingdom, China, Japan, and South Korea with two each (3%). Only one person indicated their country of birth each for Hong Kong, Nigeria, Germany, Vietnam, Switzerland, United States of America, Canada, Italy, Portugal, and an undisclosed African country.

In Senior Care, seven countries were represented across 21 respondents, with Fiji and India being the most frequent with eight (38%) and five (23%) respectively. For Elder Care, there were 16 countries represented across 32 respondents, with India as the most frequent at five (15%). The key similarity for these two organisations is the high presence of workers from India. However, the range of birth countries for these organisations is quite different; for example, the highest frequency for Senior Care is Fiji, yet there are zero Elder Care respondents from Fiji. Furthermore, only two countries (Fiji and India) represent over half (13) of the respondent group at Senior Care. However, for Elder Care, half the group is represented by six countries. So, the Elder Care respondents are more diverse than at Senior Care. This representation is surprising because although the Senior Care brand projects a more European profile and its respondents speak more languages, the data indicate that Elder Care is actually more diverse in terms of country of origin.

Three speculations are made about the combined respondent group. First, carers work with people from many different places. Although there are some cultural clusters such as Fiji and India, the data show that there are 21 birth countries in a respondent group of only 53 carers. The level of ethnic diversity of this respondent group is,

therefore, likely to be high. Secondly, many may not be native English speakers. This characteristic is made evident by the top six countries of birth where the first language is not English, except for New Zealand. So, most respondents are likely to have learned English as a second or third language. This characteristic is important because language background has been shown to influence co-working (Fleischmann et al., 2020), especially communication and teamwork (Mardyks et al., 2017). Third, there is a need for all workers, regardless of birth country, to be able to form cohesive work relationships with people from many different ethnic backgrounds. Navigating such differences has implications for how carers, as part of the process of learning, reach a shared understanding (i.e., intersubjectivity) and their efficacy in doing so (Lüdi et al., 2016). Also affecting these differences is the number of years overseas-born carers have spent in Australia.

5.5.2 Overseas-Born Respondents' Arrival in Australia

The degree to which carers identify with and express behaviours related to their ethnic background is affected by the length of time they have spent away from their birth country (Cattaneo, 2019). For example, a Nepalese national who has lived in Australia for over 20 years is likely to have adopted some or many customs and traditions of the Australian culture. It is, therefore, helpful to understand when overseas-born respondents arrived in Australia. These data are also presented in Table 5.4.

A total of 54 respondents answered this question. From this population, it can be seen that a minority of workers arrived in Australia less than 10 years ago (27%) compared to almost three quarters (72%) of whom arrived 10 or more years ago. This finding suggests that most carers have a high level of experience of the Australian culture. Moreover, the highest frequency category is 20 or more years ago (39%). The lowest frequency occurred in the categories of less than 1 year ago and 1–2 years ago, with just one respondent for each. So, less than 4% of the population group arrived in Australia in the last 2 years. There is minor difference in the data between Senior Care and Elder Care. In both organisations, most respondents arrived in Australia 10 or more years ago; there is a low or zero frequency of respondents indicating that they arrived in Australia less than 5 years ago for either Senior Care or Elder Care.

Overall, few of these carers are very new to the Australian way of life. This finding is important, because the considerable time foreign workers spend in Australia increases their familiarity with the Australian culture and the English language (S. Liu et al., 2020). Despite this familiarity, many years spent in Australia may not equate to

proficiency in English (Watkins et al., 2012). So, to better understand their English ability, data about spoken and written levels were gathered in the survey and are also presented in Table 5.4.

5.5.3 Overseas-Born Respondents' Level of Spoken English

To learn and undertake their work, carers are required to frequently communicate in English with residents, families, co-workers, and visiting health professionals. Data about the perceived spoken and written English abilities of the respondents were gathered in the survey and presented in Table 5.4. It is most apparent, and not surprising, that all the carers in this respondent population speak some degree of English. Only one person reported their level of spoken English to be poor (i.e., 2% at *Not well*). In contrast, the vast majority of the respondents (98%) have indicated that they speak English *Well* or *Very well*. The most frequent category from these response options is *Very well,* representing over half (55%) of the population. According to data presented in Table 5.4, just under 90% of these respondents come from non-English speaking backgrounds, so it is likely they were required to learn to speak English as a second, third, or even fourth language. The separate response frequencies for Senior Care and Elder Care are similar; however, there is a higher frequency is *Very well* at Elder Care (60%) compared to Elder Care (47%). Given the reliance on spoken English for aged care work, it is helpful to know that that these carers perceive their proficiency to be high; however, the reported proficiency of written English was comparatively lower.

5.5.4 Overseas-Born Respondents' Level of Written English

Although written English is not as important a requirement for aged care work as spoken English, it is still necessary for the completion of some tasks (Scerri & Presbury, 2021), including completion of administration, comprehension of documentation/instructions, and compliance reporting. The data show a similar result to spoken English ability for both Senior Care and Elder Care, and for the combined total for both organisations. All respondents claimed they could write in English to some degree and only a small proportion (5%) indicated that they do not write well in English. The most frequently category was *Well* (55%), followed by *Very well* (39%). Again, this indicates that the vast majority of respondents (94%) report they write in English at least well. However, unlike spoken English, the majority of respondents (61%) do not believe they write very well in English. So, these data indicate that spoken

English is reported to be more advanced than written English. This finding raises a question about the ability of overseas-born workers to effectively learn and undertake the written documentation that is a necessary part of their job, because studies have shown that documentation can be challenging for migrant workers (Howe, 2009; Lawreniuk & Parsons, 2017; Sinclair et al., 2021). This aspect of their work will be further examined in the qualitative data presented in Chapters 6 and 7. Another characteristic of these workers is their home country experience, discussed next.

5.5.5 Overseas-Born Respondents' Home Country Experience

The final attribute of this sub-group of respondents gathered in the survey and presented in Table 5.4 determines if they had gained aged care experience in their home country. This characteristic is important as it helps to understand the prior experience and readiness of overseas-born carers to work in aged care in Australia. In total, 54 respondents answered this question. The most frequent response was *No* with 49 (90%), leaving five respondents indicating *Yes* to possessing this prior experience. So, for most of this respondent population, their experience in aged care work commenced in and is limited to Australia. Hence, most do not bring transferable aged care experience from their home country to their carer role. This may be due to the issue of aged care work being considered low status and, consequently, many unskilled or marginalised workers, such as immigrants, occupy these roles because they are easy to attain (Xiao et al., 2021).

5.5.6 Key Insights About Overseas-Born Workers' Characteristics and Learning

The overseas-born worker informant come from a wide range of cultural backgrounds, speak various languages, and did not gain aged care experience in their home country nor arrive in Australia recently, and claim their spoken English is better than their written English. Central to these characteristics is the likely influence that English language proficiency has on these carers' ability to learn and undertake their work. The final report of the Royal Commission into Aged Care identified English proficiency as a key enabler of performance in the role of carer (Royal Commission into Aged Care Quality and Safety, 2021). A recommendation has been made for a national registration scheme to set and track minimum levels of English specifically for this job role. So, the claims in these data about respondent English levels may be tested more broadly in the future. The lower level of perceived written English reported in the survey suggests a need to support the learning of this capability. English language

proficiency will be further examined in the analysis of the qualitative data reported and discussed in Chapters 6 and 7. The characteristics of overseas-born workers examined above suggest that the highly diverse cultural and linguistic backgrounds of these workers influence their attitude towards work. Data about these attitudes were gathered through the survey and are presented below.

5.6 Respondents' Attitudes Towards their Work

Having illuminated the characteristics of these carers and made some preliminary deductions about how such attributes influence learning, it is helpful to consider the work they do and their attitudes towards it. These types of work are important because much of what carers do is learned whilst engaging directly with work itself (i.e., through workplace practice). These carers' attitudes towards a range of work tasks were gathered in the survey: about what they do most, its degree of difficulty/ease, and what requires interaction with others. These data are valuable for three reasons. First, they help to illuminate their levels of experience with certain types of work. This experience is identified in the responses to what they spend "most time" doing. Second, the identification of work tasks that are considered either "most difficult" or "easiest" allows for further exploration (i.e., during Phase 2 interviews) of what factors influence that difficulty or ease. Third, the identification of work tasks that most require "most co-working" will inform the types of collaboration and communication between carers, their co-workers, and residents. In sum, considering that much of aged care work is learned on the job, the attitudes to work presented here help to explain what and how carers learn through experience. These data are presented in Table 5.5 followed by a discussion of findings for the total respondent group and the two separate organisations. The values in the left-hand column represent the main work tasks which have been adapted directly from carers' position descriptions supplied by the organisations and which illustrate the highly interactive nature of this work.

Table 5.5

Attitudes Towards Work Tasks for Elder Care, Senior Care, and Combined

Task	most time			most difficult			easiest			most co-working		
	SC	EC	C	SC	EC	C	SC	EC	C	SC	EC	C
Lifestyle/social support	8	6	14	5	12	17	9	17	26	6	11	17
Personal groom/hygiene	21	59	80	3	11	14	16	36	52	14	54	68
Dining support	10	35	45	0	5	5	8	30	38	5	28	33
Medication assistance	5	2	7	5	9	14	7	3	10	1	3	4
Wound dressing	9	-8	1	3	10	13	1	1	2	2	4	6
Routine health checks	1	2	3	4	7	11	2	3	5	3	4	7
Cooking	1	0	1	4	6	10	1	0	1	9	-9	0
Cleaning	4	7	11	3	6	9	5	13	18	1	4	5
Contact with family members	1	3	4	9	18	27	3	11	14	4	5	9
Reporting well-being changes	7	23	30	3	9	12	2	22	24	7	9	16
Support management plans	4	9	13	14	27	41	1	3	4	6	18	24
Documentation	15	36	51	3	19	22	10	21	31	4	14	18
Receiving training from others	1	2	3	3	7	10	5	9	14	6	11	17
Providing training to others	0	9	9	4	11	15	3	9	12	5	17	22

Note. SC = Senior Care, EC = Elder Care, C = Combined for both Senior Care and Elder Care.

The main work tasks identified in Table 5.5 are lifestyle/social support (e.g., supporting social activities), personal groom/hygiene (e.g., showering), dining support (e.g., feeding), medication assistance (e.g., helping take medicines), wound dressing (e.g., replacing a bandage), routine health checks (e.g., visual check well-being), cooking (e.g., kitchen assistance), cleaning (e.g., making beds), contact with family members of residents (e.g., updating next of kin during visits), reporting changes in resident well-being to nursing staff (e.g., mood, behaviours, or eating pattern), supporting individual management plans for challenging resident behaviours (e.g., identifying early signs of aggression), documentation (completion of resident progress notes), receiving training from others (e.g., a new compliance procedure), and providing training to others (e.g., using a hoist). All these tasks are premised on effective communication which may be more difficult in age facilities with culturally diverse residents and made more problematic by carers with weak English language skills.

To elicit frequencies of most time consuming, most difficult, easiest, and most co-working requirements, respondents were asked to choose the top three work tasks from a list for each of those aspects. The data are shown as the number of respondents. Valid percentages are not relevant here because respondents were only required to select three work tasks for each of the four categories. These data are presented and discussed in the following sections followed by a summary of these variables and how they may shape these carers' work and learning. Due to the similar findings for Senior Care and Elder Care, this discussion focusses on the combined total.

5.6.1 Work That Requires Most Time

First, respondents were asked to nominate the three work tasks that occupy most of their time at work. These tasks are shown in the second column in Table 5.5 under the heading "most time". There is a distinctively higher frequency for the top three work tasks that occupy the most time compared to all others listed (i.e., 80, 51, and 45). This shows some agreement from the general respondent population about how they spend most of their time at work. Of the 83 respondents, 80 selected Personal room/hygiene in their top three while 51 selected Dining support. So, these carers spent the larger part of their day in direct care of residents helping them to dress, bathe, and eat. However, the third most frequently selected work task is not direct care work, but rather, Documentation (45). It is noteworthy that these carers spend a considerable proportion of their time completing documentation, because many consider themselves to be less proficient in written versus spoken English. Further observations are made about the three tasks that require most time (personal grooming, documentation, and dining support) and they are explained in the following paragraphs.

First, personal grooming relies on the carers' ability to communicate effectively by providing instructions, asking questions, and comprehending residents' needs (e.g., when they express discomfort). Given the high degree of cultural diversity in these workplaces, language barriers may create challenges for how grooming is carried out and learned. Something as simple as word pronunciation has been shown to be an issue when it is affected by either carers' accents or the resident's speaking impairment (Olasunkanmi-Alimi et al., 2022). Personal grooming also requires carers to demonstrate high levels of patience and empathy, especially when residents express confusion, discomfort, or resistance to care (Naweed et al., 2022). Although knowledge and understanding of dementia-related behaviours is an enabler in these situations (Almutairi et al., 2022), the carers' personal subjectivities may also impact how they undertake and learn personal grooming tasks. This subjectivity includes the carers' individual attitudes towards older people and how to care for them. For example, some workers come from cultures where much value is placed on care and respect for older people (Zhan et al., 2017). Therefore, that societal sentiment may make dealing with grooming tasks more culturally familiar or invasive for some workers compared to others. So, language proficiency, patience, and empathy can be considered as key influences on how personal grooming tasks are learned through workplace practice.

This finding is noteworthy because such qualities are frequently required for aged care work.

The second most frequently selected work task for "most time" was Documentation. In aged and health care, documentation relies on workers' ability to be objective (i.e., logging information that is witnessed versus feelings or assumptions) and competence to read and write in English (Junod Perron et al., 2019). The use of appropriate vocabulary and clarity of expression is particularly important when completing documentation. This requirement is noteworthy because, although Table 5.5 indicates that these respondents spend considerable time completing documentation, the data in Table 5.4 show that less than 40% report being competent in written English. So, respondents spend a lot of time using written English, yet many report not being competent when doing so. This lower level of perceived competence raises the possibility that written information, such as a care plan, is not comprehended or updated accurately which, in turn, can impact how carers make decisions and complete work. Further, reading is an essential part of the learning process for aged care workers, for example, when following a new compliance procedure. Accurate comprehension is necessary for correct and consistent following of healthcare procedures (Ngocha-Chaderopa & Boon, 2015). In sum, a speculation is that the teams' diverse linguistic backgrounds may constrain how they complete written documentation.

The third most frequently selected work task is Dining support. Other examples of this include communicating meal choices and supporting residents to eat if they have limited dexterity. Again, there is a reliance on carers' communication skills to undertake this work, and knowledge of cuisine and manual handling procedures. This finding is noteworthy as language fluency is likely to be a factor in how carers understand meal options and provide information or instructions during mealtimes and when assisting residents with movement.

Overall, the first category shown in Table 5.5, "most time", shows that the highest frequency of responses was for personal grooming, documentation, and dining support. The commonality across these three tasks indicates a reliance on communication and language proficiency for their effective enactment. Therefore, the respondents' CaLD characteristics are likely to influence how they work and learn. Having identified what tasks were undertaken most frequently, it is important to know which they reported as being the most difficult work tasks. These data point to the kinds of educational support needed for carers to effectively do their work.

5.6.2 Work That is Most Difficult

The second category presented in Table 5.5, refers to work tasks considered to be the most difficult were Support individual management plans for challenging resident behaviours (41), Contact with family members of residents (27), and Documentation (22). Although some respondents also selected other categories, the following discussion focusses on the three most frequently selected tasks.

First, Support individual management plans for challenging resident behaviours may include applying alternative approaches to feeding or dressing when a resident is triggered by certain situations, equipment, or noise. Although such work often requires comprehension of a written plan, it is likely to be considered difficult due to unpredictable circumstances of resident behaviour that may not be documented (Condelius et al., 2016). Undocumented behaviours may not have been experienced previously by carers and, therefore, require them to make decisions on the spot, decide an appropriate response, or seek support from colleagues (i.e., to learn). The ability to communicate and spontaneously act during tense and potentially hazardous situations is a key requirement here (Rodwell et al., 2015). It is, therefore, unsurprising that this work task is considered most difficult. The ability to learn to support individual management of challenging resident behaviours is, therefore, likely to be even more difficult in a multicultural environment where limited English impedes spontaneous decision-making and co-working decision-making.

Documentation was the second most frequently selected work task for this category. So, not only is this one of the tasks that carers spend most time doing, it is also one they find most difficult. This similar result suggests that there is an opportunity for further learning support in these work settings, especially considering the requirement for documented information to be clear, precise, and accurate as per the norm in the health field (N. Wang et al., 2015). Many carers are less confident with their written English, yet they spend much of their time engaging with documentation and experience difficulty while doing so. Ultimately, this raises concern about the way in which this work task is learned and undertaken.

The third most frequent response for the category “most difficult” was Contact with family members of residents which includes greeting visitors, answering questions related to care plans, and responding to requests from families of residents. A speculation about this work task, its difficulty, and its influence on workplace learning is that cultural differences may influence communication with family members. For

example, carers from India may be less assertive with family members due to their cultural background (Isil et al., 2020). Depending on the circumstances, this cultural norm could be a help or a hindrance. Furthermore, English proficiency may affect accuracy of how information is exchanged as well as the tone used when sensitive topics are discussed. These situations are also likely to be a stressor in a work environment that is already challenging. The key insight here is that dealing with residents' families is one of the more difficult work tasks undertaken by carers and may be hindered by cultural differences and language competence.

Overall, the second category in Table 5.5 presents that the three most frequently reported difficult work tasks are: (a) Support individual management plans for challenging resident behaviours, (b) Contact with family members of residents, and (c) Documentation. All three require carers to comprehend and communicate effectively. So, poor English proficiency and cultural attitudes are likely contributors to the difficulty they experience with these tasks. These are helpful insights as they highlight the need to better understand how such work can be learned more effectively. Further, they emphasise the important role of communication in workplace learning. Work that was reported as easiest also helps to elaborate further such insights about carer competence.

5.6.3 Work That is Easiest

The survey also gathered data about the work tasks considered to be the easiest. These tasks are presented in the fourth column in Table 5.5, with the most frequently selected showing as Personal/groom/hygiene (52), Dining support (38), and Documentation (31). Although some respondents also selected the other categories, the following discussion focusses on these three most frequently selected tasks only.

The two tasks that were most frequently considered the easiest are Personal grooming/hygiene and Dining support. A similarity across both settings is that they focus on direct inter-personal care work: that is, helping residents to dress, bathe, and eat. This similarity is noteworthy as both tasks were also identified in the survey as ones that respondents spend most time doing. So, this raises the question as to whether the time spent doing this work causes it to be easier to do. It also highlights a need to understand what makes these work tasks easy, in the Phase 2 interviews examined in Chapter 7.

The third most frequent response in the "easiest" category is Documentation, with 31 responses. This frequency is remarkable as documentation is also the third most

frequent response for most difficult (22). From this, we can see that there is a difference in the respondent population group where a substantial proportion regard documentation as the most difficult aspect of their work, yet an even greater proportion find it the easiest aspect. This gap is potentially due to parts of those tasks being easy and others more difficult. It may also be attributed to differences in English literacy. Hence, there is an opportunity for these workplaces to leverage the capability within the team where documentation support is provided by more competent peers to those who find it difficult. Such peer interaction is key to workplace learning because it is how co-workers can come to share knowledge (Billett, 2014b).

5.6.4 Work Requiring Most Interaction

For the final category in this section, the survey gathered the three work tasks that most require carers to work with others. These data are helpful to aid understanding because interaction is a fundamental aspect of workplace learning, as foreshadowed in Chapter 2. For this category, the most frequent responses are Personal/groom/hygiene (68), Dining support (33), and Support individual management plans for challenging resident behaviours (24). Although some respondents also selected other categories, the following discussion focusses on these three most frequently selected tasks only. Again, these tasks rely heavily on the ability to communicate well, especially if residents' ability to communicate in such situations is affected by hearing and speech impairments, or even ailments such as stroke, Alzheimer's disease, or Parkinson's disease (Cottrell et al., 2020).

There are three main implications about work tasks that require most interaction. First, spoken language ability may influence accuracy when assessing residents' needs or collaborative problem solving (Foster et al., 2019). This may be due to residents' inability to communicate, or to the carers' level of English. Second, cultural identity may influence not only English language communication, but also personal viewpoints about workplace situations when co-working. For example, when two carers are showering a resident, an Australian-born carer may prefer to maintain light conversation during this work task whilst an Asian-born co-worker may prefer to avoid conversation altogether. Preferences in these situations are often influenced by cultural background (Listerfelt et al., 2019). Third, if two carers are supporting a resident who unexpectedly experiences a medical episode, they will need to immediately decide together how to respond. To do this, they will promptly need to exercise a level of intersubjectivity (i.e., shared understanding) about that situation and how to address it (Billett, 2014b). This

intersubjectivity is key to r understanding of learning in multicultural workplaces because intersubjectivity is directly influenced by communication, language, and culture. Having separately discussed work tasks that are considered to take the most time, are most difficult, are easiest, or require most co-working, it becomes more evident that communication is a key influence across all of these variables. Hence, communication continues to emerge from these data as a main influence on and enabler of learning in multicultural teams. This influence becomes more apparent when the above variables are compared.

5.6.5 Comparing Attitudes to Work Tasks Across Different Variables

This section compares the attitudes presented in Table 5.5. The combined data show relationships across the four different variables and some work tasks. The identification of such relationships is important because it helps to illuminate how the attitude to one work task (e.g., work that occupies most time) compares to attitudes to other work tasks (e.g., work that is most difficult) and to speculate if there may be a causal relationship between the two. Data presented in Table 5.5 are comparable across three attitude categories: how carers spend most of their time, what they find the easiest, and what requires them to work most closely with others. The most frequently selected responses across these three categories were Personal grooming/hygiene and Dining support, indicating that personal grooming, hygiene, and dining support (i.e., direct care work) take up most time, are the easiest, and require the most interaction with others. So, carers spend much of their shifts with residents and co-workers using spoken language to converse, guide, instruct, explain, and understand the requirements of the work. Hence, the need for carers to arrive at a shared understanding (i.e., intersubjectivity) with both co-workers and residents is a key characteristic of aged care work. Also, the work tasks that carers spend most time completing are also the ones they tend to find the easiest and that tend to involve direct care work (i.e., personal grooming, hygiene, and dining support). This comparative finding about work tasks is helpful because it raises the speculation that more time spent engaged in one type of work causes it to become easier over time.

5.6.6 Key Insights About Attitudes to Work

The analysis of data presented in Table 5.5 has helped to confirm the work tasks undertaken by these carers and illuminate their attitudes towards levels of time, difficulty, ease, and co-working. These data emphasise that interaction (i.e., with

residents and co-workers) is an integral requirement of care work. Personal subjectivities (e.g., language ability and cultural background) may influence how carers comprehend residents' needs, how they provide care using spoken language, and how they collaboratively solve problems.

Further, the work carers find the easiest is not only the work they spend most time doing, but also the work that requires the most interaction. A speculation that can be made here is that repeated exposure to certain tasks (i.e., more time) leads to greater confidence and proficiency (i.e., more ease). This speculation is supported by concepts such as the mere-exposure effect and familiarity principle. These concepts propose that individuals become more proficient and confident with a task through repeated exposure (Kwan et al., 2015). Also, the more interactive the work, the easier it is in these work settings. So, the process of reaching a shared understanding whilst engaging in work, makes work tasks easier to do and to learn for these carers working in aged care. This supports claims in the literature, as foreshadowed in Chapter 2, that intersubjectivity is a requirement for and an influence on workplace learning. Having identified the main attitudes of carers to the work they undertake, it is important to consider factors that influence how respondents work and learn. These data are helpful because they illuminate specific factors that may help or hinder the learning process within these aged care settings.

5.7 Factors That Influence How Respondents Work and Learn

To further understand how these carers learn through work, the survey gathered data about the factors that constitute the conceptual model for learning proposed in Chapter 2. These factors are important as they form an emerging understanding of the reality of these workers beyond their personal characteristics and attitudes to work discussed above. Here, it becomes evident which workplace affordances may be helping or hindering learning in aged care. The data are shown in Table 5.6.

Table 5.6

Factors That Influence Working and Learning

	Senior Care				Elder Care				Total			
Factor	n (%)	SA/A (%)	N (%)	D/SD (%)	n (%)	SA/A (%)	N (%)	D/SD (%)	n (%)	SA/A (%)	N (%)	D/SD (%)
People in my role have the resources and equipment needed to do the job well.	14 (100)	11 (78.6)	3 (21.4)	0 (0)	53 (100)	31 (58.5)	11 (20.8)	11 (20.8)	67 (100)	43 (62)	14 (21.9)	11 (16.4)
There is a private space at work (away from residents) where people in my role can discuss work with colleagues.	15 (100)	4 (26.7)	10 (66.7)	1 (6.7)	53 (100)	33 (62.3)	8 (15.1)	12 (22.6)	68 (100)	37 (54.4)	18 (26.5)	13 (19.1)
There is time during the shift to stop and reflect on the work.	15 (100)	10 (66.7)	2 (13.3)	3 (20.0)	53 (100)	14 (26.4)	11 (20.8)	28 (52.8)	68 (100)	24 (35.3)	13 (19.1)	31 (45.6)
Generally, people work well together in my facility.	15 (100)	11 (73.3)	3 (20.0)	1 (6.7)	53 (100)	36 (67.9)	13 (24.5)	4 (7.5)	68 (100)	47 (69.1)	16 (23.5)	5 (7.4)
People in my role seem to find it easy to reach a shared understanding with others about work situations.	15 (100)	11 (73.3)	4 (26.7)	0 (0.0)	53 (100)	35 (66.0)	10 (19.9)	8 (15.1)	68 (100)	49 (72.1)	14 (20.6)	8 (11.8)
Generally, new people starting in my role are prepared with the skills needed to undertake the work.	13 (100)	6 (46.2)	4 (30.1)	3 (23.1)	53 (100)	15 (28.3)	20 (37.7)	18 (34.0)	66 (100)	21 (31.8)	24 (36.4)	21 (31.8)
People in my role are supervised in a way that supports skill development.	13 (100)	11 (84.6)	2 (15.4)	0 (0.0)	53 (100)	25 (47.2)	17 (32.1)	11 (20.8)	66 (100)	36 (54.5)	19 (28.8)	11 (16.7)

5.7.1 Description of Factors

The data presented in Table 5.6 illuminate themes that influence learning including resources, space, reflection, co-working, shared understanding, readiness, and supervision. Using the Likert scale displayed in the first row of the table, respondents indicated their level of agreement with a range of statements as *strongly agree* (SA), *agree* (A), *neither agree nor disagree* (N), *disagree* (D), or *strongly disagree* (SD). Seven statements appear in the left column and the number (n) of respondents are listed adjacent to each. The data showing the level of agreement are shown in the five columns to the right of the table and are expressed at valid percentages. This information can help point to specific practices that influence learning which are in place or are missing in these settings. In this section, the data will be firstly described as combined totals for both organisations, with similarities and differences between the data for Senior Care and Elder Care also highlighted. This comparison is followed by an analysis of these data leading to some deductions about the influences on learning.

Of the total 102 survey respondents, 68 responded to these statements. A higher level of agreement than disagreement was evident across six out of the seven statements. A considerable proportion (between 11% and 36%) of respondents indicated *neither agree nor disagree* for statements in this section. For the first statement, 62% of respondents either agreed or strongly agreed that “people in my role have the resources and equipment needed to do the job well”, while 16% either disagreed or strongly disagreed. At Senior Care, there was a higher level of agreement (78%) compared to Elder Care (58%). For the second statement, 69% either agreed or strongly agreed that “there is a private space at work (away from residents) where people in my role can discuss work with colleagues”, while 19% either disagreed or strongly disagreed. Separated data for each organisation show that there was also more agreement than disagreement with this statement; however, a much higher proportion of Senior Care respondents (78%) neither agreed nor disagreed. For the third statement, 35% either agreed or strongly agreed that “there is time during the shift to stop and reflect on the work”, while 45% either disagreed or strongly disagreed. This was the only statement for which there was less agreement than disagreement for the combined data. However, unlike Elder Care, the separated data for Senior Care show that more respondents agree that there is time to stop and reflect on work.

For the fourth statement, 69% either agreed or strongly agreed that “generally, people work well together in my facility”, while 7% disagreed or strongly disagreed.

There was minor difference in the separated data for each organisation. For the fifth statement, 67% agreed that "people in my role seem to find it easy to reach a shared understanding with others about work situations", while 11% either disagreed or strongly disagreed. Again, there was minor difference in the separated data for each organisation. For the sixth statement, 31% either agreed or strongly agreed that "generally, new people starting in my role are prepared with the skills needed to undertake the work" while the same proportion (31%) either disagreed or strongly disagreed. However, for Senior Care, more people agreed compared to Elder Care where more people disagreed. For the final statement, 54% either agreed or strongly agreed that "people in my role are supervised in a way that supports skill development" while 16.6% either disagreed or strongly disagreed. There was a higher proportion of agreement for Elder Care (84%) compared to Senior Care (47%). Overall, the data presented in Table 5.6 show that patterns of agreement were similar for both organisations, except for Elder Care showing more favourable response rates related to time and supervision. Having described the data, a range of findings emerge about how carers learn. These insights are discussed in the next section.

5.7.2 Key Insights About How Carers Learn

The data described above provide valuable insights about the carers' workplace learning and some deductions can be made. Overall, there is high level of agreement that there are conditions that are conducive for workplace learning. The first insight relates to data showing that only 16.4% of respondents believe they do not have the resources and equipment needed to do their job well. These data suggest that resourcing is not likely to be a major barrier to these carers' effective working and learning. Regarding space, less than 20% indicated that there is no private place at work for discussions with colleagues. Therefore, most respondents have a private space away from residents to discuss work with colleagues. With only 7% in disagreement, respondents generally work well together, which is noteworthy considering 82% of respondents indicated that they work with others at least half the time (see Table 5.3). Such team engagement is a key component of conditions, as foreshadowed in Chapter 2, that support workplace learning, including cohesion, psychological safety, and intersubjectivity. Data about intersubjectivity were gathered in the fifth statement, showing that only 11% of respondents are not able to easily reach a shared understanding with each other. Supervisory support for learning does not seem to be a concern, with only 16% of respondents disagreeing that they are supervised in a way

that supports skill development. So, the low levels of disagreement with five out of the seven value statements shown in Table 5.6 suggest that there are conditions in place in these workplaces that would positively affect workplace learning.

However, the data in Table 5.6 also suggest two opportunities for learning to be improved in and through care work. The first is evident in the statement about having enough time for reflection, with which more respondents disagreed (45%) than agreed (35%). Hence, the poor availability of time for reflective practice may be a barrier to learning in these settings. This availability is noteworthy because reflective practice, as proposed in Chapter 2, is an important enabler of workplace learning (Norrie et al., 2012). Workers may learn more effectively if they have a greater chance to stop and think about what, why, and how they engage in their work (Schön, 1983). This could include their approaches to specific situations involving new responsibilities (e.g., medication assistance), disruptions (e.g., responding to a Covid outbreak), resident interaction (e.g., responding to aggression), and co-working experiences (e.g., working with a new carer). Having more time to process these situations is an opportunity for carers to learn more effectively.

A likely barrier to this time for reflection has been recently highlighted by the Royal Commission into Aged Care, where inadequate staffing levels were found to be impeding resident care (Royal Commission into Aged Care Quality and Safety, 2021). So, those working in aged care require the time to reflect on their workplace practice as part of a process of continuous workplace learning. Another potential barrier for effective working and learning for this respondent population is the readiness of new carers. Although many respondents (31%) feel that new carers are prepared with the skills they need to do the work, the same proportion (31%) disagreed. This raises concerns about the role of vocational training and the efficacy of the onboarding process in aged care. The prospect of caring for a resident with high-level dementia in the first days of work may be daunting for the carer, risky for the facility and, most importantly, unsafe for the resident.

Having considered data about factors that influence working and learning, it is also helpful to understand from whom carers learn whilst they undertake their work. This identification is important because interaction with co-workers is a fundamental aspect of how people work and learn in multicultural workplaces.

5.8 Source of Respondent Learning

In many workplaces, much of what is learned through work is the result of interaction with others (Kent et al., 2020). Therefore, it is helpful to know which relationships at work lead to the best learning outcomes for carers so that these interactions can be better understood and leveraged as a way to facilitate learning. Data were gathered in the survey to determine from whom the respondents learn at work and are presented in Table 5.7. Those relationships listed in the left-hand column and the middle columns indicate the number and percentage of respondents in each organisation, with combined totals shown in the right-hand column.

Table 5.7

From Whom Carers Learn

Source	Senior Care N (%)	Elder Care N (%)	Total (%)
Co-workers in the same role as me	7 (53.8)	45(86.5)	52 (80)
Co-workers in a supervisory role	5 (28.5)	9.6)	10 (15.4)
The residents themselves	1 (7.7)	2 (3.8)	3 (4.6)
Visiting health professionals (e.g., doctors or allied health)	0 (0)	0 (0)	0 (0)
The families of the residents	0 (0)	0 (0)	0 (0)
Total	13 (100)	52 (100)	65 (100)

A total of 65 respondents responded to this question. Of these, 52 (80%) selected "co-workers in the same role as me" and 10 (15%) selected "co-workers in a supervisory role". Three (5%) respondents selected "the residents themselves" while zero selected "visiting health professionals (e.g., doctors or allied health)" or "the families of the residents". Similarly, for both Senior Care and Elder Care, there were zero responses for "visiting health professionals" or "the families of residents". The most frequent response was the same for both organisations (i.e., co-workers in the same role as me); however, the proportion is markedly higher for Elder Care (86%) compared to Senior Care (53%).

Consequently, it can be concluded that these carers learn mostly from other carers. This main source of peer learning is unexpected, because registered and enrolled nurses are often considered a greater knowledge source due to their higher level of education and broader responsibility, including supervision, in the facility (Davison & Cooke, 2015). Yet only 10 (15%) respondents identified supervisors as the people from whom they learn most. It may be that carers learn most from their fellow carers because

they have many years of experience to share, as highlighted in Table 5.2. This insight is noteworthy because it suggests that there are conditions in these workplaces that allow for considerable transfer of knowledge from one carer to another. However, this does not determine if carers are the best source of learning or if other roles should be further utilised for knowledge transfer. Nevertheless, the literature identifies other and diverse contributions to that specifically support the efficacy of peer-to-peer learning (Markowski et al., 2021; Pålsson et al., 2022; Parker et al., 2018). This insight places focus on the influence of co-working with peers in the analysis of the remaining data sets in this research. Key to this focus will the aim to illuminate the conditions of the workplace and the practices of the carers that support learning from carer to another. These conditions and relationships are likely to be affected by the high cultural diversity in these workplaces, so it is important to understand attitudes towards cross-cultural working.

5.9 Multicultural Characteristics of Aged Care Teams

Given the core focus of multicultural learning in this research, it is necessary to identify the specific characteristics that make teams multicultural and if they impact the way carers work and learn. In this section, data related to the multicultural characteristics of aged care teams are presented in two tables. Firstly, Table 5.8 presents ways respondents see their team as multicultural as well as the perceived difficulties for multicultural aged care teams. Then in Table 5.9, attitudes about whether culture affects the way carers work and learn are presented.

5.9.1 Multicultural Characteristics and Difficulties

Table 5.8 presents response data from two survey questions. The factors associated with culture are listed in the left-hand column with their associated attributes (i.e., response options) shown underneath. The middle column lists the number who responded to each category and the right-hand column is the respective valid percentage of the total respondent population. Respondents were able to select any number of these variable options that they believed were relevant.

Table 5.8

Cultural Factors

Factor	Senior Care N (%)	Elder Care N (%)	Total (%)
Ways team is considered multicultural			
Different nationalities	13 (86.7)	49 (92.5)	62 (91.2)
Different languages	8 (53.3)	40 (75.5)	48 (70.6)
Different religions	9 (60)	37 (69.8)	46 (67.6)
Different values	6 (40)	35 (66)	41 (60.3)
Different beliefs	7 (46.7)	34 (64.2)	41 (60.3)
Different approaches to work	6 (40)	35 (66)	41 (60.3)
Other	0 (0)	1 (1.9)	1 (1.5)
Total	15 (100)	53 (100)	68 (100)
Factors that multicultural teams find difficult			
Communicating with residents	11 (73.3)	43 (81.1)	54 (79.4)
Communicating with co-workers	4 (26.7)	33 (62.3)	37 (54.4)
Communicating with families of residents	4 (26.7)	24 (45.3)	28 (41.2)
Reporting concerns to healthcare professionals*	0 (0)	12 (22.6)	12 (17.6)
Completing documentation	4 (26.7)	8 (15.1)	12 (17.6)
Complying with regulations	2 (13.3)	8 (15.1)	10 (14.7)
Dietary needs	2 (13.3)	6 (11.3)	8 (11.8)
Other	0 (0)	5 (9.5)	5 (4.9)
Total	5 (100)	53 (100)	58 (100)

Note. * = Doctors and allied health professionals.

The first factor presents the ways in which carers consider their team to be multicultural. These characteristics help to understand the carers' perception of culture and if they believe it influences their approach to work. The survey found that "different nationalities' was selected by 62 (91%) respondents, "different languages" by 46 (70%), "different values" by 41 (60%), "different religions" by 46 (67%), "different beliefs" by 41 (60%), "different approaches to work" by 41 (60%), and one person chose "other". Across those values, the response pattern is similar for both Senior Care and Elder Care; however, frequencies are higher for Senior Care.

The combined data show the selection rate is at least 60% across all of the values listed. This suggests that most respondents consider their team to be multicultural in a range of ways. The most frequent response, "different nationalities", indicates that this respondent population regards culture as closely linked to national identity and country of origin. However, language is also frequently regarded as a way in which the team is multicultural. This finding is not surprising because of these carers' high degree of language diversity. The presence of different religions is also considered to be a way in which these work teams are multicultural.

It is noteworthy that the three least frequent responses (i.e., Different values, Different beliefs, and Different approaches to work) are less obvious cultural

characteristics than the three that were most frequently selected. Carers are likely to detect cultural differences more easily through visible and audible characteristics such as race, accent, or religious identifiers (Song, 2020), whereas more behavioural differences, such as beliefs, work approaches, and values, may take more time to observe by co-workers. Only one person indicated “Other” and suggested “different life experiences” and “different personalities” as other ways the team can be multicultural. A key finding here is that many respondents believe that cultural background influences the way carers approach their work. These data suggest that, due to cultural difference, a carer from one background may approach a work task differently from a co-worker from a different cultural background. This outcome is not surprising considering the considerable literature about culture and its effect on working styles (Hofstede et al., 2010; Korman, 1985; Nam & Park, 2019; Tuleja, 2021). So, this finding presents an opportunity to better understand how culture affects approaches to work and the learning required to undertake it. Table 5.8 begins to illuminate these effects by exploring factors that multicultural teams find difficult.

In Chapter 2, a review of the literature highlighted the difficulties that multicultural teams face in the workplace, such as communication and co-working. To better understand these issues, the survey gathered the data that are presented in Table 5.8. From the combined data, it is noteworthy that the three most frequently selected options are distinctly higher (between 40% and 80%) than the rest (between 5% and 18%). Also, there is one commonality across these three most frequently selected factors: communicating. This commonality suggests that communication is the main area of difficulty experienced by carers in multicultural settings. This finding is supported by studies of culture at work which indicate that communication is a key challenge for workers in diverse environments (Christiansen & Chandan, 2017; Puyod & Charoensukmongkol, 2019; Tuleja, 2021). For almost 80% of these respondents, communicating with residents presented the greatest difficulty. Communication with co-workers and with residents’ families was also a key factor, with close to half of respondents selecting these options. Completing documentation was less frequently seen as a difficulty, even though data in Table 5.8 indicated that less than 40% of overseas-born respondents believe they can write in English very well.

Five carers from this respondent population selected “other” and added text to the open field that accompanied this question. Communication and language difficulties were repeated here; however, some new factors were raised, including prejudiced attitudes (e.g., “dealing with co-workers who are bigots” and “dark skin … can be

disturbing to residents"). These factors are noteworthy because they highlight the potential for concerns for multicultural teams, such as racism from co-workers and residents and the need to learn to navigate prejudices. Considering that trust, intersubjectivity, and psychological safety are required for effective learning in teams, such prejudiced attitudes are likely to represent an impediment in these work settings. This theme is examined further in the qualitative comments from this survey that are discussed in Chapter 6.

For both Senior Care and Elder Care, communicating with residents is, by far, the value with the highest frequency of responses. Other value categories showed similar response patterns across both organisations, except for communicating with co-workers and communicating with families of residents, which were higher for Elder Care. This suggests that communication is less of a difficulty for multicultural teams at Elder Care compared to Senior Care. To more explicitly understand if these respondents perceive culture to directly impact how people work and learn, the survey gathered additional data which are presented in Table 5.9.

5.9.2 Culture's Influence on Working and Learning

While data in Table 5.8 suggested that cultural background influences the way carers work, Table 5.9 more directly confirms this likelihood.

Table 5.9

Influence of Culture on Working and Learning

	Senior Care				Elder Care				Total			
Factor	n (%)	SA/A (%)	N (%)	D/SD (%)	n (%)	SA/A (%)	N (%)	D/SD (%)	n (%)	SA/A (%)	N (%)	D/SD (%)
Working*	13 (100)	7 (53.8)	5 (38.5)	1 (7.7)	52 (100)	32 (62.5)	15 (28.8)	5 (9.6)	65 (100)	39 (60.0)	20 (30.8)	6 (9.2)
Learning**	13 (100)	9 (69.2)	3 (23.1)	1 (7.7)	52 (100)	22 (42.3)	24 (46.2)	6 (11.5)	65 (100)	33 (50.8)	27 (41.5)	7 (10.8)

Note. SA = Strongly agree, A = Agree, N = Neither agree nor disagree, D = Disagree, SD = Strongly disagree; *In this multicultural work environment, ethnic background influences the way people work; **In my facility, ethnic background influences the way people learn to do new tasks.

The survey elicited respondents' attitudes towards two statements: "In this multicultural work environment, ethnic background influences the way people work" (i.e., working) and "In my facility, ethnic background influences the way people learn to do new tasks" (i.e., learning). Those statements are represented in the left-hand column of Table 5.9, using the Likert scale displayed in the first row of the table with response rates presented as per similar previous tables in this chapter.

A total of 65 carers responded to these two statements. A higher frequency of agreement (60% combined) with the first statement indicates that most of this respondent population believes that culture and ethnicity affect the way people work. Only 9% respondents disagreed and 0% strongly disagreed with the first statement. For the second statement, the most frequent response was "N", indicating that 41.5% neither agree nor disagree that ethnic background influences the way people learn at work. However, more people agree with this statement (47% combined) than disagreed (10% combined). So, a clear deduction can be made that many carers perceive culture to have an influence on working and learning. There are specific studies that support the perception of these carers that culture influences how people learn. These influences include identity (Michie, 2014), stereotypes (S. Kim & McLean, 2014), and motivation (Dang & Chou, 2020). This finding affirms the proposition advanced in the conceptual model for learning, that culturally derived sentiments and practices directly impacts how people learn at work.

5.9.3 Key Insights About Culture and Learning

In sum, Tables 5.8 and 5.9 have presented data about the multicultural characteristics of aged care teams. Two main speculations can be taken from these data. First, these carers regard their teams to be multicultural beyond the typical cultural signifiers such as nationality, language, and religion. Being part of a multicultural team also means that people approach their work in different ways. Further, most respondents believe that culture affects how carers engage in situations that require them to learn. Second, communication is regarded as the main challenge for carers engaging in cross-cultural working. Although unsurprising, this finding is valuable because it confirms issues foreshadowed in Chapter 2 about the importance of effective communication, interaction, and intersubjectivity for effective learning at work. Again, this theme continues to emerge from the quantitative data as a fundamental influence on learning. Aside from communication, there are other challenges carers must face, many of which are caused by the uncertain and changing environment within aged care workplaces. This uncertainty has been amplified recently due to the impacts of Covid-19. As such, this survey gathered data about learning during this significant disruption which are examined in the next section.

5.10 Working and Learning During the Pandemic

As an already complex and ambiguous health environment, aged care has experienced even more challenge due to the impacts of Covid-19. The pandemic required

workers to care for vulnerable elderly residents in new and different ways. To understand these approaches, the survey also gathered data about learning during the pandemic. This section includes findings about carers' readiness and learning for change (Table 5.10), as well as barriers to implementation of change at work (Table 5.11).

5.10.1 Readiness for Learning for Change

These data focus on carers' readiness for change, their ability to learn new things, provision of support, and ability to work together as a team. Four statements were used to elicit these data and are shown as the values in the left-hand column of Table 5.10. Using the Likert scale displayed in the first row of the table, and to identify patterns more effectively in the data, the fields for *strongly agree* and *agree* (SA/A) were combined while the fields for *disagree* and *strongly disagree* (D/SD) were also combined. The number and valid percentages are presented as per previous similar tables in this chapter.

Table 5.10

Readiness and Learning for Change

Factor	Senior Care				Elder Care				Total			
Readiness and learning for change Factor	N	SA/A %	N %	D/SD %	N	SA/A %	N %	D/SD %	n	SA/A %	N %	D/SD %
Generally, people in my role feel equipped to deal with unexpected challenges at work.	13 (100)	11 (84.6)	2 (15.4)	0 (0)	52 (100)	34 (65.4)	11 (21.2)	7 (13.5)	65 (100)	45 (69.2)	13 (20)	7 (10.8)
Working and learning during the pandemic has caused me to learn many new things.	12 (100)	10 (83.3)	1 (8.3)	1 (8.3)	51 (100)	39 (76.5)	7 (12.7)	5 (9.8)	63 (100)	49 (77.8)	8 (12.7)	6 (9.5)
My facility has adequately supported people in my role to deal with the impacts of Covid-19 at work.	12 (100)	12 (100)	0 (0)	0 (0)	51 (100)	41 (80.4)	6 (11.8)	4 (7.8)	63 (100)	53 (84.1)	6 (9.5)	4 (6.3)
Covid-19 has caused an improvement in the way we work together in my facility.	12 (100)	11 (91.7)	1 (8.3)	0 (0)	51 (100)	26 (51.0)	19 (37.2)	6 (11.8)	63 (100)	37 (58.7)	19 (30.2)	6 (9.5)

Note. SA = Strongly agree, A = Agree, N = Neither agree nor disagree, D = Disagree, SD = Strongly disagree.

Of the 102 survey respondents, between 63 and 65 responded to these items. Regarding the separated data for Senior Care and Elder Care, there were similar patterns of agreement for Working and learning during the pandemic has caused me to learn many new things. The data are also similar for My facility has adequately supported people in my role to deal with the impacts Covid19 at work, except that at Senior Care there was unanimous agreement (100%) compared to majority agreement at Elder Care (80%). The main difference comparing the two organisations was found with the statement "Covid-19 has caused an improvement in the way we work together in my facility", where 91% of respondents from Senior Care agreed, yet only 51% at Elder Care agreed. This suggests that Senior Care has more effectively harnessed the learnings from disruption than Elder Care.

Regarding the combined totals for both organisations, there was a high level of agreement with these statements. This suggests that there are positive aspects regarding the pandemic's impact on working and learning in these workplaces: 69% of respondents either agreed or strongly agreed that carers are equipped to deal with such unexpected challenges. So, it can be speculated that most of these carers feel the required level of readiness to deal with disruption due to their existing knowledge, ability, and attitude. Most agreed or strongly agreed (76%) that this disruption has caused them to learn many new things. This finding is surprising because recent publications about learning during the pandemic in health and care settings have highlighted the negative impacts (Fitzgerald & Konrad, 2021; Gunasekera et al., 2022; Mubarak et al., 2021). Nevertheless, the positive impacts reported by these carers reinforce a core principle of this research, as foreshadowed in Chapters 2 and 3, that much of what is learned by carers occurs through workplace practice. There was also a very high level of agreement (84%) that the workplaces provided carers with support to deal with the impacts of Covid-19 at work. This finding suggests that there are conditions in place in these workplaces that positively impact working and learning, even during challenging circumstances such as the pandemic. A focus is placed on understanding such conditions in Chapters 6 and 7 to illuminate how learning is supported.

The data in Table 5.10 also help identify potential opportunities for improved workplace learning during disruptions. These opportunities are firstly evident in data about the statement, "Covid19 has caused an improvement in the way we work together in my facility". Although more than half (58%) agreed or strongly agreed with this statement, it had the lowest frequency of agreement when compared to the other three

statements. It also had the highest frequency of respondents who neither agreed nor disagreed (30%) and the second highest rate of disagreement (9%). Therefore, almost half the respondents do not agree or feel neutral about whether the pandemic has improved the way people work together in their facility. This finding indicates that there are barriers to interaction during disruption that are also further explored in the qualitative data chapters (6 and 7) of this thesis.

In sum, the data in Table 5.10 suggest that many of these workers felt ready for, supported during, and able to learn from the impacts of Covid-19. This finding is noteworthy considering that aged care is one of the industries most impacted by Covid-19 due to the elevated risk of resident infection and mortality and the need for personal protective equipment (PPE) and facility lockdowns (Crotty et al., 2020). The pandemic resulted in frequent and significant change in the way carers work, adapt, and learn new tasks. Although the data point to positive conditions within these work settings, there was some disagreement (between 6% and 11%) with each of the four statements. It is, therefore, helpful to understand more about the specific barriers that prevent effective working and learning during disruption.

5.10.2 Barriers to Change

It is important to understand barriers to change because they may constrain or enable how carers learn and respond to dynamic needs of residents. Data about barriers are displayed in Table 5.11.

Table 5.11

Barriers to Implementation of Change at Work

Barrier	Senior Care N (%)	Elder Care N (%)	Total (%)
Access to equipment	4 (33.3)	20 (39.2)	24 (38.1)
Lack of training	3 (25.0)	17 (33.3)	20 (31.7)
Excessive administration	4 (33.3)	14 (27.5)	18 (28.6)
Lack of documented procedures/guidelines	4 (33.3)	11 (21.6)	15 (23.8)
Inflexible work practices	0 (0)	11 (21.6)	11 (17.5)
Poor supervision	0 (0)	8 (15.7)	8 (12.7)
Other	1 (8.3)	6 (11.8)	7 (11.1)
Total	12 (100)	51 (100)	63 (100)

The survey secured data about seven values that are barriers to change in aged care environments. These are listed in the left-hand column of Table 5.11. Respondents were able to select any number of these variable options that they believed were most

relevant. The middle columns list the response rates for both organisations and the combined totals are presented on the right.

For the combined data, a total of 63 carers answered this question. It is unsurprising that lack of equipment has been a barrier to effective change in these work settings. The Covid-19 response in aged care, like many workplaces, has been reliant on the availability of PPE to ensure safety for employees and customers (Eftekhar Ardebili et al., 2021). The comments in the “Other” field confirm that accessibility of appropriate masks and gloves was specifically an issue in these aged care facilities. Considering the global shortages of PPE equipment experienced by health-related and other industries in 2020 (O'Sullivan, 2020), this barrier would have been almost impossible to avoid. More concerning, however, is that many carers (38%) believe that a lack of training is a barrier to the implementation of changes at work. This lack has been noted in other studies that occurred during the pandemic where workers expressed a need for more training (Bdair, 2021; Vindrola-Padros et al., 2020). Even outside of times of disruption, aged care is an unpredictable environment for assorted reasons such as breakouts of other illnesses (e.g., gastroenteritis) and complex resident needs (e.g., dementia care). This lack of training is exacerbated by a lack of documented procedures and guidelines when implementing change, with data showing that almost a third of respondents believe this to be the case. This finding presents an opportunity for these aged care workplaces to review and enhance how training and guidance are provided during times of change, such as the pandemic. Such organisational responses are important because dealing with these circumstances is essential for the well-being of residents and, in some cases, for their survival.

Another opportunity identified from these data relates to supervision. As the factor with the lowest frequency of responses (12%), it is evident that poor supervision is less of a concern for these respondents. By understanding the specific supervisory practices that are in place in these aged care facilities, recommendations can be made about which of these should be maintained and strengthened further. To illuminate those practices, supervision was a focus of the Phase 2 interviews with carers, and this factor is presented in Chapter 7.

There was minor difference in responses from workers in the two organisations, except for the last two statements. Senior Care showed zero frequency of response to “inflexible work practices” and “poor supervision” compared to Elder Care, which showed 21% and 15% of respondents, respectively. Only one person from Senior Care indicated “Other”, simply stating that there are “too many changes”, while at Elder Care

six respondents indicated other reasons, including three comments related to lack of equipment such as gloves and masks. The other three comments referred to time required to put on PPE, changes to procedure, and removal of residents' rights.

5.10.3 Key Insights About How Carers Learn

Overall, the data presented and discussed above suggest that there are barriers to the implementation of change at these workplaces. Predictably, the availability of equipment such as PPE has been an issue, especially during the recent Covid-19 disruption. However, a key concern relates more to the lack of training and guidance provided to carers during change. On the other hand, the data suggest that supervisory practices are enacted in a way that supports carers during times of uncertainty. These insights are important because they point to general areas that prevent or enable effective working and learning during periods of change. Having examined information related to learning during times of change and the range of other characteristics discussed in this chapter, concluding observations can be made more generally about the quantitative survey data. These observations help to shape the emergent design of data collection, especially the interview foci and specific questions to be included in the next phase.

5.11 Advancing Propositions About Learning in Multicultural Workplaces

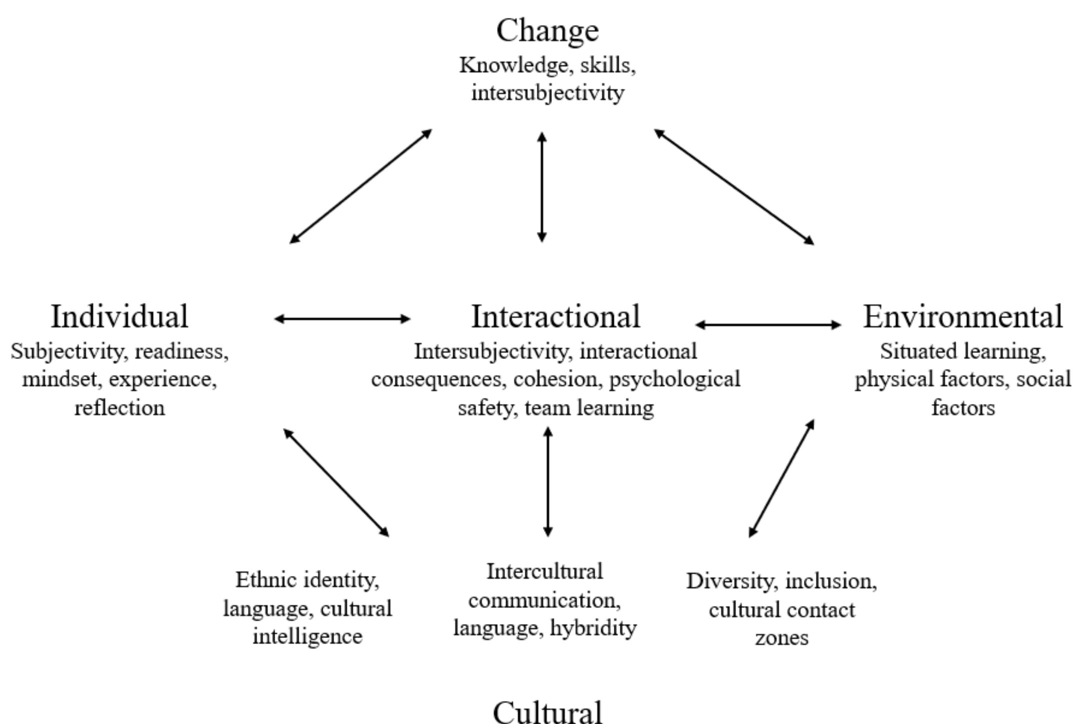
In total, 38 questions were answered in the survey using multi-rater responses. These responses gathered quantitative data which have contributed to an emerging understanding of the influences of learning in multicultural workplaces. This understanding specifically includes insights into the individual characteristics of those working in the role of carer in aged care, their experiences of working and learning as part of CaLD teams, and the impact of the pandemic on such experiences. These data directly respond to the first two research questions for this project:

1. What are the key factors that influence learning for work performance in multicultural team environments?
2. How do these factors support and/or hinder this learning?

As discussed in Chapter 2, the literature points to these key factors. That is, learning is a duality of change that is both experienced and caused by individual, interactional, and environmental factors, all of which are influenced by culture. This foundation for understanding learning in CaLD teams at work was depicted as a conceptual model and, for reference, it is shown again here in Figure 5.1.

Figure 5.1

A Foundation for Understanding Learning in Multicultural Teams at Work



This explanatory model represents an appropriate structure to summarise the key findings from the quantitative data and to advance propositions about influences on learning. The following paragraphs further support a key claim of this research that learning (i.e., change) is influenced by individual, interactional, and environmental factors. Each of these factors is discussed with reference to the role that culture plays in learning here.

First, these data show that there are some probable individual factors that influence learning in these multicultural aged care workplaces. Generally, most respondents in this sample are aged over 40, female, possess more than 3 years' experience in aged care, have worked in other facilities, and are culturally and linguistically diverse. The identification of these individual characteristics is helpful because the literature suggests that age, gender, experience, and culture can influence working and learning. Some potential deductions can be made about how these factors support or hinder learning in the context of aged care. For example, one study showed a tendency for females to show higher competency in work that requires empathy and care due to differences in brain function (Christov-Moore et al., 2014). Furthermore, the high experience level of these carers is also likely to influence their individual readiness

to learn and undertake work (Axelsson et al., 2019). In addition, linguistically diverse workplaces tend to experience more communication challenges than monolinguistic ones (Ahmad, 2018). So, learning in this context may be positively supported by the female-dominated gender ratio and the long tenure of carers; however, it may be hindered by its high cultural and linguistic diversity. Regarding the latter, the data indicate that respondents regard CaLD to have a direct influence on working and learning in this context, especially in relation to communication and co-working. However, there is no evidence that suggests that ethnicity alone hinders how carers learn and undertake individual work (e.g., completing documentation). There was a low level of agreement from respondents that such work represents a difficulty for multicultural work teams.

Second, these data point to interactional factors that influence learning in these workplaces. The identification of these factors is valuable because, as illustrated in this chapter, carers spend most of their time at work interacting with others. The data suggest that the highly interactive characteristic of this work is a factor that positively supports learning in this context. This support is made apparent by the similar positive findings for work that is considered easy and work that is considered collaborative. It is further supported by data that shows that people generally work well together in these aged care facilities. Additionally, a key insight is that carers learn more from those in the same role (i.e., other carers) than from anyone else at work. This finding is valuable as it emphasises the vital role that co-working and buddying with other carers plays in how they learn through practice. Nevertheless, a likely hindrance on learning through interaction is cultural and linguistic diversity. The data show that communication is the most difficult factor for multicultural teams. Indeed, the survey responses consistently illuminated the important role that communication has on learning in multicultural teams.

Thirdly, these data show there are probable environmental factors influencing learning in these workplaces. The data illuminated that although these carers share the same working space (i.e., most work in just one facility), the need for rotating shifts often causes them to work with different sets of co-workers. Therefore, it may take longer to build familiarity, engagement, and trust with their peers, all of which are important requirements for co-working and learning in teams. Within their workspace, only half of the respondents claim to have a private space where they can stop and reflect on their work, which may be a barrier to effective learning in these environments. However, most carers report they have the resources and equipment to do their job well. The exception to this has been during the Covid-19 response where close

to 40% of carers saw lack of equipment as a barrier to effective working during the disruption. Such change readiness has also been considered an environmental factor on learning and the data have shown that working during the pandemic caused carers to learn many new things and improved the way they work together. So, potential enablers for learning in this environment are building familiarity between co-workers who are not scheduled to work in the same space at the same time, providing more private space and time for carers to reflect on their work, and ensuring better availability of equipment during times of disruption.

In sum, the 38 quantitative questions in the survey gathered data from two multi-site aged care organisations, with a total of 102 responses. Overall, these data have reinforced major themes drawn from the literature about learning in multicultural workplaces. That is, working and learning in such contexts is influenced by individual, interactional, and environmental factors, all of which are impacted by personal cultural legacies and lead to a change in the knowledge, skills, and intersubjectivity or workers in aged care. These insights have also begun to illuminate how those factors support and hinder their learning. New contributions from this analysis include the notion that carers are the greatest source of learning for these workers and that the pandemic disruption has been an important source of learning. Further, this learning is directly impacted by the CaLD subjectivities of carers. These quantitative data have been valuable because they contextualise the model for learning depicted in Chapter 2. They have also contributed to the emergent design of the case study interviews presented and discussed in Chapter 7. However, there is still much to be determined about what supports and hinders learning in this context, how these supports and hindrances are enacted as learning interactions, and what guidance is required to improve learning in multicultural teams. To further understand these areas, an additional 12 open-ended questions gathered qualitative data from these carers. These data aim to explain the insights that have been identified here in Chapter 5 in richer detail. They also respond to the second and third research questions of this project:

2. How do these factors support and/or hinder this learning?
3. How should learning support and guidance be enacted in a multicultural workplace?

Consequently, the next chapter is dedicated to the presentation and discussion of the survey's qualitative data, focussing on these research questions.

Chapter 6: Working and Learning in Multicultural Teams: Qualitative Accounts

6.1 Introducing the Qualitative Survey Accounts

To further illuminate and elaborate the influences on learning in multicultural workplaces, a valuable source of data are the descriptive perspectives of the carers working in those environments. In Chapter 5, responses to the 38 multiple choice questions in the survey were presented and discussed. Here in Chapter 6, responses to the 12 open-ended questions from the survey are presented, elaborated, and discussed. These qualitative data, collected via the survey to complement the quantitative data, and are helpful for two reasons. First, open-ended questions assist explaining the influences of learning in multicultural teams in richer detail beyond the patterns presented in Chapter 5 based on numerical frequencies. Second, these insights were used in the emergent design of the case study interviews discussed in Chapter 7. In advancing these purposes, this chapter is divided into two main sections: description of findings (Appendix C of this thesis) and deductions from the research.

Appendix C presents and describes the qualitative data from the survey. The verbatim comments were extracted as text from the response data in Lime© surveys and a thematic analysis was used to identify themes arising from responses to each question. This analysis comprised identifying and assigning preliminary codes to describe different response types, then batching those characteristics into more encompassing themes. Each theme has been categorised using a broader concept (e.g., “co-working”) plus a more specific concept (e.g., “practices”) to create the label (e.g., “co-working practices”). These categories represent conceptualisations that are central to this study and will be referred to here and in subsequent chapters of this thesis. Qualitative data themes from each open question in the survey are presented in the first part of Chapter 6 as tables. Accompanying each table is a description of each theme and an indication of its frequency with example quotations included to illustrate the themes. Some initial observations are made as part of the presentation of these tables; however, more detailed discussion, with reference to the literature, is reserved for the second part of this chapter.

The main purpose of this chapter is to advance a set of propositions about how workers learn in multicultural team environments. This is realised by, firstly, discussing how the qualitative themes from the survey are consonant with key concepts identified in the literature. These insights will then be incorporated and depicted in the conceptual

model for learning and working in multicultural teams. Finally, the qualitative data are summarised and discussed in addressing the research questions.

6.2 Description of Findings From Qualitative Survey Data

The first part of this chapter is dedicated to presenting and describing the qualitative data from the survey. In Appendix C, the themes from answers to the 12 open-response questions in the survey are presented in tables and accompanying detailed discussion. The questions used in the survey to elicit data were:

1. What personal characteristics do you believe *enable* people from working well in your role?
2. What personal characteristics do you believe *prevent* people from working well in your role?
3. In what ways does *working with others* enable people in your role to do their job effectively?
4. Regarding the list of factors that you believe multicultural teams in aged care find most difficult, *why* are those factors difficult?
5. Generally, what could *teams that are multicultural do* to more effectively undertake their work?
6. The pandemic has caused some changes to the way work is done. In what way was support provided to people in your role to learn these changes?
7. During the pandemic, how could your learning have been better supported?
8. What changes would you suggest at your facility to enable you to provide better resident care during the ongoing Covid-19 disruption?
9. When facing new tasks at work, what prevents people in your role from completing them effectively?
10. When facing new tasks at work, what specifically helps people in your role to complete them effectively?
11. What kinds of things can people working in your role do to make multicultural teams work better together?
12. What kinds of things can aged care facility managers do to make multicultural teams work better together?

Response themes from these questions tended to fall into one of the four factors represented within the conceptual model for learning (i.e., individual, interactional, environmental, and cultural). Within those four factors, there are general categories and

within those categories there are specific characteristics. These factors, categories, and characteristics represent the qualitative themes evident in the survey data. These themes are presented and discussed later in this chapter. Firstly, however, it is necessary to present and describe the responses to each open-ended question with reference to the specific theme characteristics as they emerged from analyses of data.

For each survey question, a table presents the main response characteristics and the frequency of occurrence each for Senior Care and Elder Care, and for both organisations combined. Response trends were very similar for both organisations, so the discussion and analysis focus on the combined data for both organisations. Between three and six themes were identified for each characteristic and, in many cases, the data showed a repetition of themes across different questions. For example, “co-working practices” appears as a response theme in most of the tables below. After each table, the themes are described, and example quotations are included to further illustrate the theme. It is noteworthy that the responses are often short. In many cases, participants used just one word to respond to a question, for example, “communication”. In some cases, carers used a short phrase as their response, for example, “compassion towards residents and other staff members”. In a minority of cases, the responses were longer, with use of full sentences and even paragraphs. Consequently, the illustrative quotations referred to in this chapter are often only a single word or short phrase. For this reason, more detailed qualitative data were gathered in case study interviews, which are discussed in Chapter 7. Nevertheless, the response themes discussed here provide some distinct insights into the influences of learning in multicultural teams in aged care.

6.3 Summary of Main Themes from Qualitative Survey Data

The data reported here were elicited via 12 open-ended questions. A total of 14 characteristics evident in the data illuminated factors influencing, supporting, and hindering these carers’ learning in diverse aged care settings. In most cases, these characteristics were evident in response data from more than one question; for example, “care disposition” was a frequently occurring theme for six of the 12 questions. Data were combined for all questions and both organisations so that the 14 themes could be presented in order of overall frequency. The presentation of the *combined* data is helpful in illuminating the main influences of learning in multicultural teams for this population of carers. These are shown in top-down order in Table 6.1. The 14 themes are presented in the left-hand column with the corresponding number of related statements shown in the middle columns for Senior Care and Elder Care; totals are shown in the right-hand

column. Some response themes are closely related to other themes; for example, “English language usage” could be presented as a sub-category within “Communication practices”. Nevertheless, it is distinct in this table due to the high frequency of statements that referred specifically to the use of English as a communication practice. Although all themes have been described in the data descriptions in Appendix C, they are briefly summarised together here and then are used later in this chapter to advance key propositions about this research topic with support of the literature.

Table 6.1

Main Themes From Combined Qualitative Survey Data

Characteristic	Defined by the data as	Senior Care	Elder Care	Total
		N	N	N
Communication practices	Mainly verbal interaction with a focus on listening, clarity, and pace	29	104	133
Educational affordances	Supports provided by the workplace intended to drive the learning and development of carers including training, courses, and information updates	12	108	120
Care disposition	Expression of carers' kindness, respect, patience, tolerance, and empathy for residents and co-workers	35	81	116
Co-working practices	Behaviours that demonstrate teamwork when working with others including openness to working with others, the offering of help to co-workers, and the acceptance of help from others	21	92	113
English language usage	Ability of both native and non-native speakers to use English in a way that enables communication in a CaLD environment	10	57	67
Cross-cultural habitude	The habitual tendency and disposition (i.e., habitude) towards co-working situations with CaLD peers or residents	13	51	65
Co-working values	Attitude to care work including commitment, effort, openness to learning, positivity, flexibility, and resilience	11	54	65
People and time provision	The availability of workers and allowable time needed to enable effective resident care	10	38	48
Inter-worker learning	The intended or unintended practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work	4	15	19
Resource provision	The supply of equipment and space within the working environment to enable carers to respond to both predictable and unexpected work demands	4	15	19
Management support	The active involvement in and enablement of the work of carers by those in more senior roles (e.g., care managers and registered nurses)	3	9	12
Resident support	Responding to the needs of residents through lifestyle activities, entertainment, and connection to family	2	10	12
Knowledge application	Utilisation of expertise and understanding to undertake work	1	7	8
Procedural adherence	The correct and timely following of routines and processes	0	5	5

The most frequently occurring theme was Communication practices, with 135 statements related to this aspect of workplace learning. Twenty-one statements were from Senior Care and 104 were from Elder Care. Most respondents described this in very general terms, that is, “communication”; however, “clarity” and “pace” were also key descriptors here. The second most frequently occurring theme was Education affordances, with 120 related statements including 12 from Senior Care and 108 from Elder Care. Broadly, this theme refers to initiatives and supports provided by the workplace that drives the carers’ learning and development. It may include training, courses, and information updates. Carer responses emphasised that educational affordances should be practical and focussed on care practices and cultural awareness.

The third most frequent theme was Care disposition, with 116 responses including 35 from Senior Care and 81 from Elder Care. Broadly, these responses emphasised the importance of carers to express care, respect, patience, tolerance, and empathy for residents and co-workers. The fourth most frequent theme was Co-working practices, with 93 related statements including from Senior Care and from Elder Care. Broadly, these responses described the types of behaviours required of carers to demonstrate teamwork when working with others as part of shift work cohorts. Carers emphasised the importance of openness to work with others, to offer help, and to accept help. These top four themes represent two thirds of the total carer statements in the data. Therefore, the main deduction from these data is that communication practices, educational affordances, care disposition, and co-working practices are the most influential factors on learning in multicultural teams in these contexts.

The other 10 themes represent the remaining third of all statements made by carers. The next most frequently occurring theme was English language usage, with 67 related statements, 10 of which came from Senior Care and 57 from Elder Care. This theme refers to the ability to use English in a way that enables communication in a CaLD environment. This not only includes proficiency in English by non-native speakers, but also the ability of native speakers to adapt their language usage so that it is understood by others where necessary. Carers also emphasised the influence that avoidance of English (i.e., by speaking another language) has on working and learning in multicultural teams. So, English language usage plays an importance role in the conduct of work and learning in these workplaces. Cross-cultural habitude was the next most frequent theme, with 13 related statements from Senior Care, 51 from Elder Care and a total of 64 altogether. This broadly refers to the habitual tendency and disposition (i.e., habitude) towards co-working situations with CaLD peers or residents. In these responses, carers emphasised the importance of avoiding racist and prejudiced behaviour, adopting an attitude of acceptance, and becoming familiar with the cultural tendencies of others.

Also, with 65 related statements (including 11 from Senior Care and 54 from Elder Care) was Co-working values. This is broadly categorised as the workers' attitude to their work, with carers emphasising the importance of commitment, effort, openness to learning, positivity, flexibility, and resilience. Another frequently recurring theme was People and time provision, with 48 statements (10 from Senior Care and 38 from Elder Care). This theme refers to the adequate availability of time and workers to be able to provide effective resident care. Here, carers noted that understaffing leads to the need to rush care work which can adversely affect how it is learned and undertaken. So, English language usage, Cross-cultural habitude, Co-working values, and People and time provision were also frequently recurring themes. They represent about one third of the data and can, therefore, be considered to influence learning in multicultural teams. The remaining six themes (listed in the lower rows of Table 6.1) occurred far less frequently than those discussed above and, although still relevant, are described in brief below.

For brevity, these six themes are described here with the numbers in brackets (i.e., Senior Care, Elder Care, and Total). This includes Inter-worker learning (4,15, and 19), Resource provision (4, 15, and 19), Management support (3, 9, and 12), Resident support (2, 10, and 12), Knowledge application (1, 7, and 8), and Procedural adherence (0, 5, and 5). The occurrence of these themes, although less frequent than those above, suggests that learning is respectively influenced by the possibility to learn from other carers, adequacy of equipment, support from leaders and RNs, facility support to residents, and the inclination of carers to apply what they know and to follow facility protocols. These six themes, along with the eight described in the two preceding paragraphs, have been batched and presented together as larger categories in Table 6.2. This categorisation is useful because it provides a more succinct way to describe, discuss, and further analyse the qualitative data elicited in the survey. Listed in the left-hand column are the four main influences as identified in the literature and depicted in the model for learning in multicultural teams (i.e., individual, interactional, environmental, and cultural). In the middle column, there are seven broad categories that have been created to capture the specific themes shown in the right-hand column: Care and work disposition (including care disposition and co-working values), Task navigation (including knowledge application and procedural knowledge), Communication and language practices (including communication practices and English language usage), Co-learning and co-working practices (including co-working practices and inter-worker learning), Workplace affordances (including educational affordances, people and time provision, and resource provision) and People support (including management support

and resident support). The final category is Cross-cultural habitude which, due to its interrelationship with all other themes and influences, is presented as a standalone category.

Table 6.2

Influences, Categories, and Specific Themes From Qualitative Survey Data

Influencing factor	Category	Characteristic
Individual	Care and work disposition	Care disposition
		Co-working values
	Task navigation	Knowledge application
		Procedural adherence
Interactional	Communication and language practices	Communication practices
		English language usage
	Co-learning and co-working practices	Co-working practices
		Inter-worker learning
Environmental	Workplace affordances	Educational affordances
		People and time provision
		Resource provision
	People support	Management support
		Resident support
Cultural	Cross-cultural habitude	Cross-cultural habitude

As shown in Table 6.2, the four main influences, six categories, and 14 characteristics represent the themes identified in the qualitative survey data. These themes respond directly to this project's research questions which aim to understand what factors influence learning in multicultural teams, how they support and hinder such learning, and what can be done to enhance it further. Consequently, the qualitative themes, the conceptual model for learning, and the research questions are further examined in the upcoming sections.

6.4 Advancing Propositions About Learning Through the Qualitative Survey Data

So far in this chapter, qualitative data responses to the open-ended questions have been presented in two tables and described (in Appendix C), then some initial observations have been made. To advance propositions about learning in multicultural teams, the combined qualitative data from the survey are further discussed in two ways. First, the main themes are depicted in the conceptual model for learning and then discussed with references to the literature. Second, those findings are summarised within responses to the three main research questions for this project.

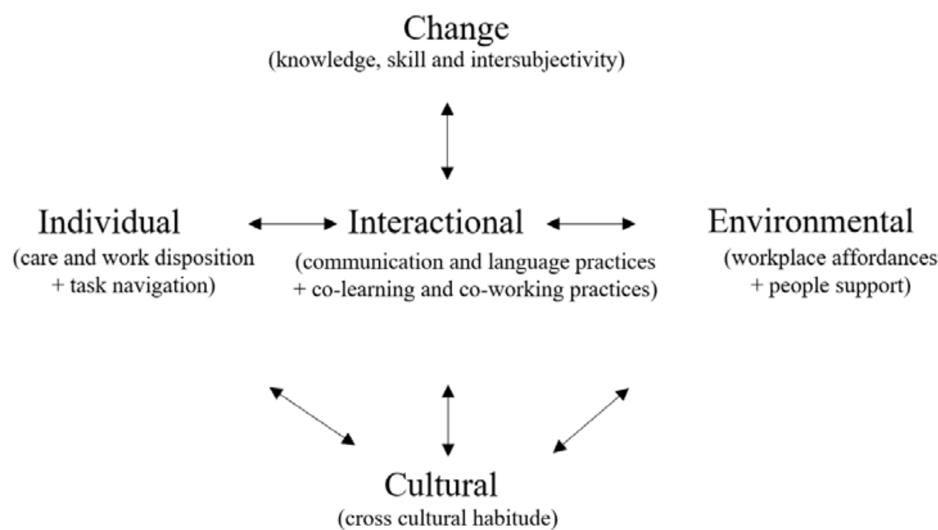
The main objective here is to extend the findings from the literature and quantitative data (Chapter 5) suggesting that learning in multicultural teams is primarily influenced by individual, interactional, environmental, and cultural factors.

6.4.1 Reinforcing the Model for Learning With Qualitative Data

The model for learning in multicultural teams that was first introduced in Chapter 1 is shaped by the main assertions about workplace learning evident in the literature. The qualitative themes that emerged from the survey help to explain how those factors (i.e., individual, interactional, environmental, and cultural) influence learning in the context of aged care work. The qualitative themes are represented as seven broad categories and are depicted in Figure 6.1.

Figure 6.1

Qualitative Themes Within the Conceptual Model for Learning



As described in previous chapters, the conceptual model proposes that learning is fundamentally influenced by three factors (i.e., the individuals, their interaction, and the environment) which are placed at the centre point of the figure. These three factors all interrelate with culture, which is placed at the bottom of the model. Shown in brackets underneath each of these labels are the related themes from the qualitative survey data. Individual factors include care and work disposition plus task navigation. Interactional factors include communication and language practices plus co-learning and co-working practices. Environmental factors include workplace affordances plus people support. Cultural factors are underpinned by the theme of cross-cultural habitude.

Ultimately, individual, interactional, and environmental factors, and their interrelationship with culture, result in some type of change in skills, knowledge, or intersubjectivity (i.e., learning) which is placed at the top of the model. To frame an emerging understanding of learning in multicultural teams in aged care, the qualitative survey themes, as depicted in Figure 6.1, are elaborated in the following sections in terms of individual, interactional, environmental, and cultural factors. In each of these sections, deductions are made to advance an understanding of learning in multicultural teams in aged care. The first of these is the individual influences on learning.

6.4.2 Qualitative Themes as Individual Influences on Learning

The qualitative data from the survey indicated that there were two theme categories that represent individual influences on learning in this context. The first of these is Care and work disposition (i.e., care disposition and co-working values) which was referred to 181 times in the data. There were far fewer mentions of the second theme category, Task navigation (i.e., knowledge application and procedural adherence), which was referred to just 13 times. Consequently, this discussion focuses on care and work disposition where four deductions can be made.

First, the ability to learn and work effectively in this environment is greatly influenced by individuals' values, attitudes, and interest (i.e., their subjectivity) towards care. The data suggest that carers require compassion and kindness (i.e., a care disposition) to be able to undertake their work effectively. Conversely, the data indicate that when such qualities are not demonstrated, carers' ability to learn and work is impeded. Care disposition can be considered an example of what Billett (2010a) describes as "dispositional knowledge", where a worker's pre-existing attitudes and values impact their readiness to learn. The importance of care disposition is also strongly supported by healthcare literature where, for example, resident care is often referred to as "person centred" and is heavily promoted and adopted as the "golden standard" for aged care (Bowden et al., 2021). It is, therefore, not surprising that the respondent population claimed that having care disposition towards residents helps them to work and learn well. However, an unexpected insight from the data is that care disposition is an enabler of learning not only when it is provided by workers to residents, but also when it is provided by workers to their co-workers; that is, when workers show compassion and kindness to each other. Beyond what has been identified in the literature, the survey data suggest that an attitude of approachability and respect towards other carers can directly support their ability to undertake new tasks (i.e., to learn). In sum, an enabling influence on working and learning in this context is the carer's

subjective disposition (i.e., values, attitudes, and interest) to care towards both elderly residents and co-workers.

Second, these data point to a potential need for the recruitment process in aged care to assess the predisposition of applicants towards care, empathy, and respect, because these qualities are key to effective working and learning. Studies by Dubue et al. (2018) and Snowden et al. (2015) have argued the importance of assessing care disposition. There is also evidence that care qualities, such as empathy, can be measured (Bikker et al., 2017). Hence, the readiness of new carers to learn and undertake their work is likely to be increased if they possess a caring nature. This readiness is important because a care disposition is not easily developed as a skill through workplace educational affordances. The challenges associated with training empathy have been reinforced in studies by Davis (1990) and Fernandez and Zahavi (2021). The main conception here is that working and learning in the aged care context is best undertaken by those who show a readiness for compassion and kindness. Furthermore, such disposition for these qualities should be determined before carers are selected to undertake such work because learning them in the workplace may be challenging.

Third, an individual carer's co-working values, especially their commitment, directly influence their ability to learn new tasks. With 65 statements related to co-working values, the data suggest that carers' motivation, interest, and openness can support or hinder their workplace practice. When carers are not genuinely committed to and interested in the aged care profession, their ability to learn new tasks is impeded. A likely barrier in this context is that rewards for aged care work do not compensate for the high level of commitment required to work effectively. This barrier likely exists because aged care work is considered low paid, challenging, and undesirable (Ravenswood & Harris, 2016). Further, aged care work demands an openness to co-working and to disruption. It was often claimed in the data that, at times, carers were unwilling to hear the viewpoints of others when discussing work which impedes the effective completion of job tasks. This claim is supported by Weber (2014) who argued that workplace learning is hindered when listening practices are poor. The data also suggested that, when carers are not flexible towards change, disruption, and new ways of working, they are less likely to learn. Positive and change-resilient attitudes, as found by Lloyd et al. (2014) in their study of Australian allied health workers, is an important enabler of workplace learning. So, to learn effectively, carers need to be committed to the profession, resilient to change, and open to differing viewpoints. Such openness is also an important part of cross-cultural working, which leads to the next observation.

Fourth, learning in this context is impacted by the carers' cultural attitudes to co-workers and to work. In the case of the former, the data suggest that prejudiced mindsets make working in diverse teams difficult. This claim is unsurprising as it is supported in the literature by many studies indicating that racist attitudes lead to exclusion and poor work outcomes (Jana & Baran, 2020; Lai et al., 2013; Nichols et al., 2015; Paluck & Green, 2009). In one Australian study, racial discrimination was found to directly impede the ability of workers to learn on the job (Wall et al., 2017). So, effective learning can be better achieved when workers are open to working with colleagues from backgrounds different from their own. The data also suggest that cultural background causes some carers to engage in work differently compared to workers of other cultures. More specifically, ethnicity can influence how care is provided to older people (Zhan et al., 2017). For example, in the literature, Filipino values are proposed to be more suited to care work than many other cultures (Ordonez & Gandeza, 2004). Hence, in Australian aged care facilities, workers from certain backgrounds may represent a source of best practice despite being in the minority. The main proposition here is that cross-cultural habitude can influence how individuals engage with their co-workers and the work itself. This is a valuable insight as it illuminates an area of focus for new learning interventions.

In sum, the qualitative data support the proposition that learning is, in part, influenced by individual factors. These primarily relate to the individual worker's care and work disposition, as well as their cross-cultural habitude. Such characteristics are representative of a worker's values (e.g., towards the elderly), attitudes (e.g., towards CaLD colleagues), and interests (e.g., towards care work), that influence the way in which they learn. As foreshadowed in Chapter 2, this subjectivity is described by Billett (2010b, p. 6) as "our ways of engaging with and making sense of what we experience through our lived experience". The conscious and non-conscious subjectivities of a worker are key to understanding how they learn at an individual level (Billett, 2010b). The qualitative data show that these factors influence how carers come to engage in aged care work which, in turn, impacts what and how they learn (Billett, 2010a). Having examined individual influences on learning, the next focus is on influences related to interaction in multicultural team environments.

6.4.3 Qualitative Themes as Interactional Influences on Learning

The qualitative data from the survey indicated that there were two theme categories representing interactional influences on learning in this context. The first of these is Communication and language practices (i.e., communication practices and English language usage) which was referred to 187 times in the data. The second category is Co-learning and co-

working practices (i.e., co-working practices and inter-worker learning) which was referred to 132 times. There are four deductions that can be made about these data themes.

First, learning at work is most effective when carers are able to navigate the diversity of opinions and working styles of their co-workers. The data suggest that learning is constrained when carers not able to effectively communicate, understand, and overcome such differences. In some cases, carers described situations where this leads to bullying behaviour. Various studies have highlighted the negative impact that bullying in the health and care profession can have on worker productivity, engagement, and learning (Arnetz et al., 2019; Berry et al., 2012; Laschingeret al., 2010). Such behaviour can, therefore, be regarded as a barrier to Billett's (2014b) notion of intersubjectivity (i.e., shared understanding). The ability to reach a shared understanding is particularly important in work situations where decision-making needs to be instantaneous, such as the health and direct care professions (Billett, 2015a). Edmondson's (1999) model of psychological safety is regarded as an effective way to prevent bullying and enhance learning in teams. As noted earlier, this occurs when "there is belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes" (Edmondson, 1999, p. 3). Consequently, to enhance learning through interaction in this aged care context, carers may need to adopt more open and accepting co-working practices. These practices are especially important because they are reportedly support the practice of inter-worker learning.

Second, inter-worker learning is a vital aspect of aged care work, but carers must seek and offer guidance for this to work well. Based on 19 related statements in the data, inter-worker learning has been defined as the intended or unintended practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work. For inter-worker learning to be effective, it is reliant on two factors. Carers emphasised the importance of asking for assistance when facing new work tasks and situations (i.e., seeking guidance). They also stated that there is a need to proactively step in to help when they observe that co-workers require instruction (i.e., offering guidance). This deduction is valuable because it exemplifies notions from the literature arguing that learning in the workplace is driven by interaction between co-workers. Notions include Edmondson's (1999) "psychological safety" (i.e., asking for help and sharing information), Eraut's (2004) activities that "give rise to learning" (including working alongside others), Illeris's (2003) "interaction" (i.e., communication and cooperation), Billett's (2014b) "intersubjectivity" (i.e., shared understanding), and Billett's (2014a) "mimesis" (i.e., observation, imitation, and action). Inter-worker learning, therefore, is considered a well-established and effective form of workplace

learning in the literature and in this research context. The key point here is that inter-worker learning is perceived to play an important, perhaps crucial, role in how carers learn at work and may be improved when workplaces support it as an intended, rather than a naturally occurring, practice.

Third, clarity and listening are the most important aspects of communication for workplace learning in aged care teams. There were 200 statements related to the theme of Communication and language practices, representing the most frequently referred to category in the combined qualitative survey data. Of these, the ability of carers to: (a) speak and explain workplace circumstances clearly, and (b) listen to and comprehend the needs of co-workers, were the most prominent characteristics in these data. As observed by Senge (1994), these communication practices are valuable because they support "skilful discussion"—a necessary element of learning through practice. This observation is especially important because linguistic and cultural differences can impact conversations and the consequent shared understanding within a team. More specifically, statements in the data suggest that CaLD carers need to improve spoken English (i.e., clarity) whilst native English speakers need to adapt more readily to the diverse accents within the team (i.e., listening). Therefore, learning in multicultural team environments is seemingly most effective when all members demonstrate developed communication practices, regardless of their cultural and linguistic background. Ultimately, the data demonstrate that clarity and listening are key requirements for all kinds of these workers and for heightened intersubjectivity to arise in ways that support intercultural working and learning.

Fourth, cross-cultural habitude can directly enhance workplace interactions and enable learning to occur. This characteristic was the most frequently mentioned by carers as a means to improve multicultural teamwork. In addition to the communication and language practices discussed above, the data suggest that other cultural factors influence carer interaction. A hindrance to effective interaction occurs when workers prioritise interaction and co-working with their compatriots, for example, by choosing certain shifts or taking breaks together. The data show that this hindrance is exacerbated when carers avoid English language usage at these times. Not only does this impede team familiarity (Sliwa & Johansson, 2014) and trust (Gast et al., 2017), it reduces the capacity of the kinds of casual conversations that support how tasks are learned and undertaken. When workers are excluded from such interactions, they miss the opportunities to be exposed to alternative insights, experiences, and perspectives from which they may normally learn (Pentland, 2004). Although some studies suggest that use of native

language can support communication in CaLD settings (Ji, Taibi, & Crezee, 2019), the survey data highlight that it can also be a hindrance.

Aside from language usage, carers claim that ethnic background causes some co-workers to be less assertive in dealings with residents and co-workers. This claim is supported in the literature by concepts such as Hofstede et al.'s (2010) "power distance" and Lewis's (2012) "reactive" behavioural dimensions where, for example, some Asian nationalities are socialised into low assertiveness when they are younger or less senior than those around them. This disposition is noteworthy as, in aged care contexts, workers occasionally need to demonstrate assertiveness with residents to ensure both their and workers' safety. Overall, data from the survey and supporting literature reveal that poor cross-cultural habitude can be a barrier for effective interaction, work, and learning in teams. Therefore, it represents a clear focus for enhanced educational affordances for aged care in the future.

In sum, interaction, as an influencing factor on workplace learning is shaped by co-learning, co-working, language, and communication practices. Learning as part of a multicultural work group requires cares to be open to diverse work styles, to actively seek inter-worker learning, and to adapt English language usage. Such practices support the health of social networks by improving psychological safety, skilful discussion, and intersubjectivity. Ultimately, they contribute to a state of team cohesion where learning may be at its best (Salas, Estrada, & Vessey, 2015). Having discussed interactional influences on learning, it is necessary to examine the remaining factor represented in both the learning model and the qualitative data: the environment.

6.4.4 Qualitative Themes as Environmental Influences on Learning

The qualitative data from the survey have indicated that there were two theme categories representing environmental influences on learning in this context. The first of these is Workplace affordances (i.e., educational affordances and people, time, and resources provision), which was referred to 187 times in the data. The second category, People support (i.e., from management and for residents) was referred to 24 times. Workplace affordances and people support (i.e., invitational qualities) are regarded here as environmental influences because they represent the physical and social space within the carers' workplace—the aged care facility. There are three deductions that can be made about these data themes.

First, carers working in these environments may well benefit from more and better educational affordances, such as blended learning, especially during disruptions. The data characterised educational affordances as training, courses, and information updates provided by

the workplace, intended to drive the learning and development of carers. Statements from carers indicated that e-learning was, at times, the sole educational intervention available during the Covid-19 disruption and that it was not always helpful. This indication is noteworthy because there is a necessity for consistent guidelines and communication during the pandemic, especially about the use of personal protective equipment in Australia (Desborough et al., 2020). Much of the literature argues that e-learning can be effective in healthcare settings (Blake & Gartshore, 2016; Pullen, 2006; Pusa et al., 2019). However, learning outcomes are often limited by access to technology and personal resistance to this modality (De Paepe et al., 2018) as well as its lack of social engagement (Müller et al., 2021). Carer responses in the survey data indicated that face-to-face training/updates are generally more effective than online learning.

Aside from the effectiveness of the online modality, the data about educational affordances also illuminated a need for training on two specific topics: English language usage and cross-cultural habitude. There were explicit suggestions in the data indicating that non-native English speakers should receive more support to develop their vocational language proficiency. As observed by Mackey (2018), there is a need for aged care environments to support the development of pragmatic language skills in Australia due to the high proportion of CaLD workers. There are various accounts in the literature proposing that language development in aged care results in multiple benefits. It has been shown to improve safety (O'Keeffe, 2016), reduce injury (Sampson et al., 2020), and support social integration (K. Tam & Page, 2016). Some carers also proposed a need to develop their ability to understand, accept, communicate, and co-work as part of a multicultural environment (i.e., cross-cultural habitude). This need is supported by O'Keeffe (2016), who attributed a lack of worker participation in aged care to cultural reticence. Nevertheless, this capability has been shown to improve as a result of culturally sensitive training and mentoring in aged care (Nichols et al., 2015). So, training on culture and language may well improve how carers communicate and relate to co-workers which, in turn, may help them to reach the shared understanding that is a fundamental aspect of learning in team environments.

Second, weak people-oriented practices- and time-provision reduce co-worker interactions which represent vital moments in skill acquisition for carers. The data indicate that understaffing impedes completion of new tasks (i.e., learning) and has been the main barrier to resident care during the pandemic. Carers claim that lack of time is a major issue in how they work together to provide care and master new tasks because they often feel rushed and lack the opportunity to appraise and consciously. The concern here is that the socio-spatial environment inhibits access of carers (i.e., through understaffing) to what Bouw et al. (2019) described as

"people resources" (i.e., other carers). Evidence suggests that adequate opportunities for collaboration improve intersubjectivity (Christens, 2020) and co-working capacities, especially in direct care environments (Billett, 2014b; Olmos-Vega et al., 2018). Carers in this environment illuminated that time constraint causes them to feel afraid to ask a question when they are unsure. This situation is another example of Edmondson's (2018) psychological safety, where there is a fear of repercussion if a worker "speaks up". This reduces the capacity of the social environment to foster open discussions and opportunities to learn. Various studies support the notion that psychological safety directly enables learning and performance in teams (Chicca & Shellenbarger, 2020; Cuellar et al., 2018; Harvey et al., 2019; Sidani & Reese, 2020). Essentially, direct care environments must avail time for carers to interact, sometimes slowly, with their co-workers and with the work itself.

Third, management practices, such as cross-cultural habitude, can contribute to a social environment that is conducive to learning in multicultural teams. The data suggest that carers feel enabled when facility leaders (including nurses and management) adopt inclusive management practices. This includes demonstrating an open attitude toward CaLD workers and, if leaders are CaLD themselves, speaking in English consistently during the shift. Role modelling is particularly important here because when leaders are culturally competent, their team members are likely to adopt those behaviours, especially in health care settings (Dauvrin & Lorant, 2013). So, in an environment where both leaders and workers demonstrate cross-cultural habitude, individuals are more open to differences and communication is clearer. This, in turn, enables learning through practice.

In sum, environmental factors such as workplace affordances and effective support for workers influence learning in multicultural teams. In this context, more and better educational affordances, especially during periods of disruption, are claimed to be necessary for better care and performance. Further to this, learning may be optimised if aged care facilities increase staffing so that carers have time to ask questions when engaging in work that is new to them. The carers' ability to interact, work, and learn as a multicultural team is likely to improve when their leaders role model their own cultural competence. Therefore, the data have reinforced that the aged care working environment plays a fundamental role in how carers learn.

Overall, the qualitative data from the survey have illuminated more specific ways in which learning occurs in multicultural team environments. These data reinforce the notion, taken from the literature, that there are individual, interactional, environmental, and cultural factors that affect how carers learn through workplace practice. It has been proposed here that there are 12 characteristics that influence how carers learn, which are represented within seven broader

categories: (a) Care and work disposition, (b) Task navigation, (c) Communication and language practices, (d) Co-learning and co-working practices, (e) Workplace affordances, (f) People support, and (g) Cross-cultural habitude. These categories help to understand how such learning is enabled and hindered in aged care, and importantly, how learning and guidance should be enacted. These concepts are discussed, with direct reference to the research questions, in the next section.

6.4.5 Responding to the Research Questions From the Qualitative Survey Data

To advance propositions about learning in multicultural teams in aged care, the characteristics from the qualitative survey data are applied here to respond directly to the research questions of this inquiry. Those questions are:

1. What are the key factors that influence learning for work performance in multicultural team environments?
2. How do these factors support and/or hinder this learning?
3. How should learning support and guidance be enacted in a multicultural workplace?

Summarised responses to these questions are presented in Table 6.3, with influencing factors listed in the left-hand column. In the second column, the characteristics discussed in this chapter are listed which identify the key factors that influence learning for work performance in multicultural team environments (i.e., RQ 1). The identification of these characteristics has been valuable because it provides a more specific focus and terminology to explain how workers in these multicultural teams learn. These characteristics also point to some supports and hindrances to learning in these contexts, which are presented in the third column (i.e., RQ 2). In the right-hand column, statements are listed which describe, based on the data presented and discussed in this chapter, how learning support and guidance should be enacted in a multicultural workplace (i.e., RQ 3).

Table 6.3

Responses to Research Questions From the Qualitative Survey Data

Influencing factor	What are the key factors that influence learning for work performance in multicultural team work environments?	How do these factors support and/or hinder this learning?	How should learning support and guidance be enacted in a multicultural workplace?
Individual factors	Care disposition	Supports readiness for care work and co-working capacity	Assess readiness for care disposition and interest in aged care work pre-employment Support change resilience of carers Support learning of inclusive behaviors of carers
	Co-working values	Low commitment limits capacity to learn new tasks	
	Cross-cultural habitude	Cultural background affects how carers approach work tasks Prejudiced mindsets prevent openness to different perspectives	
Interactional factors	Communication practices	Lack of spoken clarity and poor listening skills reduce shared understanding	Support for non-natives' English language usage (especially pronunciation) Support for natives' English language usage (especially listening) Support for anti-bullying awareness
	English language usage	Avoiding use of English restricts casual conversation as a form of social learning Accents represent a barrier to shared understanding (e.g., use of and adaption to accents)	
	Co-working practices	Bullying behaviour reduces psychological safety	
	Inter-worker learning	Enhanced when guidance is both offered and sought	
	Cross-cultural habitude	Prioritising interaction with compatriots over other cultures reduces inclusivity Ethnicity can limit assertiveness when required	
Environmental factors	Educational affordances	E-learning is insufficient for learning during disruption	Training on cross-cultural habitude and English language usage Increase face to face as part of blended learning approach Increase people and time provision to enable inter-worker learning Systematically gather feedback from carers regarding new/improved care practices
	People and time provision	Understaffing reduces opportunities for inter-worker learning, especially during the pandemic	
	Resource provision	Insufficient PPE during pandemic disruption reduces safety task completion	
	Management support	Lack of supervisor involvement in care tasks when busy	
	Resident support	Helps to determine new care practices and capabilities	
	Cross-cultural habitude	Lack of role modelling of inclusive behaviours by leaders Schedule can cluster ethnic backgrounds, reducing diversity	

The terminology and statements presented in Table 6.3 aim to summarise responses to the three research questions of this project: (RQ 1) What are the key factors that influence learning for work performance in multicultural team work environments? (RQ 2) How do these factors support and/or hinder this learning? (RQ 3) How should learning support and guidance be enacted in a multicultural workplace? Each of these is further outlined here in the sections that follow.

RQ 1: What are the key factors that influence learning for work performance in multicultural team work environments? The qualitative survey data build on the key proposition from the literature, that learning in multicultural teams is influenced by individual, interactional, and environmental factors, all of which are affected by culture. These influences are shown in the second column of Table 6.3 and described here. First, individual factors influence learning. These are characterised by the expression of carers' kindness, respect, patience, tolerance, and empathy for residents and co-workers' influences (i.e., Care disposition). Individual factors are also characterised by carers' attitude, commitment, effort, openness to learning, positivity, flexibility, and resilience (i.e., Co-working values). Furthermore, the data suggest that the individual CaLD backgrounds of carers, as an element of their subjectivity, affects how they approach, engage in, and learn work (i.e., Cross-cultural habitude).

Second, interactional factors influence learning. These are characterised by verbal interaction with a focus on listening, clarity, and pace (i.e., Communication practices). Interactional factors are also characterised by the ability of both native and non-native speakers to use English in a way that enables communication in a CaLD environment (i.e., English language usage), openness to working with others, the offering of help to co-workers, and the acceptance of help from others (i.e., Co-working practices). Other attributes include the intended or unintended practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work (i.e., Inter-worker learning). Again, the data suggest that there are cultural factors, such as including the viewpoints of CaLD peers (i.e., Cross-cultural habitude), that affect how carers interact, reach a shared understanding and, ultimately, learn through workplace practice.

Third, environmental factors influence learning. These are characterised by supports provided by the workplace intended to drive the learning and development of carers including training, courses, and information updates (i.e., Educational affordances). Other environmental characteristics include the availability of workers and allowable time needed to enable effective resident care (i.e., People and time provision),

as well as the supply of equipment and space within the working environment to enable carers to respond to both predictable and unexpected work demands (i.e., Resource provision). Additionally, interaction influences learning through the active involvement in and enablement of the work of carers by those in more senior roles (i.e., Management support). The way the workplace responds to the needs of residents through lifestyle activities, entertainment, and connection to family is also an environmental factor here (i.e., Resident support). The data have also suggested that the way in which managers engage with CaLD workers (i.e., Cross-cultural habitude) influences the behaviour of carers and affects the broader organisational culture within the facility.

In sum, the qualitative survey data identified specific characteristics that reinforce the view that learning in multicultural teams is influenced by individual, interactional, and environmental factors, all of which are affected by culture. Having specifically identified what those influences are, it is helpful to explore how they support and hinder learning.

RQ 2: How do these factors support and/or hinder this learning? The qualitative survey data point to some explicit supports and hindrances to learning in multicultural teams in aged care. These are presented in the third column of Table 6.3. From an individual perspective, a key deduction is that a care disposition supports the readiness for care work and co-working capacity. The data indicate that qualities such as kindness, patience, and empathy help when undertaking new care tasks for residents and when working alongside co-workers. Conversely, poor co-working values can constrain the capacity of carers to learn, especially when they are not open, flexible, and willing to undertake tasks in a new or different way. The data also suggest that a lack of cross-cultural habitude hinders learning because prejudiced mindsets prevent openness to different perspectives about how new work tasks should be done. These supports and hindrances are noteworthy because they illustrate specific aspects of Billett's (2008b) subjectivity as an integral element of workplace learning.

From an interactional perspective, communication practices are constrained by a lack of spoken clarity and poor listening skills. This observation is important because the lack of such communication practices is likely to reduce shared understanding among carers. Accents have been shown to act as a barrier to effective speaking (i.e., by non-native English speakers) and comprehension (i.e., by native English speakers). Furthermore, when carers prioritise interaction with compatriots over other workers from cultures, it reduces inclusivity within the team. This prioritisation is especially a hindrance when English language usage is avoided on shift and during break because it

restricts casual conversation as a form of social learning. Poor co-working practice, especially bullying behaviour, hinders learning in this context because it reduces the psychological safety needed by carers to ask questions about how work should be done. The data also suggest that inter-worker learning is best supported when guidance is both offered and sought in an open and intentional way. It has also been claimed by carers that some ethnic backgrounds cause workers to be less assertive than others. This issue can constrain how workers interact with co-workers, residents, and the work itself, when assertiveness is required. These supports and hindrances directly impact the effectiveness of shared understanding amongst co-workers and exemplify the important role that Billett's (2014b) notion of intersubjectivity plays in working and learning in aged care.

From an environmental perspective, the affordances, provisions, and supports in place at these aged care facilities support and/or hinder learning in different ways. Although structured educational affordances are available to carers, their learning effectiveness, as claimed by some carers, can be limited. This limitation occurs especially when e-learning is the only modality offered to carers to learn new tasks and procedures. Learning can be better supported by face-to-face and blended delivery for certain training topics, such as the use of PPE during the pandemic disruption. Working during Covid-19 is further constrained by a lack of PPE equipment causing carers to feel they are unable to undertake new tasks effectively and safely. Another environmental hindrance in these aged care facilities is a lack of people and time provision. Understaffing reduces opportunities for inter-worker learning, especially during the pandemic, which is exacerbated by a lack of supervisor support during peak times. Poor role modelling of cross-cultural habitude by managers hinders trust and shared understanding. This hindrance is exacerbated when the schedule causes clustering of ethnic backgrounds, thus reducing diversity on shift. Overall, the data suggest that enhancements to the socio-spatial environment may directly support learning in multicultural teams, not just by more and better training, but by improved management support, scheduling, and PPE provision.

In sum, learning in multicultural teams is supported or hindered in different ways by the social and cultural environment of aged care. The key observation here is that learning, as a subjective and intersubjective experience, is affected when certain qualities, practices, and affordances are existent or absent. The identification of these supports and hindrances in the data is important as they help to determine required changes in aged care for enhanced worker learning and resident care. It is, therefore,

necessary to consider how learning support and guidance should be enacted in this multicultural workplace.

RQ 3: How should learning support and guidance be enacted in a multicultural workplace? Responses to the previous two research questions have illuminated what factors influence learning in these contexts and how those factors act as support and hindrances. These insights are valuable because they lead to an emerging understanding of how learning support and guidance should be enacted in multicultural aged care workplaces, which is the focus of the third research question. These insights are presented in the right-hand column of Table 6.3 and sorted as individual (top row), interactional (middle row), and environmental (bottom row). In Chapter 8, specific and tangible learning interventions will be proposed to support effective learning in multicultural workplaces in aged care. However, here in the closing sections of Chapter 6, the required learning support and guidance is described generally in terms of the topics (i.e., what should be learned) and modalities (i.e., when and how it should be learned) that are likely to enhance how carers learn.

The qualitative survey data suggest that learning support and guidance should be enacted with a focus on three topical areas. First, there should be support for the development of cross-cultural habitude. This support includes enhancing inclusive behaviours (e.g., seeking input from CaLD peers), English language development (e.g., accent and spoken clarity), and listening skills (e.g., adapting to diverse accents). The illumination of these supports is important because the data suggest that learning through practice could be improved if the challenges of communication in diverse teams can be overcome. Second, guidance should be offered to reduce bullying so that leaders and carers are aware of such behaviours and can take steps to avoid them. Preventing bullying is a valuable focus area because both the literature and the survey data indicate that bullying impedes co-working practice and, consequently, the effectiveness of intersubjectivity. Third, there should be more support for the change resilience of carers. Data related to the learning experiences of carers during the pandemic suggest a need for practical skills (e.g., adaptability and optimism) to overcome continued disruption. Overall, learning support and guidance should support the ability of carers to contribute to a team environment where change resilience is strong, communication is clear, and bullying is non-existent.

The qualitative survey data also point to a range of considerations about how and when certain concepts, practices and dispositions should be assessed and learned. It has been proposed in this chapter that care disposition is a fundamental requirement for

effective working and learning in aged care, and that it is not a characteristic that is easily acquired through traditional learning interventions. The readiness of carers to express "care", as defined by the by the data (i.e., kindness, respect, patience, tolerance, and empathy), should be determined before they are required to perform in such roles. This could, for example, have greater focus during recruitment activities. Inter-worker learning has also been identified as an important source of skill development in these contexts. However, it is hindered by what carers describe as a lack of people and time provision to be able to seek and offer the guidance needed to learn new tasks optimally. This observation aligns with a major outcome of the recent Royal Commission, indicating that understaffing represents a weakness in the sector in Australia (Royal Commission into Aged Care Quality and Safety, 2021). The data presented and discussed in this chapter also indicate that e-learning, as a sole modality, may not sufficiently support the learning needs of carers and that more face-to-face guidance should be offered, at least as part of a blended learning approach. Finally, there is an opportunity to increase feedback from carers about new and existing procedures. This feedback is important as it would allow the reshaping of both skills and workplace practices.

In sum, the qualitative survey data have illuminated that learning support and guidance should be enacted with a focus on cross-cultural habitude, change resilience, and anti-bullying behaviours. It should determine the readiness of carers to express care qualities, support inter-worker exchange, afford face-to-face learning, and seek ongoing feedback on processes. The identification of these topics and modalities has helped illuminate specific areas of focus for the aged care sector to support learning in multicultural team environments. These areas will be further examined, presented, and discussed in Chapter 7 via case study interview data. Considering the themes from the literature (Chapters 2 and 3), the quantitative survey data (Chapter 5), qualitative survey data (Chapter 6), and interview data (Chapter 7), Chapter 8 will consolidate these insights and propose some specific and tangible approaches for enhanced learning in multicultural teams.

6.5 Concluding Remarks About Qualitative Survey Data

The description and analysis of qualitative survey data presented and discussed in this chapter has further illuminated the influences of learning in multicultural workplaces. Here, responses to the 12 questions from the survey have helped to explain the influences of learning in multicultural teams beyond the key themes in the literature

and the numerical patterns presented in Chapter 5. The first section of Chapter 6 was dedicated to presenting and describing the qualitative data from the survey. Using a thematic analysis approach, codes were assigned to describe different response types. These were batched into higher level characteristics and categories that are described in detail in Appendix C. These themes have created a set of explanatory concepts that is specific to this research and will be referred to in the remaining chapters of this thesis. Qualitative data themes from each open question in the survey were presented in the first part of Chapter 6 as tables.

The second section of this chapter was dedicated to discussing these findings and identifying potential deductions about the data. The qualitative themes have been discussed and directly related to the literature. They were organised according to individual, interactional, environmental, and cultural influences on learning, and captured within the conceptual model for learning in Figure 6.1. Finally, the qualitative data were summarised and discussed in relation to how they address the three research questions for this project.

In sum, the qualitative survey data identified specific characteristics that reinforce the view that learning in multicultural teams is influenced by individual, interactional, and environmental factors, all of which are affected by culture. Seven theme categories have been devised to represent those themes and were presented in Table 6.2.

Fourteen more precise characteristics within those categories have been proposed to explain those influences. Such themes point to certain supports and hindrances of learning in multicultural teams in aged care. The key observation here is that learning, as a subjective and intersubjective experience, is affected when some qualities, practices, and affordances are existent or absent. Supports include a pre-existing care disposition and opportunities for inter-worker learning. Hindrances to learning include the lack of spoken clarity, poor listening skills, and understaffing. The identification of these supports has been valuable as it helps to determine the changes required in aged care for enhanced worker learning and resident care. Primarily, the data here have suggested that learning support and guidance should be enacted with a focus on cross-cultural habitude, change resilience, and anti-bullying behaviours. It should determine the readiness of carers to express care qualities, support inter-worker exchange, afford face-to-face learning, and seek ongoing feedback on processes.

Nevertheless, more needs to be understood about how learning in multicultural teams in aged care can be enhanced. To elicit other data about this, case study

interviews were undertaken and these data are presented and discussed in Chapter 7. Ultimately, those insights aim to identify tangible ways in which learning can be enacted in multicultural aged care workplaces and to strengthen the proposition that carers learn due to individual, interactional, and environmental factors; all of which are affected by culture.

Chapter 7: A Case of Multicultural Working in Aged Care

7.1 Elder Care Northpoint as a Site for Multicultural Working and Learning

7.1.1 Introducing the Case of Elder Care Northpoint

To further illuminate the influences of learning in multicultural workplaces, a valuable source of data is the lived experiences of the carers in one of those worksites. In Chapter 6, responses to the12 open-ended questions from the survey were presented and discussed. These insights have been used to shape the focus and approach for the next phase of data collection, through a case study of working and learning in one aged care facility during the Covid-19 pandemic. The collection of data during the pandemic presented challenges such as restricted access to the worksites and severely limited availability of carers acting as informants to this research. These challenges were respectively caused by Government lockdowns of aged care facilities and increased staff shortages at the height of the pandemic. Nevertheless, the adapted case study approach enabled the data collection to proceed and provided an opportunity to understand workplace learning during disruption.

Here, qualitative data from the facility, its carers, and managers are presented, elaborated, and discussed. These data were gathered via interviews to further explore the influences of learning in multicultural aged care environments and are helpful for two reasons. First, the case study aims to provide rich qualitative information illustrated by the stories and examples provided by interview informants. Second, it aims to generate new ideas about how learning support should be enacted in a multicultural workplace. In advancing these purposes, this chapter is divided into three main sections: (a) facility information, (b) interview data description and analysis, and (c) advancing propositions about learning in multicultural aged care environments.

The chapter presents and describes the one aged care facility through the case study: Elder Care Northpoint, henceforth referred to as Northpoint. This facility is one of the 23 sites from which the survey data, presented and discussed in Chapters 5 and 6, were gathered. To protect the identity of the facility and the informants, a pseudonym has been used when referring to this workplace. The first part of the case study includes a description of the physical site: its location, size, resident profile, and worker characteristics. A description of co-working characteristics is then presented to illuminate the working context, job requirements, and types of interaction experienced by carers at this worksite. The existing learning and development affordances at

Northpoint are also described here. The facility characteristics explained here are necessary for understanding the work, workers, and environment represented in this case study.

The second part of this chapter presents, describes, and analyses interview data elicited from carers and managers at Northpoint. It includes examples of impacts on carers' work caused by the pandemic and how these disruptions influenced their learning. This approach is used illuminate intercultural working and learning grounded through accounts of these circumstances. The interview analyses then focus on three data themes taken from Chapter 6, where they were shown to influence learning in multicultural aged care environments: (a) English language usage as a communication practice, (b) requirements for learning cross-cultural habitude, and (c) inter-worker learning as a co-working practice. Here, selected quotations are included to illustrate the influences, hindrances, and enablers of the work and learning of diverse groups of carers. They are described and discussed with reference to key concepts from the literature on workplace learning and cross-cultural relations.

The third part of this chapter advances a set of propositions about working and learning at Northpoint. It includes a synopsis of factors that influence learning at Northpoint in response to the first research question of this inquiry. The supports and hindrances for learning at Northpoint are then outlined in response to the second research question. Finally, the proposed learning support and guidance for Northpoint is outlined in response to the third research question. Although the propositions advanced here relate to the case study work, these are potentially transferable and relevant to other aged care environments in which circumstances for working and learning are similar.

The case study has been primarily based on interviews with seven carers who have shared stories and examples of the everyday realities of working and learning within this highly diverse facility. To protect identities, all names have been changed to pseudonyms. Also referred to as AiNs (Assistants in Nursing), the seven carers include three from Australia and four from other countries—Japan, Malaysia, India, and the Philippines. As almost 90% of the carer population at this facility identifies as female, all respondent carers in this case study are women. The General Manager at Northpoint was also interviewed to gain leadership perspectives about this worksite, the work, and the workers who occupy it. The remotely based Group Head of Learning and Development was also interviewed to gather insights about the learning affordances intended for facilities that are part of the wider Elder Care chain, including Northpoint.

Having introduced the aims, importance, and structure of this chapter, this section provides a deeper overview of Northpoint as a site for multicultural working and learning. It begins with a description of the site and the organisation of which it is part. Co-working arrangements in Northpoint are then outlined and, finally, the current learning and development approaches are explained. These areas provide a more detailed understanding of the context of this case study and its interviews.

7.1.2 Aged Care: A Site of Multicultural Team Working

To comprehend this case study's worksite, a description is provided here of Northpoint (pseudonym) and its roles and workers. The aged care facility is located in a large coastal town on the east coast of Australia within 100 kilometres of the nearest state capital. The facility has existed since 2019 as a new offering within the Elder Care chain and provides an additional choice of care within the local coastal community. It offers emergency, short-term, long-term, dementia, and palliative care to residents. As described in Chapter 5, Elder Care is a privately owned and operated multi-site aged care organisation with a culturally diverse brand and appeal. At Northpoint, all residents have individual rooms with ensuites and there is also a memory care unit for residents requiring extra support. The facility has a café, private dining room, library, hairdressing salon, cinema, and garden. A range of activities are available for residents at Northpoint including hobby groups, excursions, and visits from entertainers and therapy animals. Unlike some aged care organisations in Australia, Elder Care does not specialise in care for any specific nationality or ethnic background. Most residents in this facility were born in Australia or New Zealand; however, there are many overseas-born residents from different backgrounds including European, Asian, and Middle Eastern.

Approximately 160 people work at Northpoint, 85 of whom are carers (also referred to as AINs). Other key job roles in this facility include registered nurses (referred to as RNs), kitchen staff, and administration workers. The carers, who represent the focus of this research project, are a culturally diverse group, with approximately 55% of the nationalities reported by the facility to be Australian, 20% Asian, 15% Indian, and the remaining 10% other nationalities. Northpoint is a suitable worksite for this case study and the wider research project because over half its employees occupy the role of carer and almost half of those carers are from non-native Australian backgrounds. So, in terms of job role and cultural profile, this worksite is typical of many aged care facilities found in cities and towns all over Australia. In such

facilities, co-working is an integral part of how care and other work is practised. It is, therefore, helpful to understand the kind of work that occurs and how workers engage with each other.

7.1.3 Co-Working at Northpoint

Like other health and care work environments, Northpoint is reliant on effective interaction between workers to collaboratively provide care for residents (Nichols et al., 2015). In this section, a brief description is provided of the type of work undertaken by carers in this worksite and how they work together to complete it. Carers at Northpoint work very closely with other carers and RNs to provide 24-hour support to elderly residents with a wide range of personal needs. This care incudes the support of residents to bathe, toilet, dress, dine, socialise, and access leisure activities. Although a small number of clinical staff (RNs and visiting health specialists) oversee the medical needs of residents, carers may also assist in basic medical care such as wound dressing. Care and compliance documentation must also be completed as part of the typical work duties whilst on shift.

Carers at Northpoint engage with each other in a range of different ways. At the beginning and end of each shift, there are short informal meetings (referred to as "huddles") to communicate handover of care and other work requirements. During shift, carers often work closely together to support residents; for example, when using a hoist to help move a resident to or from a bed. Often, carers are "buddied up" with new carers to share experience and guide them during their first shifts. Interaction is, therefore, an integral element of how carers work and learn in this worksite. As Northpoint is part of a large chain of facilities, more structured learning and development support is also available to carers from the time of their commencement onwards.

7.1.4 Learning and Development at Northpoint

A range of affordances are in place at this worksite to support the onboarding and continuing learning of carers. When starting at Northpoint, most carers bring some pre-existing knowledge of care work with them. This is important because it supports the readiness of and requirement for carers to perform their work in a short amount of time. Usually, they possess a Certificate III in Ageing Support or similar qualification; however, carers who have a background in or are currently studying nursing are also considered for these roles. Some new carers have worked in aged care before although, for many, Northpoint represents their first employment in this field. Initial on-the-job

learning is reported as primarily experiential and is supported locally by buddies, RNs, and other co-workers, while training is overseen by the facility's clinal manager and care manager. More structured learning support is made available to carers during their time at Elder Care via company-wide affordances such as online training and in-person updates. As noted, to gain a full view of these affordances, Elder Care group's Head of Learning and Development was interviewed; their description of company-wide learning support is summarised here.

From a group perspective, learning and development support is available to carers under the umbrella of The Elder Care Academy (pseudonym) which is overseen by the group People and Culture team based in head office. The group Head of Learning and Development explained that the Academy supports learning in the facilities for onboarding, upskilling, and leadership. The main educational processes include structured buddying, online training, in-person workshops facilitated by internal and external specialists, and communication updates. The topics for carers include compliance, code of conduct, safety, customer service, and clinical matters. An upskilling program for carers, called The Small Details (pseudonym), is based on person-centred care and the aged care quality standards. Procedural updates are communicated in writing as Technique Talks (pseudonym) which are sometimes supported by informal discussions in facilities. Apart from a small amount of online content about diversity and inclusion, there are no specific learning interventions for carers in the areas of cross-cultural habitude or English language usage.

Future intended focus areas for Elder Care's group Learning and Development function include expansion of competency assessments and clinical topics. Some potential focus areas of group learning and development were described as multilingual online training content and learning experiences supported by artificial intelligence. So, what this individual described could be viewed as being the intended curricula (Kridel, 2010) afforded by the employing organisation. It was evident, however, in the interviews with carers and the Head of Learning and Development that most of the carers' capability development occurs through workplace practice and inter-worker learning, both of which are complemented by a wide range of online learning support and some live workshops. All this emphasises the importance of interactions amongst aged care workers and other means through which they learn through practice.

The above description of the Northpoint facility, its work, workers, learning, and development has provided a context to help understand some more specific characteristics about learning in this multicultural environment. In the next section,

further insights from the group Head of Learning and Development complement the data gathered from carers and the General Manager of this worksite. They are presented and discussed with a focus on three key themes identified in Chapter 6: Cross-cultural habitude (i.e., habitual tendency and disposition towards co-working situations with CaLD peers or residents); English language usage (i.e., the ability to use English in a way that enables communication in a CaLD environment); and Inter-worker learning (i.e., learning on the job through observation, guidance, training, and buddying). This case study, therefore, aims to further explore those key themes and, ultimately, identify ways in which learning in multicultural aged care environments can be enhanced. These themes are described and discussed in this chapter. Firstly however, current examples of how the Covid-19 disruption created new opportunities for carers to learn as part of a diverse workgroups are identified.

7.2 Interview Data Description and Analysis

Having described the Northpoint site, its co-working arrangements, and intended learning approaches, this section presents and discusses the case study interviews. The analysis of these data is presented in four sections: learning during and from the pandemic, English language usage as a communication practice for working and learning in multicultural environments, requirements for learning cross-cultural habitude, and inter-worker learning as a co-working practice in aged care. This analysis includes an overview of interview questions, representative response quotes from informants, and some tables to present common themes and discussion of the data. Quotations are included with each informant's name (as a pseudonym) and the nationality that they indicated at the start of the interview. Note that when the informants refer to a background in these quotations (e.g. 'residents that are Australian'), this identity category may indicate nationality, birthplace, ethnic origin or combination of those characteristics. The section begins with input from carers about learning during the Covid-19 crisis.

7.2.1 Learning During and From the Pandemic

Undoubtedly, the global pandemic has provided a unique opportunity to understand more about how workers learn during and from disruption, especially in health and care settings (Gillespie et al., 2020). Like many aged care facilities in Australia, Northpoint was greatly affected by Covid-19, creating a need for workers to quickly adapt to new ways of providing care. This case study identifies how their work

was transformed and how differing cultural backgrounds affected the learning and practice of new tasks and working conditions.

Seven carers were interviewed and asked the following three questions:

1. What changes to your work have occurred due to Covid-19?
2. How were these tasks made easier or more difficult because of the different cultural backgrounds of your work team?
3. What could have been done by the workplace and your supervisors to make it easier and more productive in these instances when working with multicultural colleagues?

The first question was asked to illuminate specific and recent disruptions to their work. Such changes have been shown to represent significant opportunities and occasions for workplace learning (Hetzner et al., 2015). The second question was used to elicit how cross-cultural working impacted the learning and practice of those changes. The third question was purposed to identify specific workplace affordances that would enhance learning in these circumstances. Regarding the latter, it is important to note that, here in Section 7.2.1, some observations are drawn about how learning could be better enabled in this worksite. However, these areas are revisited and discussed with more focus in Section 7.3 which advances propositions for the enhancement of working affordances. The responses to the three questions are summarised, described, and exemplified with illustrative quotations. Although this case study draws primarily on the perspectives of carers, some additional insights from the management staff are also provided. This section concludes with a summary of findings about learning through and from the pandemic.

Effects of and Recommendations for Working and Learning Through the Pandemic. Table 7.1 presents the main themes about learning during and from the pandemic as described by carers in response to the three questions listed above. It includes examples of changes caused by Covid-19 as listed in the left-hand column, alongside the number of carers who described them. The middle columns list the effects of those changes on cross-cultural working as well as proposed interventions to respond to them. To ensure consistency in the identification of qualitative data patterns previously identified in this research project, links are made to the same theme characteristics described in Chapter 6. The relevant theme categories are listed in the right-hand column.

Table 7.1

Learning During and From the Pandemic

Change caused by Covid-19	Number	Effects of change on cross-cultural working	Proposed interventions	Theme category
Wearing PPE	7	Communication difficulties	Allow more time to share experiences	People and time provision
			Communication aides (e.g., pictures and translation app)	Educational affordances
			Reduced requirement to wear outside of outbreaks	Resource provision
Fewer family visits	6	Increase in cultural and language misunderstanding	More video calls	Resident support
			More opportunity to share experiences with peers	Inter-worker learning
Understaffing	3	Cultural approach to sick leave	More staffing	People and time provision
			Guidelines about when to call in sick	Educational affordances
		Increase in speaking native language	Better resource planning to plan for illness	People and time provision
			More involvement/support by RNs	Management support

According to carers interviewed at Northpoint, the pandemic caused three main changes to their work: (a) the need to wear PPE, (b) fewer family visits, and (c) understaffing. Each of these changes is described in terms of how they impacted working and learning, and what could be done to overcome such impacts. These descriptions are exemplified with illustrative quotations including the name (presented as a pseudonym) and birth country describing the respondent source. The findings presented in this section are also discussed with relevant references to the literature.

Wearing PPE. The most prevalent change identified by carers is the increased need to always wear PPE whilst working with residents during the pandemic. All seven interviewees mentioned this as a significant change to their work requirements caused by Covid-19. PPE includes gloves, gowns, face masks, and face screens, as shown in Figure 7.1.

Figure 7.1

Elder Care Staff Wearing Full PPE

Note. Image provided by Elder Care head office.

As listed in the third-left column in Table 7.1, the carers noted the main impact of wearing PPE was on cross-cultural working as communication became more difficult. These are presented and discussed in the paragraphs that follow.

Wearing PPE hindered the verbal interaction amongst carers and residents, as well as among carers and their co-workers. The main issue reported by carers was that the combination of mask wearing and different accents made it more difficult to understand and be understood. For example, residents are sometimes unable to comprehend even basic directions from carers:

> The residents can't hear us because of the accent.… And with the mask, you know, the residents really have to struggle. Like, "What are you saying?"... Even if we say "Let's go out for dinner" … with the mask and the shield, sometimes they would just be sitting there not understanding that we have to do. (Gitali, Indian)

In some cases, mask wearing not only led to miscommunication, but also to occupational health and safety risks, for example:

> (PPE causes) fogging and muffling of your voice, residents can't understand you. Dementia patients—it scares them … last night was probably a really good

> example. I got slapped, punched, kicked and I had my glasses pushed into my face and I've got bruising on the nose. They grab you; they twist your arms and grab your fingers and twist. You have to be hyper aware in those units for their triggers and it (PPE) is one of the triggers.… It's a learning curve for us. So, we find that we get, I suppose, assaulted during that learning process, whilst we learn the best routine for them. (Renee, Australian)

Communication with co-workers is also made more difficult due to the masks:

> The whole sound is muffled, so when you've got somebody, whose English isn't their first language, then you've got this muffled sound, which again, changes the pronunciation of words. It can be quite exhausting … I work in a team where, like all aged care, it's very much a team environment where everyone needs to communicate on what's happening, but handovers are quite difficult under those circumstances and meetings as well. (Sharon, Australian)

Clearly, these remarks from carers illustrate how wearing PPE can be a barrier to effective communication at work. There are two propositions that can be made about this in relation to working and learning in this multicultural environment.

First, PPE hinders workplace learning because face masks block the effective exchange of information. This is especially the case during shift handover, which is considered a critical aspect of workplace learning in health and care settings (Rikos et al., 2019). Carers at Northpoint described how mask wearing impedes the opportunity to ask questions, share insights, and pass on valuable care requirements. Eggins et al. (2016) suggested that linguistic diversity often causes communication problems during shift handover in a range of industries. Furthermore, mask wearing has been shown to limit communication, especially in health and care settings where the requirement to wear PPE is high (Knollman-Porter & Burshnic, 2020). This insight is important because, as highlighted in Chapters 2 and 3, interaction is considered a fundamental enabler of effective workplace learning, especially in diverse environments like aged care (Xiao et al., 2018).

Second, PPE hinders workplace learning because it is a stressor for carers. As illustrated in the above excerpt, face masks not only cause general miscommunication, but can even lead to the physical assault of carers, especially whilst working in the dementia unit. Resident misunderstanding and aggression commonly cause increased anxiety and stress for aged care workers (Hanson et al., 2015). This behaviour is noteworthy because such situations can hinder effective and worthwhile workplace learning. Tsai et al. (2019), in their work on neuroscience, offered support for this

claim. They asserted that stress hinders effective learning because it negatively affects executive control function, that is, the ability to execute a new task (i.e., learning) through to completion (Tsai et al., 2019). Furthermore, the potential for or occurrence of trauma at work has been shown to negatively impact how workers learn and perform (Hasa & Brunet-Thornton, 2017). Therefore, it is proposed here that, at Northpoint, the wearing of masks contributes to the stress levels of carers which, in turn, may impede how carers learn and practise their work.

In sum, comments from carers indicate that PPE causes communication challenges between carers and residents, as well as among carers and their co-workers. These challenges are exacerbated by the highly diverse nature of the team where many carers speak with an accent. The main issue is that PPE blocks the effective exchange of information; it also causes additional stress for carers. These factors hinder workplace learning. However, there are some ways that Northpoint could mitigate these challenges. To identify solutions to the problems caused by PPE, carers were asked, "What could have been done by the workplace and your supervisors to make it easier and more productive in these instances?". Three proposed interventions emerged from the data and are listed in the second-right-hand column of Table 7.1 as the reduced requirement to wear PPE, more experience-sharing on the use of PPE, and the introduction of communication aides. Each of these is presented and discussed below.

The first suggestion taken from the data is that the facility should allow more time for carers to share experiences with each other on the use of PPE. One carer indicated that an opportunity existed for more and better explanation on why and how PPE should be used:

> They should have a meeting to educate us more and for us to ask questions and then they can answer our questions. Then, there will be a better understanding of all these things. What happened with our facility is they just said, "according to the government, blah, blah, blah." (Carmen, Filipino)

Another carer stated that it is very helpful when such meetings occur, and they should be more frequent:

> We do what we call "scrum" and there's a lot of debriefing that happens there. And in that unit (memory support), we do go through a lot of ways to handle those situations, how to approach people and when to back off and not say anything. It's a very multicultural workforce that work in that memory support unit. I've been asking for more team meetings that are particular for that area so that we can debrief together. We can work out strategies and basically bounce

off one another. Okay, this is what works for me, you could try this or that sort of thing. (Sharon, Australian)

These "meetings" and "scrums", as referred to in the above statements, are commonly described in the literature as "huddles" (Macartney et al., 2013). There is a large amount of evidence and case studies showing the effectiveness of huddles as learning events, especially in health and care professions (Macartney et al., 2013; Reiter-Palmon et al., 2015) but also in other working environments such as print media (Quinn & Bunderson, 2016), education (Soslau et al., 2018), and the military (Allen et al., 2018). At Northpoint, huddles usually occur during shift handover. One carer indicated that this timing is not always ideal:

(When) handover happens, one shift is coming on, one shift is leaving and that means they leave the floor (those finishing shift) and you're on the floor (those starting shift). There's no overlap time. It's either we come in early or stay late to let us know about things. (Renee, Australian)

The key observation here is that huddles are an effective way learn how to overcome disruptions, such as the need to wear PPE. However, more appropriate and adequate time needs to be made for huddles to occur (i.e., people and time provision). In reviewing the literature on huddles in healthcare, Little (2014) found that communication practices such as metaphors, dramatic dialogue, and reflexive questioning can make learning from huddles more effective. This study is valuable because it points to the specific practices that carers and RNs need to adopt whilst sharing experiences. Furthermore, Little proposed that huddles with a high level of diversity improve learning outcomes because they incorporate a wider range of cultural perspectives and life experiences. So, in this sense, the high level of ethnic diversity at Northpoint could strengthen learning experiences during social interactions, such as those referred to as huddles.

The second suggestion from carers to support communication whilst wearing PPE is the introduction of communication aides whilst interacting with residents. It was remarked that face masks inhibit the comprehension of key words and phrases, especially because some carers and residents are not native-English speakers. Communication aides could include, for example, large diagrams to support cross-cultural interactions, especially when they are hindered by face masks. This has been shown to be effective even when PPE is not required:

We had a lady that only spoke Arabic, not a common language. One of the girls actually knows some Arabic. Without her, we would not have been able to

provide care for this resident. We would have pictures that we would show her like of the toilet, food drink, you know, whatever. (Renee, Australian)

It was suggested by the carers that this approach would also be helpful if adopted more broadly within the facility during situations of cross-cultural communication between carers and residents.

The third suggestion from carers to overcome the challenge of working and learning while wearing PPE was to reduce the requirement to wear it. Most carers interviewed in this case study regarded this facility's policy to wear face shields, even outside of Covid-19 outbreak periods, as overly cautious:

(Management) choosing to do that (mandate face shields) has made it more difficult rather than following the government guidelines (face masks only). (Sharon, Australian)

The combination of both face masks and face shields made communication very difficult for carers, especially in cross-cultural situations, because they muffle sounds, inhibit identity, and prevent visibility of facial expressions. Given the large size of the Elder Care organisation, it is likely that this policy has been based on robust risk assessment and it is in place as an important safety precaution. Nevertheless, the viewpoint described here by carers is helpful because it illuminates that the mandate to wear face shields may contribute to other care risks for residents. Furthermore, a recent study exploring the relationship between the wearing of PPE and effects on healthcare worker performance (Davey et al., 2021) found that PPE, such as face shields, made care work more difficult and impaired both physical and cognitive performance. This phenomenon was evident at Northpoint:

It's very stressful. It's hard for us to breathe and then it causes headaches and stress. Some staff have got low blood pressure then they're having a hard time breathing, but residents don't understand. (Carmen, Filipino)

So, future decisions in aged care regarding the use of PPE could be strengthened by such viewpoints provided by carers in this case study, as well as by recent contributions to the literature indicating that PPE reduces performance quality.

In sum, PPE has been a barrier to effective working and learning in the multicultural environment of Northpoint because it prevents the clear and efficient communication that is a fundamental aspect of social learning experienced by aged care workers. To overcome this challenge, aged care facilities should consider enhancing the availability and quality of educational affordances. This includes more frequent huddle conversations and communication supports, such as pictures, to help cross-cultural

communication. These affordances are likely to optimise intersubjectivity (i.e., shared understanding) between co-workers and residents. Having explored PPE as an example of a disruption caused by the pandemic, another significant change experienced in aged care has been the reduction of social visits by families.

Fewer Family Visits. Like many aged care facilities nationally and internationally, Northpoint was subject to frequent and long periods of lockdown that prevented family members from visiting residents. This situation was described by six out of the seven carers as a major disruption to their work. Specifically, they reported that fewer family visits resulted in a higher level of resident depression as residents missed the social connection with their families. This situation created a need for carers to "step in" to provide that social support:

> We rely heavily on their family members to come in and assist with, for example, things like feeding and just that general one-on-one support because a lot of residents are really quite needy. They do need that extra emotional support. And as an aged care worker, I'm very caring. I'll be the worker that'll go in and spend time and sit and hug them. I can give you a great example yesterday.… I'm over six foot tall. And one of the residents needed me to reach something out of her wardrobe. So, I said, "yeah, no worries at all". I walked down with her and got it out and it was actually a photo album and she's disconnected from her family. She started crying and I wasn't going to just to leave her in an emotional state. So, I chose to stay there. So, not having that extra support of family members being able to enter the facilities was very impactful. (Rachel, Australian)

As a result of the type of disruption described here, carers remarked that fewer family visits caused additional workload and demanded more social support and empathy when time was not always available to provide it. The increased incidences of social interaction with residents led to two main issues: miscommunication due to culture and accent, and racism and resistance from residents towards non-native Australians.

Some miscommunication is caused by cultural factors, as illustrated in the following observation from a carer:

> Some staff may not be as caring and compassionate as others and I think maybe some of the other cultures are a little bit different to maybe the Australian way. A lot the older residents are Australian residents … (so) the communication breakdown can happen. I think they (coworkers) just don't get all of the

> Australian way of doing things and sense of humour. It just doesn't always translate … sometimes a resident can maybe even rub the worker up the wrong way. Maybe those older gentlemen in their seventies … the aged care worker from another different cultural background just doesn't get that humour. (Rachel, Australian)

Some communication misunderstandings were related to accent:

> When you're dealing with someone, for instance, that has cognitive impairment or dementia and they're being aggressive, they (the residents) are finding it very difficult to understand what that person (the carer) is saying. So, it's the way they choose their words as, as well as the accent, it can create a very difficult situation. (Sharon, Australian)

Some carers stated that the frequency of these types of exchanges increased during lockdown periods when families could not visit. Issues like accent bias, as described by Chakraborty et al. (2017), can hinder the types of interaction required for workplace learning in multicultural environments.

They also described more extreme examples in which there was overt racism and resistance from residents to carers of non-Australian backgrounds:

> They say "I don't want to talk to the Asian that just came off the boat".… One factor is the resident wants their mother nature (tongue) or family origin touch, you know, the accent from their own family. If you are any native speaker, you want someone (familiar) to talk to you. It's not because I don't speak English (that they resist me). It's just that they don't feel homely with me … so that is the multicultural gap. Because they don't feel at home. When they see someone with a different multicultural background, even before I open my mouth, they will say, "Do you speak English? Get someone who is speaking English. Get the local Aussie to come here. I don't want to see any Asian." So, this puts stress on me. (Normally) that resident actually is very well with me. It's just because of the distancing (from lockdowns) makes them feel very alienated. They don't want anyone with a diverse background to look after them. But we have to take more compassion with that. We understand that we have to acknowledge and respect their frustrations. (Wei, Chinese)

Another carer described this type of experience:

> I am sorry to say that … racism still exists and residents say, "just watch that black girl" or, you know, things like that … and they would have their

favourites.... So everybody usually says, “you move to this person because he likes you”. (Gitali, Indian)

Such racial microaggressions have been shown to negatively affect the disposition (i.e., subjectivity) and performance of migrant aged care workers in Australia (Olasunkanmi-Alimi et al., 2021). Not only are carers left feeling ostracised, but they may also be excluded from workplace interactions that represent potentially valuable learning events. Interviews with carers participating in this case study also elicited suggestions for how to overcome the challenges associated with fewer family visits.

Two suggestions were made by carers during the case study interviews, as listed in Table 7.1 in the second-right-hand column. The first of these is that the need to provide more social support to residents would be alleviated if there was more time to discuss experiences with peers:

> I think that, that there needs to be a more harmonious approach … the focus is really on the residents and their needs and what's happening for them. And if there was a little bit of time for staff to be talking about what's going on between them, that would be a way supervisors could support … I feel that it'd be great … to have some sort of voice and we would be able to maybe air some differences and, and just sort of generally sort things out because I believe nursing is all about communication and where that communication is missing, it's all over red rover. (Rachel, Australian)

As described previously in this section, huddles are considered a valuable way to learn how to work with PPE at Northpoint. It is noteworthy that they are also seen as a way to help carers to learn how to respond to the demand for additional social support for residents caused by Covid. This finding is important because it is evidence that co-working practices like huddles support a range of learning needs for carers. So, multicultural working and learning is likely to be enhanced at Northpoint if huddles can occur more often.

The second suggestion from carers regarding fewer family visits was to allow for more video calls between residents and family. Various studies have indicated that virtual communication has been an effective way of reducing the effect of loneliness and depression in older adults during the pandemic (Banerjee, 2020; Brooke & Jackson, 2020; Rolandi et al., 2020). However, family connections via video call rely on the time and effort of carers to support the resident’s use of this technology. This would not normally be required if families were allowed onsite in aged care facilities. Carer time is

tightly managed in aged care, so additional hours required to support more video calls would be reliant on extra staffing. Nevertheless, this would reduce a barrier to working and learning in multicultural teams that was identified by carers during the interviews.

The stories provided above are helpful because they exemplify the most predominant themes from the literature about learning in multicultural teams. It is evident at Northpoint that effective interaction (i.e., between resident and carer) is dependent on individual factors (e.g., carer's subjective view of the world), cultural factors (e.g., their accent), and environmental factors (e.g., the need to provide more social support) which can enable or prevent change (i.e., shared understanding between the carer and resident).

In sum, an impact of Covid-19 to the work of carers was fewer family visits. This resulted in a need for carers to provide more social support to residents and a subsequent increase in cultural and linguistic misunderstandings. To make this situation easier for carers, they suggested that there should be more time to discuss experiences with peers (i.e., inter-worker learning) and a greater capacity for the facility to offer video calls between residents and families (i.e., resource provision). What is interesting in these accounts is that they are all measures that would apply equally to circumstances outside of those brought about by Covid. These suggestions are, however, likely to be dependent on additional staffing, which is another issue that was explicitly identified as an impact of working and learning during the pandemic and is outlined below.

Understaffing. Aged care is an industry that experiences significant pressure to cater to the needs of residents whilst meeting strict resident-worker ratios and managing the costs associated with operating high-care facilities (Gnanamanickam et al., 2018). Ensuring adequate people and time provision is an ongoing challenge for aged care facilities. Three out of the seven carers at Northpoint highlighted that understaffing has been a significant challenge affecting their work during the pandemic:

> A lot of people call in sick with a COVID test and wait the results. They were not allowed to come in … seven out of 10 times short staffed. That impacted our work the most. (Gitali, Indian)

More specifically, understaffing causes carers to feel fatigued and creates a need for them to rush through their work.

> When we have that short staffing, it is double job, like, you work double the amount of your usual work … since the start of this year or start of the second quarter of this year, almost every day, we're short-staffed … we're exhausted. There's a big difference when you're a complete staff. You can perform your job

completely, you know, you're not in a hurry … you've got time for your residents. But because of the short staffing, you have to do your job like quick, quick, quick, quick. (Carmen, Filipino)

Issues such as fatigue and haste in aged care, as described above, are a barrier to quality care and effective workplace learning. Understaffing is linked to an increase in resident health problems including wound infection and urinary tract infection (Twigg et al., 2015). When carers are tired and rushing through their work, they are less likely to pick up on the health concerns of residents. Additionally, insufficient staffing has been identified as a barrier to effective learning in health and care work (Lloyd et al., 2014). Hence, understaffed work environments do not allow for important workplace practices associated with effective learning experiences such as individual reflection, observation, and social interaction.

The carers also noted that understaffing affects working and learning in two ways that are specific to the multicultural environment of Northpoint. The first of these relates to the perceived differing cultural approaches to sick leave:

> I really feel that people call in sick too easily because, in Japan, we don't call in sick much. I really feel bad calling in sick. I feel a difference between the different backgrounds of people, including Australians too, they just call a sick easily, too easy. (Yua, Japanese)

This comment suggests that in highly diverse environments like aged care, there is less consistency in how sick leave is regarded and used by people from different cultures.

The second cultural issue related to understaffing is evidence of perceived racial bias and discrimination occurring when carers from migrant backgrounds seek scheduling changes:

> There are instances that one needs to change her shift and every time we request. But because we are black, they don’t listen to us. I noticed that as well, one, she is Indian, and she asked something at reception about her shift and then you can see the way they talk to a different nationality compared to the same nationality (is different). (Carmen, Filipino)

So, understaffing may be a trigger for cross-cultural issues that affect the engagement of migrant workers as well as their access to shift flexibility. Similar to what was described in the previous section about fewer family visits, these are not conditions that support effective work performance and learning. To overcome the problems associated with understaffing, the carers made some suggestions about handling such situations.

All three carers who raised the issue of understaffing suggested the need to simply schedule more carers to meet the needs of the facility. This included better resource planning to anticipate predicted absences and that the facility should rely on agencies to help with short-term staffing needs:

> We don't use agencies, so every single day (we are short staffed).… Friday six called sick for the afternoon and evening. So they are asking if we want double shift or whatever, but we can't always do. So they, they have to (consider) getting staff from agencies. (Carmen, Filipino)

In an analysis of temporary agency work in aged care in Australia, it was shown that aged care organisations often rely on agencies to fill staffing and skill gaps (Knight & Wei, 2015); the reason behind Elder Care's position to avoid the use of agencies was not elicited as part of the case study about the Northpoint facility. Other suggestions from carers to manage understaffing included sharing guidelines about when to call in sick and for there to be more active involvement from RNs in care work when understaffing occurs.

In sum, understaffing was identified as an impact of Covid-19 on the work of carers. Carers claimed it causes higher levels of fatigue and the need to rush their work. It has been proposed here that fatigue and haste are barriers to effective workplace learning. Racial discrimination was also reported to occur when scheduling requests are made by migrant workers. To make this situation easier, carers made suggestions including the use of staffing agencies and more strategic resource planning. To supplement this and other impacts described above, the perspectives of management are also included in this case study and are outlined in the next section.

Perspectives from Management About Learning During the Pandemic. In the interview with Elder Care's General Manager, three insights emerged about learning during the pandemic. First, new infection controls limited the usual shared use of equipment such as nurses' stations, phones, and computers. This change caused a decentring of work (e.g., using a laptop in the break room), therefore, reducing the amount of interaction occurring amongst carers and RNs. This finding is noteworthy because centralised nursing stations are generally considered important sites for communication and learning in health and care workplaces (Fay et al., 2020).

Second, workers in the facility were encouraged to limit socialising outside of work (e.g., avoidance of nightclubs). When certain workers were seen to be ignoring this request, there was resentment towards them:

> That caused a bit of friction on site because it was public knowledge due to social media, I assume. And then here's me the next day saying you've really got to make some socially conscious decisions … you notice that a bit more with people from an Indian cultural background. (Chris, General Manager, Australian)

So, it is likely that this friction detracted from the quality of interactions at work, particularly because negative behaviours were associated with workers from a particular cultural background. Such associations reduce the quality of intercultural learning (Dorsett et al., 2019).

Third, the General Manager stated that great efforts were made to communicate the ongoing changes caused occurring during the disruption. Nevertheless, carers noted a need for communication to be two-way so there could be more opportunity to ask questions and share experiences with the new ways of working during the pandemic. These three insights are important because they highlight unexpected ways in which workplace learning can be hindered when the environment is experiencing disruption.

Summary of Findings About Learning and Working During the Pandemic. Having presented and discussed the data from carers and management about learning during and from the pandemic, some summarising points are made here about the main effects, cultural impacts, and proposed interventions. The three main impacts expressed by carers about working and learning during the pandemic have been described above as wearing PPE, fewer family visits, and understaffing. These impacts led to issues related to learning in their multicultural environment including communication difficulties, cultural misunderstandings, and racial bias. A potential solution that has emerged from the interviews with carers about learning during the pandemic is the affordance of more huddles for carers to share experiences about the challenges described above. However, the provision of more staff and time needs to be supported by Northpoint to enable these valuable interactions. Although the General Manager described the increase in information updates during Covid-19, it was apparent that they needed to be communicated in a more interactive way.

Having presented and discussed data relating to learning through and from the pandemic, three more specific areas are examined in this case study. The first of these is English language usage in the worksite, its effect on learning, and ways it can be supported.

7.2.2 English Language Usage for Working and Learning in Multicultural Environments

In Chapter 6, the ability of both native and non-native speakers to use English effectively (i.e., English language usage) was identified as an enabler of communication in a CaLD environment. This finding is supported by various studies indicating that language ability affects worker efficacy, co-working ability, and general quality of work in aged care settings (Bennett et al., 2016; Charlesworth & Isherwood, 2021; Gao et al., 2015). Consequently, a focus of this case study was to understand how English language usage could be enhanced through educational interventions in the workplace. The seven carers were asked, "Can you indicate the ways in which the learning of English can be made more effective in the workplace?". The responses to this question are summarised in Table 7.2 and exemplified with illustrative quotations. Some additional insights from the General Manager of Northpoint are provided, as well as perspectives from Elder Care's group Head of Learning and Development. Table 7.2 presents the themes about how the learning of English can be made more effective in the workplace.

Table 7.2

Ways Learning of English can be Made More Effective in the Workplace

Recommendations	Number	Theme category
Support communication skills (e.g., listening, tone, pace, clarification, and confidence) rather than English language	4	Educational affordances
Enforce English-only policy at work	3	Inter-worker learning
Allocate an English buddy	3	Inter peer learning
Vocabulary learning	2	Educational affordances

The first theme is the support of communications skills rather than English language training. This theme was referred to four times during the interviews when carers suggested that listening, tone, pace, clarification, and confidence could support communication. This theme is surprising because the need to improve English language usage in the facility was seen to be an opportunity for both non-native and native speakers alike. For example, Renee (Australian) said that the need to improve English language usage is not just the responsibility of migrant workers: "So that people can say that we understand them as well as them understanding us. I don't think it just should be

a one-way street". Hence, the ability to adapt to different accents is likely to be an important focus for communication training:

> Between carer and carer, we have different accents and some of the carers, they will just say … "I don't understand you." And then they say, "speak English." That happens in the workplace. I actually speak English. She, she tried to make fun of me. I just let it go, but the second time she did it again, so I just tell my supervisor and that's it. (Wei, Malaysian)

These comments point to a need for the facility to acknowledge that effective communication is not solely dependent on the need for non-native speakers to improve English. Rather, native speakers must also learn skills, such as accent comprehension, that assist English language usage. This need is supported by a study investigating communication quality in linguistically diverse aged care settings (Small et al., 2015). Here, it was suggested that the ability of native speakers to accommodate language differences and simplify their message is key to effective communication. The proposition arising from these insights is that the learning of English can be made more effective in this workplace when all workers are included in it. Thus, any training affordance offered by this facility should focus on communication in a CaLD environment rather than solely on English language skills for non-natives.

The second theme described in the interviews related to the enforcement of the English-only policy at work, which was mentioned three times by carers. An English-only policy exists at Northpoint requesting that workers always communicate in English. However, this policy is not always enforced or followed in practice. This was shown to negatively affect co-working, engagement, and inclusion:

> A simple example which I've been facing recently. If I go on a shift … we work in teams of three. So, if I see the RN and the two AINs from Nepal, I know I'm going to have a bad shift because sometimes all three would talk in their native language. If I go and I see the RN and the two AINs, all from Philippines, I know they would be having a lot of conversation in their language. So, I know I'm not going to have as great a shift as I expect it to be. Like it or not, I believe that favouritism does exist to a certain point.… So are they talking about you? What are they saying about you? We have been told in the past, not once, but several times, "Do not speak in your native language" but it happens. So, if there was some way we could solve it." (Gitali, Indian)

In addition to impacting how carers feel whilst working, the failure to enforce and follow the English-only policy negatively affects co-working and resident care:

> I think people want to automatically go back to speaking their native language. So, when they're on the floor around other staff and they start doing that, then there's a communication breakdown. For the English-speaking staff, that becomes quite annoying.… There's miscommunication. Everyone does need to be on the same page when we're talking about the health of residents and vital things that are happening at the time. (Sharon, Australian)

Although English-only policies are regarded as discriminatory in some settings (Phillipson, 2003), they have been deemed appropriate through legal precedent and national policy where business needs necessitate it (Tuschman, 2012). The remarks by carers in this case study suggest that the English-only policy is a necessary aspect of quality communication at Northpoint. Such communication is an important enabler of the interaction required for workplace learning, as depicted in the conceptual model for learning in Chapter 2.

On the contrary, a third suggestion from carers involved the usage of their native language. Three informants report that English language usage for non-native speakers would be enhanced if they had the chance to buddy with a more advanced English speaker from the same country:

> Maybe pairing them with someone like one of the Filipino girls with another Filipino girl who can speak English and can explain to her the English and in their language … we have a lot of Filipino, a lot of Nepalese and Indian. I think pairing them with someone with their own language, they can explain what's going on. They can tell them how to pronounce the words or words that are specific. (Renee, Australian)

In a recent study examining the needs of migrants learning English, it was found that mother tongue instruction (e.g., when English is explained to a Filipino in Tagalog) is an important and effective way to improve English literacy (Mascarenhas, 2021). However, this suggestion would contradict the English-only policy, so there would need to be communication to workers that compatriot buddying is a part of an intentional structured learning activity.

The final theme related to English language usage at Northpoint is vocabulary learning. Here, it was suggested that learning vocabulary specific to aged care situations would be helpful for both native and non-native speakers:

> We do have online training every month. We have different topics, so maybe they could do something with different words.… It would be good if the facility

provided some sort of little one pager with just some of the main nationalities' words of each language. (Renee, Australian)

These educational provisions may help non-native speakers recognise and use important English jargon related to care work. They would also help native speakers to communicate with non-native residents when language barriers exist. Vocabulary is regarded as a foundation of language improvement and, when learning activities focus on word use, they have been shown to be very effective (Gardner, 2013). Management at Northpoint also identified language learning as enhancing communication and learning in the facility. These insights are described in the next section.

Perspectives from Management about English Language Usage. Management at Northpoint also suggested that more can be done to enhance English language usage at the facility, particularly in relation to educational affordances. For example, "Maybe just finding out what the top 10-20 rub points are when it comes to English language and care" (Chris, General Manager). So, complementing the suggestion above about vocabulary, the identification and training of common miscommunication situations would support communication in the facility. The group Head of Learning and Development agreed that more can be done to improve English language usage in the organisation. It was noted that certain training topics, such as compliance, often use complex policy and legal language that could be difficult for some learners:

> We're very compliance and risk-centred organisation. I'm constantly having conversations around, "Do we really need to say that? Or do we need them to cite (the act)? Or do we just need them to know how to stay safe in the workplace?" (They) need to do this (follow a compliance guideline) to be respectful of others. And they need to do that because it's required by law. (Michelle, Head of Learning and Development)

Here, it is suggested that written communication and learning materials could be written in plain English to make comprehension easier for workers, especially those from non-native backgrounds.

Summary of Ways Learning of English Can be More Effective in the Workplace. Having presented and discussed the data from carers and management about English language usage for working and learning in multicultural environments, some summarising points are made here. The key proposition made above is that improved English language usage in this CaLD environment is not just a capability requirement for non-native English speakers. The ability of native speakers to

accommodate and adapt to an accent-diverse setting should also be supported by the workplace through communication training. Educational affordances should include simplified vocabulary usage in commonly occurring miscommunication scenarios (e.g., whilst providing care or completing compliance training). Stronger enforcement of the English-only policy was also seen to improve communication and co-working at Northpoint. However, an exception to this policy, where buddies communicate in local language to support English usage, was also suggested. In sum, this case study has illuminated four ways to support working and learning in multicultural environments via the learning and use of English. Connecting closely to this theme is the requirement for carers to learn cross-cultural habitude, which is examined in the next section.

7.2.3 Requirements for Learning Cross-Cultural Habitude

Cross-cultural habitude, as described in this thesis, is the habitual tendency and disposition (i.e., habitude) towards co-working situations with CaLD peers or residents in aged care. Data presented and discussed in Chapter 6 highlight cross-cultural habitude as an important influence on working and learning in multicultural teams. The case study examined here in Chapter 7 aims to illuminate more specific requirements for learning cross-cultural habitude. To do this, seven carers were asked, “If you were offered training to work more effectively with team members from different ethnic/cultural backgrounds, what should this training cover?”. The responses to this question are summarised in Table 7.3 and exemplified with illustrative quotations. Some additional insights from the General Manager of Northpoint are provided, as well as perspectives from Elder Care’s group Head of Learning and Development.

Recommended Inclusions for Cultural Awareness Training. Table 7.3 presents the themes about recommended inclusions for cultural awareness training.

Table 7.3

Recommended Inclusions for Cultural Awareness Training

Recommendation	Number	Theme category
Recognising and adapting to differences	7	Cross-cultural habitude
Cultural approaches to care	3	Resident support

Two main themes were evident in the interview data: Recognising and adapting to differences and Cultural approaches to care. Each theme is described in the following sections.

Recognising and Adapting to Differences. The first theme evident in the data suggests that cultural awareness training should cover the ability to recognise and adapt to differences. All seven carers emphasised a need for greater understanding of how culture may influence a co-worker's approach to their role as carer. Within this theme, they described the problems caused by the perceived inability of carers to recognise differences, the need to adapt, and some practical tips to include in cultural training.

Most carers shared examples of the potential offence, embarrassment, and misunderstanding that can occur due to the current lack of understanding about different cultural differences. Many stories were told during the interviews, such as this situation in which non-Australians felt ostracised for discussing customs related to food:

> I remember one day having a lunch break with a friend of mine who's African. She was talking about eating exotic foods and I said, "Oh, in the Philippines, we eat chicken intestine and everything. All those exotic things". Then this lady said, "Oh, in our country we eat dogs" … (the response from a third co-worker was) very sarcastic like, "How can you eat dogs? It's disgusting!" … Where's the respect there? Of course, he didn't know what he was talking about, but to tell someone like, nasty words, it is not acceptable. (Carmen, Filipino)

This example is noteworthy because it illustrates the disrespect felt by workers regarding their cultural background. It is probable that such instances negatively affect the level of trust and collegiality present in this diverse environment.

The above excerpt also represents how psychological safety, as described in Chapter 2, can be impaired when co-workers feel judged due to their cultural practices (Picketts et al., 2021). When a sense of psychological safety is low in a working environment, workers are less likely to be open and comfortable being themselves. This then prevents them from being confident enough to share ideas, express concerns, and ask questions (Edmondson, 1999). Consequently, the frequency of interactions that support learning through their work is reduced or their quality is diminished. The main proposition here is that achieving psychological safety in aged care is likely to be more challenging because of its high levels of cultural diversity.

To avoid the type of challenge described above, carers suggested that cultural training should focus on ways to recognise and adapt to cultural differences. Many comments related to simply gaining a deeper level of understanding about how cultures are different:

> Different cultures, different words, because you know, I've found out so much about different cultural events since I've been working in this industry. Like in

Parsi, I think it is that there's a day with a men stay at home and the women don't eat or anything to look after their husband. So, our male workers stay home and female workers who are married to men from that religion stay home to look after their them. So, there's all these different cultural events that happen that we don't understand. (Renee, Australian)

It was also suggested that Australia be a topical focus for cultural training:

Acknowledge that Australia is a multicultural country … it's not only the Asians that are the migrants. Even the white people are the migrants and even if you're born here from a British background, you still have come from a migrant heritage. Yeah, unless you're indigenous. (Wei, Malaysian)

In this example, a point is being made that there should be acknowledgement that Australian-born carers also have diverse cultural and ethnic backgrounds that need to be included. From this perspective, the term "culturally and linguistically diverse" applies to everyone in the team, not just those born overseas. Carers explained that a deeper understanding of cultural differences would help workers to adapt to each other in situations where interaction may be challenging:

How to converse with this person, how to respect this person, how to set your boundaries, and likewise, they should know you … they should also understand … our culture as well. (Carmen, Filipino)

So, a key aspect of improving cross-cultural habitude is the need to recognise and adapt to cultural differences. In the literature, these circumstances are often described as "cultural intelligence" (Crowne, 2013; D. Thomas et al., 2015; Van Dyne et al., 2012). Various studies suggest that culturally intelligent teams learn and perform better (Jyoti & Kour, 2017; Nam & Park, 2019; Pradhan et al., 2017). So, cultural training in aged care should be directed to and incorporate these concepts.

Cultural Approaches to Care. A second theme was evident in the response data for the question, "If you were offered training to work more effectively with team members from different ethnic/cultural backgrounds, what should this training cover?". Three carers described a need to learn about cultural approaches to resident care, for example:

From a multicultural point of view, you never tell an African man to go and shave somebody because they shave them all over because that's what they do. And then the family comes in and sees that the pubic region of their father has been shaved and they want to know why. (Renee, Australian)

Here, it is evident that care practices may be performed differently depending on the cultural background of the carer. This can relate to how specific tasks are performed and, as described in the following quotation, to the general disposition of carers towards residents:

> A lot of local carers will go up to the resident and give them a kiss on the cheek. But as an Asian, I cannot just go up to a resident and give them a kiss. I think that this is a little bit too close contact with me.… Some people do it, some don't do it, but if I don't do it, I think the other carer should understand my culture. You go and hug the resident and give them a kiss.… If I don't do it, it doesn't mean I'm rude and not following your culture, but you still have to understand that my culture doesn't usually hug and kiss. Sometimes, they kiss the resident on the lips … before the Covid started. Then they'd go to another resident room and kiss another resident. And then kiss another resident. I cannot take it … you have to respect me that I don't like this type of contact. (Wei, Malaysian)

These examples highlight a need for cultural training to support differing approaches to care, in two ways. First, it should support carers to identify and adapt their care to the cultural requirements of the residents (e.g., an African caring for an Australian when shaving). Second, it should support carers to recognise and accept that care disposition (e.g., kissing) may be different from one carer to another depending on their culture. So, cultural training should include support for the interactions between carers and their co-workers, as well as between carers and residents. The need for culturally sensitive care is also recognised by the Australian Government, Department of Health (2019) which has published guidelines for supporting CaLD people in aged care. These guidelines emphasise the need to adapt to the care requirements according to residents' cultural backgrounds; for example, supporting a Muslim to complete daily prayers. It is also important to note that some residents and workers are not monocultural (i.e., from a single ethnic group), which further emphasises the potential complexities of such interactions (Bolaffi, 2003).

A range of cultural topics were specified in the interviews that are helpful additions to cultural training. They are listed here to be considered as potential examples, case studies, and inclusions for training at Northpoint:

- Cultures of India, New Zealand, Nepal, China, and New Zealand
- Responding to racism and prejudice
- Australian history of migration
- Care practices to suit Australian residents

- Main events and celebrations of different countries
- Food habits of different cultures
- Mortality traditions of different cultures
- Chinese communication behaviours (e.g., non-verbals like nodding)
- Parsi traditions

In addition to these topical suggestions, carers highlighted some other needs associated with learning of cross-cultural habitude. They claimed it should be available to both new carers (e.g., during onboarding) and longer serving carers. Face-to-face delivery was also described to be more suitable than online learning for this type of session. However, monthly updates about different cultures via online or print communication was suggested as a suitable complement to face-to-face cultural training. Further to this input from carers, interviews with management also illuminated requirements for learning cross-cultural habitude.

Perspectives from Management About Learning Cross-Cultural Habitude. Management working at Elder Care reportedly recognise a need to support the cross-cultural habitude of carers to be able to more effectively co-work, learn, and provide care. Comments provided in interviews with the Northpoint General Manager and the Elder Care group Head of Learning and Development supported both themes identified above by carers. Although diversity and inclusion is communicated, celebrated, and supported at Elder Care, management claim that there is a need to help workers develop skills to navigate the diversity, for example, “We celebrate it, but we don't tackle so much how we deal with each other” (Chris, General Manager). The Head of Learning and Development stated that diversity and inclusion training is provided to management, but little or no training about cross-cultural working is provided at Elder Care. These perspectives are important because they support the proposition, outlined in Chapter 6, that learning of cross-cultural habitude is likely to enhance how carers work and learn together in diverse aged care environments.

Management comments are aligned to responses from carers indicating that learning should focus on co-working and care scenarios. A specific example provided by both managers was how carers recognise and adapt to non-verbal communication with co-workers and residents, for example: “In some cultures, when I nod it doesn’t mean yes and when I shake my head it doesn’t mean no” (Michelle, Head of L&D); “They (Chinese carers) kind of nod and agree. ‘Yes, yes, yes’. But they're not taking on board what you're saying” (Chris, General Manager). Nodding was also described by carers as a gesture that is sometimes confused during work interaction leading to cross-

cultural miscommunication. Cultural studies have shown head nodding to be a cause of cross-cultural miscommunication because the same movement denotes different meanings depending on one's cultural background (Andonova & Taylor, 2012). That is, a vertical head movement signals a positive response for many cultures but can mean the opposite in other cultures (e.g., Bulgarian). In some Indian cultures, a "head wobble" from side to side may mean "yes" or "thank you" yet can be perceived as "no" if others are not familiar with the gesture (Storti, 2007). So, this type of common scenario (i.e., head nodding) should be captured as part of structured learning experiences for carers. The above insights are helpful because they illuminate the need for non-verbal communication to be included in cross-cultural training.

Generally, data gathered in the interviews with management about learning of cross-cultural habitude were similar to that elicited from carers. These insights are brought together in the following summary of findings about learning cross-cultural habitude.

Summary of Findings Abouts Learning Cross-Cultural Habitude. This case study has illuminated how the habitual tendency and disposition of carers (i.e., habitude) towards co-working situations with CaLD peers or residents in aged care can be improved. The most important focus here is supporting carers to recognise and adapt to ways of communicating and working that are different from their own. It has been argued that successful interactions and effective learning within the aged care environment can be enhanced when cultural differences are better understood. This understanding will lead to greater levels of respect for and inclusion of all carers in this CaLD environment. It can be achieved through learning interventions that support the knowledge of and openness towards different cultural practices.

7.2.4 Inter-Worker Learning as a Co-Working Practice in Aged Care

Inter-worker learning, as defined in this thesis, is the intended or unintended practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work. Data presented and discussed in Chapter 6 indicated that inter-worker learning is an important influence on working and learning in multicultural teams. The case study examined in this chapter aims to illuminate more specific requirements for supporting inter-worker learning. To do this, seven carers were asked, "How could your workplace help staff who are more experienced to share their knowledge with staff who are less experienced?" The responses to this question are summarised in Table 7.4 and exemplified with illustrative

quotations. Some additional insights from the General Manager of Northpoint are provided, as well as perspectives from the Elder Care's group Head of Learning and Development.

Table 7.4

Ways of Sharing of Knowledge Between Experience and Capability Levels

Recommendation	Number	Theme category
Targeted rostering (to mix experiences levels, buddy when caring for high-risk residents, different units)	5	People and time provision
Frequency and quality of group meetings (More group meetings with staff of differing levels of experience to share questions and solutions Encourage more openness of staff (e.g., more curiosity from less experienced and more welcoming from more experienced)	4	Management support and inter-worker learning Co-working practices
More buddying	2	Inter-worker learning

Table 7.4 presents ways of sharing of knowledge between carers with differing experience and capability levels. Three main recommendations were evident in the interview data: targeted rostering, frequency and quality of group meetings, and more buddying. The middle column indicates the number of carers who made this recommendation, and the right-hand column shows the main theme category that each recommendation reflects. Each theme is described in the following sections.

Ways of Sharing of Knowledge Between Experience Levels.

***Targeted Rostering*.** This theme was referred to by five of the seven carers. Generally, they described the need for their work time to be scheduled in a way that exposed them to a greater mix of work types and people. Specifically, it would include rostering in different units, more deliberate mixing of experience levels on shift, and reducing cultural homogeneity on shift. Each of these elements is further described in this section with illustrative quotations.

Carers described the need for rostering to support a greater mix of exposure to work types and areas across the facility, for example:

> (Buddying in different units means) you get an overview of how it is done across the board because the way you do things in the dementia unit is different to how you do things in another unit. Some units have more able bodied (residents) and less hoisting. So if you haven't done a lot of hoisting when you're in there trying to do it with someone who has not got the concept, you are trying to think for two people. (Renee, Australian)

This quotation illustrates the important role that intersubjectivity (i.e., shared understanding; Billett, 2014b) plays in aged care work. In this example, there is a lack of shared understanding of how to assist a resident to enter or exit their bed using a hoist. As this task usually requires two carers to undertake, it would be more easily completed if there were a greater joint awareness and common procedural capacity between the two carers. This carer claims that rostered exposure to the different work units would help carers to learn and practise a wider range of tasks more competently. Targeted rostering also referred to the deliberate mix of experience levels whilst on shift:

> If the fresh ones (are rostered) with somebody more experienced, they can watch by example and, if a new person is doing something wrong, she can be corrected by the one who has experience. (Gitali, Indian)

So, in addition to structured buddying during onboarding, there should be an ongoing consideration of who is rostered together and how they may be able to share their experience.

In addition to exposing carers to different types of work and co-worker experience levels, targeted rostering was also suggested to ensure cultural diversity whilst on shift. This approach is suggested, firstly, because it is seen to be an enjoyable aspect of the job:

> I love working with multicultural people. It’s fun. I love it. And I'm always interested in what their life has been and how they've ended up. And a lot of them (non-Australians) are not here on working visas and, and they're really hard workers and they do deserve to be here and working. (Rachel, Australian)

This quotation illustrates how working in diverse teams can lift employee engagement (Downey et al., 2015) which, in turn, can improve knowledge exchange and effectiveness in multi-ethnic workplaces (Hajro et al., 2017). However, the main issue expressed by carers was that heterogenous shifts support cross-cultural habitude amongst co-workers. This view was noted by non-Australian carers, for example, “Not all Aussies, not all Indians or not all Filipinos because what's happening is that you've got groupings … it makes you aloof with others” (Carmen, Philippines). It was also noted by Australian carers, for example:

> I think sometimes there's this kind of racism, not as an evil racism, but as in we'll put all the Filipino girls together, we put all the Aussies together in a team. I really think there should be more mixing … there's three Nepalese girls who

> always worked together that have like 10 years' experience each. They should be with the ones just coming in and need the support. (Renee, Australian)

Carers described a tendency for rostering to cluster nationalities; as illustrated by the above quotations, this has an adverse effect on co-working practices and cross-cultural habitude. These are important insights because much of the literature focusses on the need to overcome the challenges associated with multicultural teams rather than embracing the opportunities they present (Dibble & Gibson, 2013; Fitzsimmons et al., 2017; Karna & Knap-Stefaniuk, 2019; Von Glinow et al., 2004). Nevertheless, studies are emerging that highlight the advantages of diverse teams and how heterogeneity can lead to improved learning and performance (Szymanski & Kalra, 2021; van Veelen & Ufkes, 2019).

In sum, targeted rostering may support inter-worker learning, cross-cultural habitude, and co-working practices at Northpoint. This finding is because carers seek exposure to different work units and to co-workers with difference experience levels and more cultural diversity whilst on shift. They report such exposure would enhance how they learn and engage with a wider range of job tasks and co-workers. Another opportunity to share experience that was expressed during the interviews and is presented in Table 7.4 is the regular group meetings that occur whilst on shift.

***Frequency and Quality of Group Meetings*.** This theme was referred to by four of the seven carers, with two sub-themes evident within those responses. The first of these is the need for more group meetings with staff of differing levels of experience to share questions and solutions, for example, "I think there should be more group meetings so we can get together and staff can ask questions of the more experienced ones" (Renee, Australia). Carers described the shift handover huddles as an appropriate time for this:

> We don't have reflection after the shift … to talk about how your shift is going, any concerns, anything you want to address, any stresses, any challenges? The registered nurse will say "thank you so much", but we don't have time for reflections. (Wei, Malaysian)

So, the quality of shift handover discussions was seen to be a valuable way that carers can learn by sharing and reflecting on experiences, problems, and solutions. As described in Chapter 2, Schon's (1983) notion of reflective practice is considered an integral aspect of learning in the workplace. Debriefings are widely practised in aged care settings and have been shown to support the communication, confidence, and learning experienced by co-workers (Hockley, 2014). Therefore, shift handover

meetings represent an opportunity for enhanced workplace learning in this aged care setting.

The second sub-theme related to group meetings focusses on how workers conduct themselves during these interactions. Carers described the need for less experienced workers to show more curiosity and to ask more questions, while more experienced workers should be more welcoming and encouraging. The latter was described as follows:

> They (other carers) should not criticise the new staff who have no experience. This is very common at my workplace. When I started in aged care, I don't have experience in aged care because I did nursing. It was my first job. I was lucky to get hired and to learn from them. And then the senior staff, once they know that we do not have experience, they have a very negative body language … even if they are not talking about me, they tend to talk in front of me about other carers that don't have experience. The experienced carer shouldn't criticise. They should be a good mentor. They should be a good coach. (Wei, Malaysian)

This quote is important because it exemplifies two of the main themes identified by carers in the survey data presented and discussed in Chapter 6. These are Care disposition (i.e., expression of carers' kindness, respect, patience, tolerance, and empathy for residents and co-workers) and Co-working practices (i.e., behaviours that demonstrate teamwork when working with others, including openness to working with others, offering help to co-workers, and the acceptance of help from others). So, the quality of group meetings can be enhanced when the dispositions and practices of carers support the differing experience levels.

Thus, workplace learning at Northpoint can be enabled if the facility afforded more group meetings as opportunities to share, discuss, and reflect on workplace challenges. Furthermore, the quality of those meetings (e.g., shift handover) can be enhanced when carers demonstrate greater care disposition (e.g., patience) and co-working practices (e.g., openness) with each other. In addition to targeted rostering and group meetings, a final enabler of inter-worker learning related to opportunities is more structured buddying.

More Buddying. This theme was referred to by two of the seven carers as illustrated by this quotation:

> I think there should be a longer buddying period when people first start. Even though people have gone to TAFE … (once) you actually get on the floor, different facilities are set out differently and they use some different equipment.

> They have different rules that you have to follow … I think there should be five to seven shifts that are buddying in different units and different shifts as in AM, PM or night. (Renee, Australian)

It is not surprising that buddying has been identified by carers as an enabler for inter-worker learning because various studies have demonstrated its effectiveness (Houston & Morgan, 2018; Nigah et al., 2012; Ramsey et al., 2021). This is especially the case in aged care where "everyday learning through work individually assisted by other workers" has been identified as a preferred strategy for workers in this industry (Choy & Henderson, 2016, p. 1). Inter-worker learning was also described by Elder Care's management as a way to enhance the workplace learning of carers.

Perspectives from Leadership and Human Resources About Inter-Worker Learning. Generally, comments from the Elder Care group Head of Learning and Development and the Northpoint facility General Manager supported the three themes identified above by carers. It was reported that rostering, group meetings, and buddying are organised in a way to support on-the-job learning; however, more could be done to enhance these practices. For example, although new workers complete a minimum of two buddy shifts during their onboarding, this was considered insufficient. A barrier for inter-worker learning described by these leaders is staffing and time provision. The demands placed on carers due to the constant needs of residents and the operating efficiency targets of the facility can limit the amount of time afforded for the activities described above. This was also identified as a theme in Chapter 6, where the availability of workers and allowable time needed to enable effective resident care was recognised as an influence on workplace learning (i.e., "Staffing and time provision"). As described in Chapter 3, the pressure on aged care facilities to balance effective care whilst remaining profitable is a major challenge for the industry. This case study of Northpoint demonstrates the negative affect that poor staffing and time provision has on workplace learning.

To help overcome this, an idea was suggested by the General Manager to support inter-worker learning in facilities:

> You could you do occasional really simple video grabs with experienced carers (for example) "my best practice share this week is toileting".… It doesn't mean recording someone on the toilet … but you could be talking through the process person to person and then you'd be able to capture that. And then as people were starting, that'd be 20 to 50 basic tasks that you could go and hear from staff how they do it. If you're not doing it that way, you'd have an opportunity to say, "well

> hang on, I've got a better way to do it" or "no, that's not how I do it". (General Manager, Northpoint)

This is potentially a valid suggestion because it would be time-efficient and remotely accessible and is an effective form of learning and knowledge management (Waddill, 2018). Consequently, this idea is further discussed here in Chapter 7 in section 7.3.3 as a response to the research question, "How should learning support and guidance be enacted in a multicultural workplace?"

Input from management about inter-worker learning illuminated another potential need for workers at Elder Care—to support the capability of buddies to share their knowledge more effectively. Currently, buddies are not provided with any specific learning support on how they should be providing guidance and training to less experienced carers. The risk here is that buddying practices may not be optimal and that the consequent learning is poor. The right communication practices, care disposition, and co-working values are important characteristics for effective buddies. In particular, communication practices were highlighted by the General Manager, "I'm on the assumption you (the experienced buddy) told them (the new carers) what I (management) told you. But we don't know. I can't guarantee that they've heard what you've said." So, effective knowledge sharing through inter-worker learning may be enhanced at Elder Care if buddies receive more guidance of their own on how to effectively take on this role. Available information to support the development of an approach for Elder Care includes online resources (e.g., https://www.indeed.com/hire/c/info/buddy-system), organisational best practices (e.g., https://www.education.vic.gov.au/hrweb/Documents/Buddy-Program-Guide.docx), and literature (Mornata & Cassar, 2018; Nigah et al., 2012; Preston & Burch, 2018).

Summary of Findings About Inter-Worker Learning. The practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work (i.e., inter-worker learning) is an established and effective practice at Northpoint. However, this case study has illuminated three ways of sharing knowledge between experience and capability levels. More targeted rostering would allow for greater exposure to different types of work (i.e., job tasks and work units) and different types of co-workers (i.e., experience level and cultural background). Group meetings would support inter-worker learning if they were more frequent and facilitated in a way the enables more reflective practice and discussion. Finally, more time spent buddying would allow for more knowledge sharing, especially during the onboarding of new carers.

Concluding Remarks About the Analysis of Case Study Data. Section 7.2 has presented and discussed data about cross-cultural working and learning at Northpoint. Central to this, the case study has revealed that Covid-19 changed how carers work and learn due to the wearing of PPE, fewer family visits, and understaffing. Further, the exploration of English language usage, cross-cultural habitude, and inter-worker learning at this worksite suggests that it could better support the learning required for effective work in such a disrupted environment. Specifically, cross-cultural working would be enhanced through revised approaches to communication training, group meetings, rostering, and buddying. Such insights are helpful because they point to specific areas that can potentially enhance how diverse teams of carers can work together to provide the best possible care for residents.

These concepts are further explored in the next sections where case study data are aligned with concepts from the literature (as depicted in the conceptual model for learning) and themes identified in the survey discussed in Chapter 6. This forms a basis for responses to the research questions and further propositions about the influences, supports, hindrances, and enhancements for learning in multicultural team environments at Northpoint.

7.3 Advancing Propositions About Learning in Multicultural Aged Care Teams

Having presented and discussed interview data from the Northpoint case study, some key insights about learning in multicultural aged care teams have emerged. These propositions are advanced in this section with specific reference to how they respond to the three research questions of this inquiry.

7.3.1 Synopsis of Factors That Influence Learning at Northpoint (RQ 1)

The primary aim of this inquiry was to identify how workers learn in multicultural team environments. The case study data presented and discussed above have helped to illuminate this focus and illustrate the circumstances in which carers at Northpoint learn. In this section, a synopsis of factors that influence learning at Northpoint is presented. These insights extend the responses in this inquiry to RQ 1 (What are the key factors that influence learning for work performance in multicultural team work environments?). The individual, interactional, environmental, and cultural factors (i.e., the conceptual model for learning) are supported with specific examples from this worksite. This discussion is important because it links key concepts from the literature (in Chapter 2) and key themes from the survey data (in Chapters 5 and 6) to

specific examples from the case study in this chapter. So, here in Section 7.3, those concepts, themes, and examples are brought together to provide a comprehensive response to RQ 1. They are then further discussed with reference to RQ 2 of this inquiry (How do these factors support and or hinder this learning?). This chapter concludes by responding to RQ 3 (How should learning support and guidance be enacted in a multicultural workplace?) by proposing some specific interventions for Northpoint. Propositions are made here based on the case study analysis in Section 7.2; for brevity, the relevant illustrative quotations are not repeated in this section. As a basis for the upcoming discussion, the model for learning is revisited here (see Figure 7.2).

Figure 7.2

Case Study Themes Within the Conceptual Model for Learning

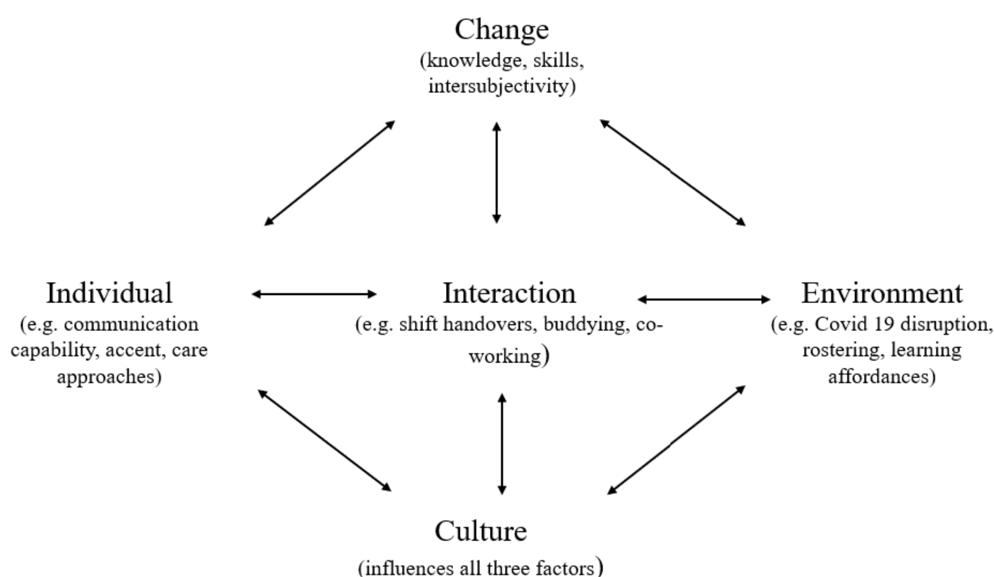


Figure 7.2 depicts the proposed explanatory model for learning in multicultural team environments as applied to Northpoint. This model is a helpful way to extend the analysis here in Chapter 7 because it demonstrates how fundamental concepts from the literature materialise in a real and current site of workplace learning. The explanatory model proposes that that learning is fundamentally influenced by three factors (i.e., the individuals, their interaction, and the environment) each of which is affected by "culture" leading to a "change" in a worker's knowledge and skills. These factors are further detailed in Table 7.5 and is discussed in the paragraphs that follow it.

Table 7.5

Linking Influences and Themes to Examples from the Northpoint Case Study

Influencing factors identified in the literature	Influencing themes identified in the survey		Examples of influences on learning identified in the case study of Elder Care Northpoint
	Theme category identified in survey data	Specific theme characteristic	
Individual	Care and work disposition	Care disposition	Cultural approaches to care
		Co-working values	Working extra shifts during pandemic
	Task navigation	Knowledge application	Previous experience in aged care
		Procedural adherence	English-only policy Calling in sick
Interactional	Communication and language practices	Communication practices	Listening, tone, pace, clarification, and confidence
		English language usage	Accent and expression Comprehension
	Co-learning and co-working practices	Co-working practices	Recognising and adapting to differences Group meeting behaviours Openness (e.g., curiosity from less experienced and welcoming attitude from more experienced)
		Inter-worker learning	Buddying Discussing experiences with peers Allocation of an English buddy
Environmental	Workplace affordances	Educational affordances	Communication aides (e.g., pictures and translation app) Vocabulary learning
		People and time provision	Staffing levels Resource planning to plan for illness Targeted rostering (to mix experience levels, buddy when caring for high-risk residents, different units)
		Resource provision	PPE Communication aides (e.g., pictures and translation app)
	People support	Management support	More involvement by RNs Frequency of group meetings
		Resident support	More video calls
Cultural	Cross-cultural habitude	Cross-cultural habitude	Various examples included above

Table 7.5 brings together the influences, themes, and case study examples that have been identified and discussed in this inquiry. This table is helpful because it provides a synopsis of insights gathered from the literature (influencing factors), the survey (influencing themes), and the case study (examples of influences), showing parallels across those sources. The three main influencing factors from the conceptual model for learning (individual, interactional, and environmental) are listed in the left-hand column. Individual factors incorporate key contributions from the literature including subjectivity (Billett, 2008b), readiness (Billett, 2015a), mindset (Dweck, 2015), experiences (A. Kolb & Kolb, 2005), and refection (Schön, 1983). Interaction with co-workers may be shaped by intersubjectivity (Billett, 2014b), interactional consequences (Filliettaz et al., 2015), cohesion (Salas, Estrada, & Vessey, 2015), psychological safety (Edmondson, 2018), and team learning (Kasl et al., 1997). Environmental elements include situated learning (Lave & Wenger, 1991) within the physical and social space (Rutten & Boekema, 2012).

The theme categories and their specific characteristics, as identified in the survey of Chapters 5 and 6, are listed in the middle columns. These specific terms were devised within this inquiry; a definition of each can be reviewed in Chapter 6 and the definition for each was presented in Table 6.3.

In the right-hand column, relevant examples from the Northpoint case study are then listed for each theme category. So, individual factors that influence learning for work performance in the multicultural team environments of Northpoint include, for example, cultural approaches to care (i.e., care disposition). The ethnic background of carers has been shown to affect the way they attend to residents (e.g., shaving hair from patients). This situation exemplifies the notion of Billett's (2008b) subjectivity which is an important and relevant factor guiding this inquiry. Interactional factors that influence learning at this worksite include, for example, buddying (i.e., inter-worker learning). Carers at this worksite claim to acquire new or enhanced skills and knowledge when they observe and are guided by an experienced colleague whilst undertaking work. This situation exemplifies the notions of Billett's (2014b) intersubjectivity and Filliettaz et al.'s (2015) interactional consequences. Environmental factors that influence learning here include, for example, staffing levels (i.e., people and time provision). At Northpoint, the quantity and quality of staff on shift can influence how new tasks are learned. This situation exemplifies the notion of Bouw et al.'s (2019) proximity to resources. So, key concepts from the literature are further supported by case study data.

Each of the examples listed in the right-hand column represent real, current, and tangible circumstances in which carers in aged care learn in this worksite. They animate the concepts identified in the conceptual model for learning and expand on the themes described in the qualitative data. These examples can also be considered as barriers and enablers for learning in this multicultural team environment. Thus, they help to address the second research question of this project: How do these factors support and/or hinder this learning? This question is the focus of the next section.

7.3.2 Supports and Hindrances for Learning at Northpoint (RQ 2)

To further understand the influences on learning at Northpoint, it is necessary to consider them as enablers or barriers for the carers engaging in this diverse, disrupted, and complex aged care environment. Such consideration is important because it directly addresses RQ 2: How do these factors support and or hinder this learning?. In this section, various conclusions are drawn from the case study data summarised in Table 7.5. These relate, primarily, to practices of and affordances for (a) cross-cultural habitude, and (b) inter-worker learning, each of which is now explored.

Cross-Cultural Habitude. The habitual tendency and disposition towards co-working situations with CaLD peers or residents was defined in Chapter 6 as cross-cultural habitude. Case study data from Northpoint exposed some ways that cross-cultural habitudes can contribute to or detract from learning. PPE has been shown to be the greatest barrier to effective cross-cultural working and learning during the pandemic disruption. The requirement to wear face masks and screens limited the effectiveness of communication, especially because different accents made it more difficult to understand and be understood. At times when workplace learning occurs, such as the exchange of information between carers, masks constrain shared understanding. As described by Billett (2015a), intersubjectivity is an integral element of co-working and learning. It is particularly important in work situations where decision-making needs to be instantaneous, such as in the health and direct care professions (Billett, 2015a). Carers claimed there was a direction to wear full PPE even when there were no Covid-19 outbreaks or government mandates; Some report this was unnecessary. Subsequently, even though PPE mandates helped support safety in the facility, they hindered co-working and learning.

Further hindering intersubjectivity, especially whilst wearing PPE, were the English-language usage and communication practices of workers. The carers described situations in which communication was constrained by unclear expression (e.g., due to

accent) and poor comprehension (e.g., due to inability to adapt to the accent). Regarding the latter, carers described situations where native English-speakers were unwilling to make efforts to understand those speaking with a non-native accent. The inability to adapt to accents is also reflective of poor cross-cultural habitude. This problem was exacerbated by the wearing of masks, especially during communication with residents experiencing dementia-related illness or hearing impairment. Consequently, English-language usage (e.g., strong accents) and poor cross-cultural habitude (e.g., adaptability to accent diversity) were shown to impair the "skilful discussion" required for effective workplace learning, as described by Senge (1994). Aged care is an environment where communication is a critical requirement for co-working, learning, and resident survival. The main point here is that the wearing of PPE by a CaLD workforce, although necessary during the pandemic, is likely to be detrimental to the quality and effectiveness of information exchange, decision-making, and intersubjectivity amongst carers.

Nevertheless, the case study at Northpoint also revealed some ways in which learning in this cross-cultural environment is enabled. All interviewed carers and managers consistently described how an ability to recognise and adapt to cultural differences (i.e., cross-cultural habitude) made co-working much more effective. Earley and Ang (2003) described this ability as a form of cultural intelligence. Situations were described by carers in which a familiarity with the cultural customs of different nationalities made it easier to understand CaLD co-workers and to accept and adapt to different ways of working. This draws on an appreciation of differing lived experiences of co-workers (i.e., their subjectivity) because individuals with differing backgrounds are likely to socially construct the reality in which they learn in unique ways (Collins, 2016). To learn effectively in a multicultural environment, a worker must be able to engage in dialogue and skillful discussion with colleagues from different ethnic backgrounds. Therefore, it is proposed that cross-cultural habitude is a key enabler of learning in aged care. One of the ways to achieve it is through inter-worker learning.

Inter-Worker Learning. The intended or unintended practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work was defined in Chapter 6 as inter-worker learning. Case study data from Northpoint exposed some ways that inter-worker learning can enable co-working and skill development in cross-cultural teams. Generally, the learning of carers at this worksite is supported when they have opportunities to discuss their experiences with peers. As claimed by Illeris (2018), the actions, communication,

and cooperation during these discussions are a key element of workplace learning. The quotations shared and described earlier in this chapter illustrate specific instances where this discussion helped carers to follow procedures, use equipment, provide care, and work together as a multicultural team. For example, carers claimed that the opportunity to exchange experiences about providing extra social support to residents and wearing PPE during the pandemic was a helpful way to learn. Often, these discussions occurred during buddying and group meetings, such as at shift handover. So, learning through interaction is considered an important enabler for carers to grow and adapt to the changing needs of their work. Eraut (2004) supported this proposition, claiming that working alongside others and participating in groups give rise to workplace learning.

However, carers claimed that inter-worker learning was hindered by two main factors at Northpoint. First, a lack of openness to working with others limited the effectiveness of the interactions described above. This included the offering of help to co-workers and the acceptance of help from others, which are reflective of the co-working practices that were advanced in Chapter 6. Carers claimed that less experienced peers needed to be more curious and to ask more questions, especially during group meetings and whilst buddying. This claim suggests that there may be a lack of psychological safety amongst the carers, especially because they are hesitating to ask for help, share ideas, discuss errors, and seek feedback. The lack of such behaviours impedes the learning that occurs in teams (Edmondson, 1999). A likely contributor to low psychological safety at this worksite is poor cross-cultural habitude, especially when characterised by the occurrences of racism and prejudice described by carers.

Second, carers stated that inadequate provision of people and resources limited the opportunities for inter-worker learning. Although understaffing is a widespread challenge for aged care facilities in Australia (Royal Commission into Aged Care Quality and Safety, 2021), carers claimed that this was especially difficult during the pandemic when sick leave increased due to illness and mandated isolation. The main impact this had on inter-worker learning at Northpoint was that it limited the quality and quantity of group meetings and buddying. Both carers and managers claimed a need for more buddying, especially during the onboarding period of new carers. Their effectiveness in the new role was described to be directly influenced by the pre-existing knowledge and experience of aged care work. Such “readiness” shapes how workers engage in experiential learning, especially in healthcare settings (Billett, 2015a). Carers stated that the lack of people and time at this worksite reduced the chance of group meetings that would provide opportunities to share challenges and solutions about daily

working situations. Further, they claimed that shift handovers were often rushed or non-existent. Various accounts in the literature have suggested that insufficient or ineffective handovers hinder information flow and learning in teams (Eggins et al., 2016; Holly & Poletick, 2014; Rikos et al., 2019).

In sum, the inter-worker learning that occurs during buddying and group meetings is an important aspect of working and learning in multicultural teams. At Northpoint, it is hindered by poor co-working practices (e.g., lack of openness) and poor staffing and people provision (e.g., understaffing). It is further impeded by resources provision (e.g., wearing of PPE) causing carers to struggle to reach a shared understanding due to the muffling of voices and the diverse range of accents. These hindrances prevent the intersubjectivity required for effective working and learning at this worksite. Nevertheless, when such interactions occur, they are enabled by the practice of cross-cultural habitude by carers, especially the ability to recognise and adapt to the differing working styles of CaLD co-workers. The circumstances described above reflect Kasl et al.'s (1997) model for team learning which is formed by individual expression, integration of perspectives, and appreciation of teamwork.

The identification of the above barriers and enablers is valuable because it highlights specific and tangible ways that learning is influenced in aged care environments. Importantly, they emphasise the essential role that interaction plays in workplace learning. The illumination of these supports and hindrances is also valuable because it points to specific affordances that can be made by aged care facilities in order to better support how learning is enacted by the carer (i.e., as an individual), within a team (i.e., through interaction) and within the facility (i.e., the physical and social environment). The insights here are referred to in the next section, where a set of workplace practices are proposed as ways of enhancing workplace learning in aged care.

7.3.3 Proposed Learning Support and Guidance for Northpoint (RQ 3)

An important aim of this inquiry is to identify how learning support and guidance should be enacted in multicultural aged care environments. Table 7.5 has presented a synopsis of how learning at this worksite is influenced. The identification of enablers and barriers for learning there provides a basis from which specific interventions can be proposed for Northpoint and other facilities like it. So, this section is dedicated to the third research question of this project: How should learning support

and guidance be enacted in a multicultural workplace?. Data from the case study are drawn upon to propose three approaches in response to RQ 3:

1. Adoption of new CaLD working and learning practices
2. Revitalisation of inter-worker learning
3. Guidance for management who support CaLD carers

Each of these approaches concentrates on specific interventions to extend and strengthen learning affordances already in place at Northpoint. Primarily, these approaches are proposed for this specific worksite. However, other facilities may also find these helpful as the challenges at Northpoint are similar to those in other aged care facilities, including Senior Care and many aged care worksites around Australia. These propositions are supported by evidence including best practices and concepts from the literature.

Adoption of New Learning Approaches to Support CaLD Co-Working. Cross-cultural habitude and communication practices have emerged as key explanatory themes about learning in multicultural teams. It is, therefore, proposed that support and guidance should focus on the capability development of these two main areas. Here, these topical areas for learning are broken down into potential inclusions within learning interventions for cross-cultural working in aged care. This section focuses on learning content (i.e., the "what"); however, some suggestions are also made in this section about modes of learning delivery (i.e., the "how") based on survey and case study data. In Table 7.6, the main areas are presented as part of a topic framework to support CaLD co-working. These are displayed in the top row as cross-cultural habitude and communication practices. Sub-topics identified in the survey and case study data are listed in the middle and right-hand columns.

Table 7.6

Topic Framework for Learning to Support CaLD Co-Working

Main topic	Cross-cultural habitude	Communication practices
Sub-topics	Appreciating a CaLD environment - What and who is CaLD? i.e., everyone - Benefits of diverse teams	Communicating in a diverse environment - Listening, clarification, and comprehension - Confidence reticence
	Recognising differences - Customs and traditions - Patterns of work behaviour e.g., cultural dimensions theory	Vocabulary and English language usage - Adaptation of word usage in a CaLD environment e.g., avoidance of jargon - Common English language expressions in care situations - Health and age care specific vocab

	Adapting to differences - Cultural and emotional intelligence	Communication aides (resources) - Apps - Pictures/visuals
	Providing culturally appropriate care - Care needs of different cultures	Situational support - Whilst wearing PPE - Whilst caring for non-native residents

***Cross-Cultural Habitude*.** Within the main topic of cross-cultural habitude, sub-topics are presented in the middle column as appreciating s CaLD environment, recognising differences, adapting to differences, and providing culturally appropriate care. The identification of these areas is helpful because it directly targets knowledge and skill areas to grow how carers co-work and learn in this CaLD environment.

The first sub-topic for cross cultural habitude addresses the need for carers to learn to appreciate and accept their CaLD working environment because this is key to effective relations between diverse group members. To achieve this outcome, carers described the need for all workers (both Australian and non-Australian) to see themselves as contributors to the diversity of the group. Although the term “CaLD” is popularly used to describe people born overseas (Pham et al., 2021), it is argued here that cultural and linguistic diversity applies to everyone working and residing in aged care. This application is imperative because many Australian-born carers come from ethnically and linguistically diverse backgrounds. More importantly, it would help overcome the “us and them” mentality which was observed by some carers at Northpoint. As noted in the seminal work of Tajfel (2010), this mentality can lead to an increase in bias and “group think” that damages relations in diverse teams. So, to support cross-cultural habitude in aged care, learning interventions should emphasise the point that all workers are representative of and accountable for the effectiveness of the diverse environment in which they work.

Further, the facility should help carers to understand the benefits of diverse teams to enable them to appreciate and accept the high levels of culturally diversity that exist in aged care workplaces. Various studies of cross-cultural environments have shown that diversity can enhance innovation, productivity, and engagement, especially when members understand the potential in such groups (Leung & Wang, 2015; Peyrols Wu & Ng, 2020; Tadmor, Satterstrom, Jang, & Polzer, 2012). The main point here is that if carers understand, accept, and value the CaLD nature of their workplace, they are likely to express co-working values and practices that are an important influence on learning in multicultural teams. This point is supported by notions of cultural

intelligence (Earley & Ang, 2003; Livermore, 2011; D. Thomas & Inkson, 2017), whereby acceptance and appreciation of diversity enables cross-cultural relations.

The second sub-topic for cross-cultural habitude listed in Table 7.6 is the ability of carers to recognise cultural differences of the people around them. This may include the customs, traditions, and typical working styles of others, which can be considered as examples of what Billett (2008b) described more broadly as subjectivity. The case study illuminated that when carers are familiar with the individual cultural characteristics of a co-worker (e.g., related to cuisine or religion) they are more open to such differences. This study has highlighted that openness (i.e., co-working values and practices) directly influences how carers learn in aged care because it enables them to adapt working styles to suit a new or culturally different situation. The point advanced here is supported by the literature in which cultural knowledge is regarded as an important first step towards effective cross-cultural working (Lewis, 2012), especially in aged care (Xiao et al., 2018). Customs and traditions of some of the main ethnicities in the facility should, therefore, form part of learning cross-cultural habitude.

Beyond customs and traditions, carers also require support to recognise the differences in attitudes, behaviours, and working styles of their CaLD peers. This was evident in comments made by case study participants; for example, when some Asian carers receive instructions from a superior, they may nod their heads up and down. Often, this response leads the superior to believe the instruction is understood, yet the case study illuminated that this is not always the case. Consequently, misunderstandings about work requirements arise, causing learning and performance to be hindered. To enable carers to recognise these differences, there are various cultural models that could be incorporated into learning inventions. These include Hofstede et al.'s cultural dimensions theory (2010), Inglehart and Baker's "world values" (2000), Schwartz's "cultural value orientations" (2006), and Steenkamp's "national cultural dimensions" (2001). Although recognition of cultural differences is key to learning cross-cultural habitude, a more crucial element is the ability to adapt to such differences.

The third sub-topic for cross-cultural habitude listed in Table 7.6 is the ability to adjust working practices to the cultural differences described above. Integral to this is the practice of inclusive behaviours at work, which in the literature are claimed to include showing curiosity, reserving judgement, seeking input, listening with focus, addressing misunderstandings, and expressing empathy (Biswas et al., 2013; Ferdman & Deane, 2014; Panicker et al., 2018). These behaviours support a more inclusive environment and, according to De Cooman et al. (2016), can also result in higher levels

of team cohesion necessary for co-working and learning. When workers compare their individual characteristics to those of their co-workers, they determine how they believe they fit within the team and the norms, forms, and practices needed for co-working. So, an important aspect of learning cross-cultural habitude is helping carers to identify, accept, appreciate, and adapt to the differences of their peers.

The final sub-topic for cross-cultural habitude listed in Table 7.6 is the ability to provide culturally appropriate care to residents. Ethnic background can influence the need for, and provision of, resident care, as illustrated by examples discussed in Section 7.1 (i.e., showing affection and shaving). The case study has illuminated that there is a lack of cultural understanding in some care situations about how carers identify and respond to the needs of residents. The Royal Commission into Aged Care also found that there is, generally, insufficient training in practices that are considered to be culturally safe (Ausmed, 2021). Carers may struggle to determine care needs for a resident from an ethnic background different from their own because their lived experience influences the way they engage with and make sense of their work (i.e., their subjectivity). It is, therefore, important that the learning of cross-cultural habitude includes practices for providing culturally appropriate care. This inclusion is especially necessary at Elder Care which, like many Australian care facilities, does not cater to residents of any one specific ethnic or national background. Various studies support the notion that culturally specific approaches are necessary in aged care, which are captured generally in a literature review by Rademacher et al. (2009) as well as in more specific studies of Arab (Bertran et al., 2016), Italian (Detering et al., 2015), Indian (Andrews, 2011), and Indigenous Australian (Angell et al., 2018) cultures, amongst others. Many forms of educational support offerings can already be accessed by aged are homes in Australia, including those outlined in the following web resources:

- https://www.health.gov.au/health-topics/aged-care/providing-aged-care-services/working-in-aged-care/working-with-diverse-groups-in-aged-care
- http://www.culturaldiversity.com.au/18-resources-/service-provider-resources/35-cultural-awareness
- https://www.myauslearning.org.au/aged-care/
- http://www.diversicare.com.au/service-providers/partners-in-culturally-appropriate-care/
- https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/37324/Xiao_Cross_Workbook_P2017.pdf?sequence=1&isAllowed=y

So, to enhance cross-cultural habitude, aged care facilities should include culturally specific care as a sub-topic within learning interventions.

In sum, the adoption of new CaLD learning practices involves a topical focus on building the capability of carers to demonstrate cross-cultural habitude. The preceding discussion argues that this should focus on four sub-topics: appreciating the CaLD environment, recognising differences, adapting to differences, and providing culturally appropriate care. Learning that concentrates on these areas would help to grow the existing supports and overcome the apparent hindrances that were described by carers at Northpoint. Having outlined cross-cultural habitude as a prosed topic for learning, the following section builds on these concepts by examining communication practices that would further support work in this CaLD environment.

***Communication Practices*.** While cross-cultural habitude has concentrated on the habitual tendency and disposition towards co-working situations with CaLD peers or residents, communication practices focus more specifically on verbal interactions like listening, clarity, and pace. These are captured within the learning sub-topics in the right-hand column of Table 7.6: communicating in a diverse environment, vocabulary and English language usage, and communication aides. The identification of these areas is helpful because it directly targets knowledge and skill areas to grow how carers communicate as part of broader co-working and learning activities.

The first sub-topic for communication practices listed in Table 7.6 addresses the need for carers to learn to communicate effectively in a diverse environment. As in most workplaces, listening skills are an important aspect of how workers engage with each other and learn in health and care environments (Lee et al., 2020). These skills are especially important in Australian aged care facilities where many workers are not native English speakers and many residents experience speech and hearing impairment. In the case study, carers described situations in which the ability to listen, clarify, and comprehend the spoken outputs of others helped them to communicate accurately. Moreover, listening skills were regarded to be a greater enabler of communication than English language ability. So, it is not just the responsibility of non-native speakers to improve their spoken language skills. Rather, all carers, regardless of their linguistic background, can enhance communication and co-working if they listen with intent and can flex to different accents, especially in situations where communication is hindered by PPE. Listening skills are, therefore, an important enabler of intersubjectivity in this environment. More broadly, they have been shown to be critical in health professions (Fredriksson, 1999) and in other more general settings (Low et al., 2017). The work of

Purdy and Manning (2015) identified specific practices for listening in multicultural workplaces, including listening without expectation, accounting for subjective differences in expression, and clarifying when necessary. Learning interventions should, therefore, incorporate these practices.

Another hindrance of communication at Northpoint is reticence, that is, the unwillingness or reluctance to speak up (Batho, 2018). Carers described how some colleagues lacked the confidence to share their views whilst co-working. They attributed this to either their cultural background or a lack of confidence to express themselves in English. This observation is supported by and described in the literature as "cultural reticence" in which migrants may feel embarrassed (e.g., due to their language ability) or anxious (e.g., due to their cultural norms) to challenge or question an issue (Cheng, 2000; Felton, 1991; Rawson, 1999). In a study of communication in aged care, O'Keeffe (2016) claimed that cultural reticence is common in diverse settings and can be addressed through training. In particular, learning support should focus on the ability of all carers to proactively and respectfully clarify, collaborate, and consult if they identify reticence in co-workers. Cultural reticence has also been shown to be overcome through the improvement of English skills for non-native speakers (Carter & Henrichsen, 2015). Northpoint should, therefore, offer ongoing learning support for English language ability in addition to the listening and comprehension skills described above.

The second sub-topic for communication practices listed in Table 7.6 addresses the need for carers to learn to use English vocabulary in a way that is specific to their diverse aged care environment. This need emphasizes the important of language competence in the conduct of work and learning. Carers claimed that communication would be enhanced at this worksite if unnecessary slang was avoided by Australian carers whilst interacting with migrant peers. However, non-native speakers can also improve communication if they frequently use and understand language that is typical of health and aged care settings. Again, the case study has shown that the improvement of communication, and therefore learning, is reliant on the combined efforts of both local and migrant workers. So, a topical focus for learning communication practices should be on English vocabulary usage. Beyond learning support, the facilities can further support English language usage through resource provision, as explained next.

The third sub-topic for communication practices listed in Table 7.6 proposes the use of communication aides to guide the language usage of carers. In the case study, carers described instances in which visual and digital supports could help them to

communicate more effectively. This was considered particularly helpful for communication with residents in care situations. Not only do some residents experience hearing and speech impairments, but some also come from migrant backgrounds and struggle to communicate in English. The challenge of cross-cultural communication between workers and residents is common in the aged care industry (Xiao et al., 2018). One best practice tested in Australian aged care facilities is the use of apps to help with translation. One such resource, CaLD Assist, has been in use in health and care settings in Australia since 2014 and has been shown to help communication in care situations such as symptom identification (e.g., Covid-19), nutrition (e.g., food choices), hygiene, mobility, and pain management (Silvera-Tawil et al., 2018). The CaLD Assist app is depicted in Figure 7.3.

Figure 7.3

CaLD Assist Translation App Created for Cross-Cultural Communication in Aged and Health Care in Australia

Note. From "CALD Assist: translation health app now includes COVID-19," https://www.health.nsw.gov.au/Infectious/covid-19/update/Pages/cald-assist.aspx

In addition to digital supports, one carer at Northpoint claimed there is a need for more visuals to be supplied by the facility to support cross-cultural communication with residents. This could include, for example, images of drink options to clarify a resident's preferences at mealtimes. Communication cards are available for free download from the Centre for Cultural Diversity in Ageing (at http://www.culturaldiversity.com.au/service-providers/multilingual-resources/communication-cards), an example of which is depicted in Figure 7.4.

Figure 7.4

Example of a Communication Card Showing "Tea" for Communication with a Resident of Arabic Descent

Note. From https://www.culturaldiversity.com.au/resources/multilingual-resources/communication-cards

So, the facility can support communication by providing material supports for use during care situations. These supports are important because, in Chapter 6, the supply of equipment within the working environment to enable carers to respond to both predictable and unexpected work demands (i.e., resource provision) was identified as an influencing factor on working and learning in aged care.

In sum, aged care worksites like Northpoint should adopt new CaLD working and learning practices. These include foci on cross-cultural habitude and communication practices. Various sub-topics have been presented and discussed. The main proposition here is that these topics should form part of new and existing learning interventions offered to carers at this facility and others like it. Data gathered in the survey (presented and discussed in Chapters 5 and 6) and the case study (presented and discussed here in Chapter 7) consistently point to a need for learning to be more discussion based so that carers have the opportunity to hear, share, and reflect on the experiences of others. Therefore, live interactive learning events are likely to be more effective than self-paced modules. They should be available to all staff during their employment lifecycle (i.e., not just during onboarding) with some elements mandatory and others elective. The topics proposed here are most suited to traditional learning delivery (e.g., training modules); however, the case study has illuminated that social

learning (i.e., inter-worker learning) should also be further leveraged to support learning in this multicultural environment.

Revitalisation of Inter-Worker Learning. Data presented and discussed in Chapters 5, 6, and here in Chapter 7 reveal that inter-worker learning greatly influences learning in multicultural teams. Carers claim to acquire new or enhanced skills and knowledge through the observation, guidance, training, and buddying whilst working alongside others. It is, therefore, proposed that support and guidance should focus on the revitalisation of inter-worker learning so that Northpoint can benefit from this valuable source of knowledge: its people. Inter-worker learning can be positively influenced by factors identified in Chapter 6 including co-working practices (i.e., behaviours that demonstrate teamwork when working with others, including openness to working with others, offering help to co-workers, and the acceptance of help from others) and staffing and time provision (i.e., the availability of workers and allowable time needed to enable effective resident care). To enhance these behaviours and affordances, Northpoint should focus on four factors relating to inter-worker learning: (a) buddying practices, (b) rostering approaches, (c) group meeting provision, and (d) capture and sharing of carer experiences on video. Each of these areas are outlined in this section.

***Buddying Practices*.** The case study has illuminated that buddying is an effective form of learning in this diverse work setting. Both carers and managers at this worksite described circumstances that could be further enhanced to support, it as illustrated in the quotations and the accompanying analysis in Section 7.8 of this chapter. To address these needs, aged care facilities should adapt buddying approaches in three ways.

First, there should be a provision for more buddying and it should not be limited to carers' onboarding period. The case study indicated that two buddying sessions for new starters is often insufficient. Depending on subjective elements such as their prior experience, care disposition, education, and personal characteristics (i.e., their readiness), some carers are less prepared for the demands of aged care work than others and require much more support during those first weeks in the role. Although most carers require a Certificate III in Ageing Support as a prerequisite for this work, the unique characteristics of the facility, its processes, and its residents cannot be learned until carers are in the role. Buddying should also be afforded to carers after their onboarding period as they continue to grow their skills to meet the changing and ongoing demands of the role. In a recent study of career mentoring in aged care (Coppin

& Fisher, 2020), it was claimed that these types of inter-worker learning experiences are underutilised in Australia even though they are a valuable source of learning and development.

Second, buddying should allow for the exposure of carers to different work units, work types, and residents. This exposure is important because carers regarded experiences in different parts of the facility as a useful source of transferable knowledge. For example, spending time in the memory unit (including with residents with dementia) was described as a useful way to learn to deal with challenging behaviours of residents in other parts of the facility. Preston and Burch (2018) claimed that buddying in dementia environments can be a helpful way for workers to improve their ability to provide person-centred care. More generally, buddying in work areas outside of one's direct work unit or team has been shown to broaden how workers deal with challenges in their daily work (Nigah et al., 2012).

Third, buddying should be considered to support the communication practices at Northpoint. The concept of a "language buddy" was suggested by a carer at this worksite as a way for non-native English speakers to learn vocabulary, terminology, and popular expressions typical of aged care work. This could involve carers working alongside someone from their own country who can translate specific words and phrases during the shift. Alternatively, it would involve working alongside a native English speaker who can guide a non-native as they co-work and provide care to residents. The work of Kuki et al. (2021) supports the argument that buddying for language support is an effective way to enhance the social capital of employees and improve performance.

So, the revitalisation of inter-worker learning at Northpoint and facilities like it should include a focus on how buddying is afforded to carers. There should be more buddying offered during onboarding periods and it should also be offered at later points during carers' working life as they continue to build new skills and grow in the role. Furthermore, buddying should ensure exposure to a wider range of work units, work types, and resident types so that carers can broaden and build their knowledge of the facility. Buddying should also be considered as a way to improve communication practices and English language usage in the facility. Ultimately, buddying is an integral part of co-workers' interaction that influences how they learn. It is valuable because it creates opportunities for knowledge acquisition such as experiential learning, psychological safety, and intersubjectivity, as described in Chapter 2. To enable the provision of these expanded approaches to buddying and, more broadly, inter-worker

learning, the facility may need to review its approaches to rostering, scheduling, and workforce planning.

Rostering Approaches**.** A key challenge in 24-hour working environments like aged care is ensuring the scheduling of the right number of people with the right skills to meet the diverse and complex needs of the facility and the residents who inhabit it (Micah, 2019). Thus, it is not surprising that carers at Northpoint claim that different rostering approaches would lead to enhanced working and learning conditions. The case study indicated that poor staffing levels have hindered effective working and learning, especially during the pandemic. The main issue is that there are not enough people on shift to allow time for observation, guidance, training, and buddying (i.e., inter-worker learning). This resulted in carers feeling that they must rush through their work. Consequently, rostering in aged care should adopt two specific approaches.

First, guidelines for calling in sick should be more clearly promoted and provided to workers. Carers described how sick leave is utilised unnecessarily and inconsistently by some carers. They claimed that this may be due to their cultural background; for example, Japanese workers were said to be less likely to take sick leave than some other nationalities in this worksite. Results of the Kronos Global Absence survey (Michaud, 2011) support the claim that workers from some countries, including China and India, are more likely than those from other countries to call in sick under false pretences. To help ensure consistency in the utilisation of sick leave, diverse aged care environments should provide guidelines for the conditions in which it can be used. Despite an absence of research literature supporting this topic, various web resources such as employsure.com.au claim that the presence of clear policies and procedures can reduce usage of sick leave. Australian government information, such as that published by the Fair Work Ombudsman (Australian Government, Fair Work Ombudsman, 2022), is also available for employers to access and use within their communications to employees regarding sick leave entitlements. The main point here is that if clear guidelines regarding the utilisation of sick leave are provided to carers, especially during the pandemic, they are more likely to use the leave in a consistent way. This would potentially help prevent unexpected absences in the facility that have been shown in this case study to hinder workplace learning. Nevertheless, sick leave is an entitlement and a necessary way to protect the well-being of both staff and residents. So, it should also be factored into workforce planning, which is part of the second proposed approach to rostering at Northpoint.

Second, rostering should more deliberately support opportunities for inter-worker learning. One carer claimed that the Northpoint facility does not factor sick leave trends into resource planning which results in most shifts being understaffed. In many industries and organisations, past sick leave is used as an effective predictor of future sick leave and incorporated into calculations of shift staffing requirements (Hultin et al., 2012). The case study also illuminated other ways in which rostering can support inter-worker learning, such as more deliberate mixing of experience levels and nationalities, allowances for RNs to be more closely involved in and supportive of the work of carers, and scheduling overlap time for shift handovers. Of course, such changes may impact the efficiency of aged care operations, especially because of the severe staffing shortages being experienced by the industry (McGarry et al., 2020). Nevertheless, the benefits of the revised rostering approaches described here are also important considerations for facilities like Northpoint. Furthermore, staffing and time provision is an important enabler of inter-worker learning in cross-cultural teams because it can allow for more group meetings to occur.

Group Meeting Provision. The case study has highlighted that group meetings are an enabler of inter-worker learning because they provide opportunities to be exposed to the challenges and solutions experienced by carers in their work with residents and with each other. Carers claimed that the opportunities to meet with others as a group are limited to occasional short huddles and quick handovers between shifts. They stated that more frequent and less rushed group meetings would provide them with opportunities to learn from the experiences of others, such as how to best deal with communication issues caused by PPE.

To enhance the quality of these interactions, more openness, curiosity, and helpfulness (i.e., co-working practices) should be encouraged between carers. The quality and quantity of shift handovers has long been considered a critical factor in aged care operations (Lyhne et al., 2012) and a necessary part of workplace learning in healthcare (J. Kim et al., 2018; Morgan et al., 2020; Spilioti et al., 2019). Furthermore, communication during group meetings can be onerous due to the high CaLD characteristic of the team. So, the quality of such interactions can also be optimised if carers know how to demonstrate cross-cultural habitude. The typical CaLD working and learning approaches (see Table 7.6) would, therefore, help to ensure the quality of group meetings in aged care. Consequently, more disciplined approaches should be taken by supervisors to ensure when and how group meetings occur, especially regarding shift handovers.

***Capture and Share Peer Experiences on Video*.** In the case study, the General Manager of Northpoint suggested that carers could enhance their learning through the recording and sharing of videos describing their experiences with certain tasks such as toileting. This practice is becoming a popular way for organisations and Human Resources departments to support learning and knowledge management in the digital age (Waddill, 2018). This is a valid suggestion and is included here as a proposed intervention for three reasons. First, it is time efficient. Videoed explanations would only need to be recorded once but could be played repeatedly by different carers. Both recording and viewing of videos could be completed outside of peak times in facilities. Second, video content can be remotely accessed, enabling workers to view it from a smart device in any location. Third, using video grabs as a form of organisational knowledge sharing is an evidence-based practice already shown to be effective in different work settings. This includes other industries such as professional services (Okano et al., 2018), manufacturing (Zammit et al., 2016), and technology (Zhang et al., 2012). Further, J. Li and Herd (2017) have suggested that the digital practices, such as the one described above by the General Manager, can help workers adhere to organisational processes (i.e., single-loop learning) as well as to question existing routines in order to create new ones (i.e., double-loop learning).

To support leaders of CaLD workgroups to manage cross-cultural communication, buddying, rostering, group meetings, and knowledge sharing, supervisors should be offered more guidance on how *they* can facilitate the learning of carers. This is discussed next.

Additional Guidance for Leaders of Multicultural Teams. In this inquiry, management support emerged as a theme that influences learning in multicultural environments. To help develop the cross-cultural habitude of aged care workers, their leaders need to be able to practise it themselves. It is, therefore, proposed here that managers of these teams take part in the same learning affordances described in this chapter. Further, leaders should be provided with learning support to facilitate group meetings in a way that allows for what Bandura (1977) described as social learning. This includes encouraging staff to ask questions, raise difficulties, offer solutions, and share experiences. Whilst facilitating group meetings, leaders should be able to develop a structure, control the agenda, and overcome conflict (Cameron, 2005). Further, effective shift-to-shift handovers have been shown to be effectively carried out using simple checklists (Sharp et al., 2019). Such support and guidance for leaders is likely to reduce the issues illuminated by the case study in which group meetings were

considered to be in need of improvement. In sum, leaders are considered to play an important role in embedding and supporting broader cross-cultural habitude and inter-worker learning at Northpoint.

Guidance could also be offered to leaders in the form of learning support to facilitate group meetings in a way that allows for what Bandura (1977) described as social learning. This includes encouraging staff to ask questions, raise difficulties, offer solutions, and share experiences. Whilst facilitating group meetings, leaders should be able to develop a structure, control the agenda, and overcome conflict (Cameron, 2005). Further, effective shift -to- shift handovers have been shown to be effectively carried out using simple checklists (Sharp et al., 2019). Such support and guidance for leaders is likely to reduce the issues illuminated by the case study in which group meetings were considered to be in need of improvement. In sum, leaders are considered to play an important role in embedding and supporting broader cross-cultural habitude and inter-worker learning at Northpoint.

Section 7.3 has proposed three main ways in which learning support and guidance should be provided at Northpoint and worksites like it. This has provided a direct response to the third research question of this inquiry. In essence, this includes:

1. adoption of new CaLD working and learning practices,
2. revitalisation of inter-worker learning, and
3. guidance for management who support CaLD carers.

Each of these approaches has concentrated on specific interventions to extend and strengthen learning affordances already in place at Northpoint. They should be considered as potential practices for other aged care worksites in Australia where many similar challenges exist.

7.3.4 Concluding Remarks About the Case of Elder Care Northpoint

Chapter 7 has presented, elaborated, and discussed the case study of Northpoint as a site of working and learning in aged care. Data were elicited through facility information and interviews with carers and managers, including stories and examples provided by those informants. The case study is a valuable source of insight for this inquiry because it has more specifically illuminated the influences, hindrances, and enablers of learning in multicultural team environments. The first part of this chapter described Northpoint as a site for cross-cultural working and learning in aged care. With close to half of its workers born overseas, this facility has been a suitable focus for this

inquiry because it is typical of many of the diverse aged care settings from which data were gathered and presented in Chapters 5 and 6.

The second part of this chapter presented and discussed the interview data elicited from carers and managers at Northpoint. This illuminated those disruptions to the work of carers due to the pandemic, including the requirement to wear PPE, fewer family visits, and understaffing. The case study highlighted that these disruptions created both opportunities for and barriers to learning that are specific to multicultural work groups. The carers and managers shared ways that communication practices, cross-cultural habitude, and inter-worker learning could be better practised and supported in the facility. These insights are valuable as they represent and further illustrate concepts identified in the review of the literature and the survey data. Moreover, the case study has illuminated deeper and richer responses to the three main research questions of this inquiry, especially regarding potential enhancements for the sector.

The third part of this chapter advanced a set of propositions about working and learning at Northpoint. Importantly, the case study supports the notion that learning in multicultural teams is influenced by individual, interactional, and environmental factors, all of which are impacted by culture. Individual factors included carers' subjectivities such as their cultural approach to care (i.e., care disposition). Interactional factors included enablers of intersubjectivity such as an openness in communication with diverse peers (i.e., co-working practices). Environmental factors included workplace affordances such as rostering to ensure diversity on shifts (i.e., people and time provision). All of these influences at Northpoint reinforce that a habitual tendency and disposition towards co-working situations with CaLD peers (i.e., cross-cultural habitude) is an important enabler of working and learning in cross-cultural settings. More specifically, this includes the ability to recognise and adapt to differences, to communicate in a linguistically diverse team, and to share experiences and challenges with others. The case study reinforces findings from the questionnaire suggesting that English language usage is an important influence on the conduct of work and learning in diverse work settings.

Finally, this chapter has proposed three main ways in which learning support and guidance should be provided at Northpoint and worksites like it. Diverse aged care workplaces should adopt new CaLD working and learning practices by including cross cultural habitude (e.g., adapting to differences) and communication practices (e.g., adjusting clarity and pace) as topical foci within educational affordances. Inter-worker

learning should be revitalised so that more frequent and diverse experiences (e.g., thorough buddying) can help carers reach a shared understanding of how to practise and provide care. Guidance should be provided to managers of CaLD groups of carers so they can role model, support, and grow the behaviours required to be effective in diverse teams. Ultimately, such interventions are likely to support the ability of carers to effectively co-work and learn to meet the important yet complex needs of our ageing population.

Chapter 8: Constituting Effective Multicultural Working and Learning

8.1 Learning in Multicultural Workplaces

This thesis has described and elaborated the important and increasing requirement for workplaces to support learning in settings that are culturally and linguistically diverse (CaLD). Its unique contribution is to illuminate how working and learning within such settings can be optimised through individual and collective processes. The research methodology leading to this contribution was considerably shaped by the coinciding occurrence of Covid19. Although the pandemic constrained the data collection approach, it enabled additional understanding of working and learning collaboratively during disruption. In this final chapter, the identification of specific factors that shape learning in these kinds of workplaces is reiterated and summarised. It commences with a synopsis of the key findings from the data analysis with reference to the three research questions. This synopsis advances propositions about what influences the learning of carers (i.e., RQ 1), how those influences enable or hinder learning (i.e., RQ 2), and how learning guidance and support should be enacted in these workplaces (i.e., RQ 3). Arising from these deductions are six contributions to knowledge advanced through this thesis:

1. A conceptual model for learning in multicultural workplaces.
2. A set of explanatory concepts for learning in multicultural workplaces.
3. The proposition that the label "CaLD" should be applied to all workers, not just those born overseas.
4. The conceptualisation that CaLD is a fundamental influencing factor on workplace learning in aged care.
5. The identification of practices to support communication and cross-cultural habitude for more effective learning in CaLD work settings.
6. The reinforcement of inter-worker learning as a key enabler of performance in aged care work.

This chapter progresses with a discussion of these contributions and some practical considerations for enhanced learning in multicultural aged care workplaces and concludes with a discussion of opportunities for further research.

8.2 Overall Findings About Learning in Multicultural Aged Care Team Environments

Through the review of the literature and analyses of the survey and case study data presented and discussed in this thesis, some key findings have emerged about learning in multicultural aged care workplaces. These findings are summarised here with initial discussion of the conceptual model and the set of explanatory concepts for learning in multicultural workplaces. More specific deductions are then advanced about how learning is influenced, hindered, or enabled, and how it should be supported in these workplaces. First, important concepts from the literature that were advanced in Chapter 2 point to some valuable insights about this learning.

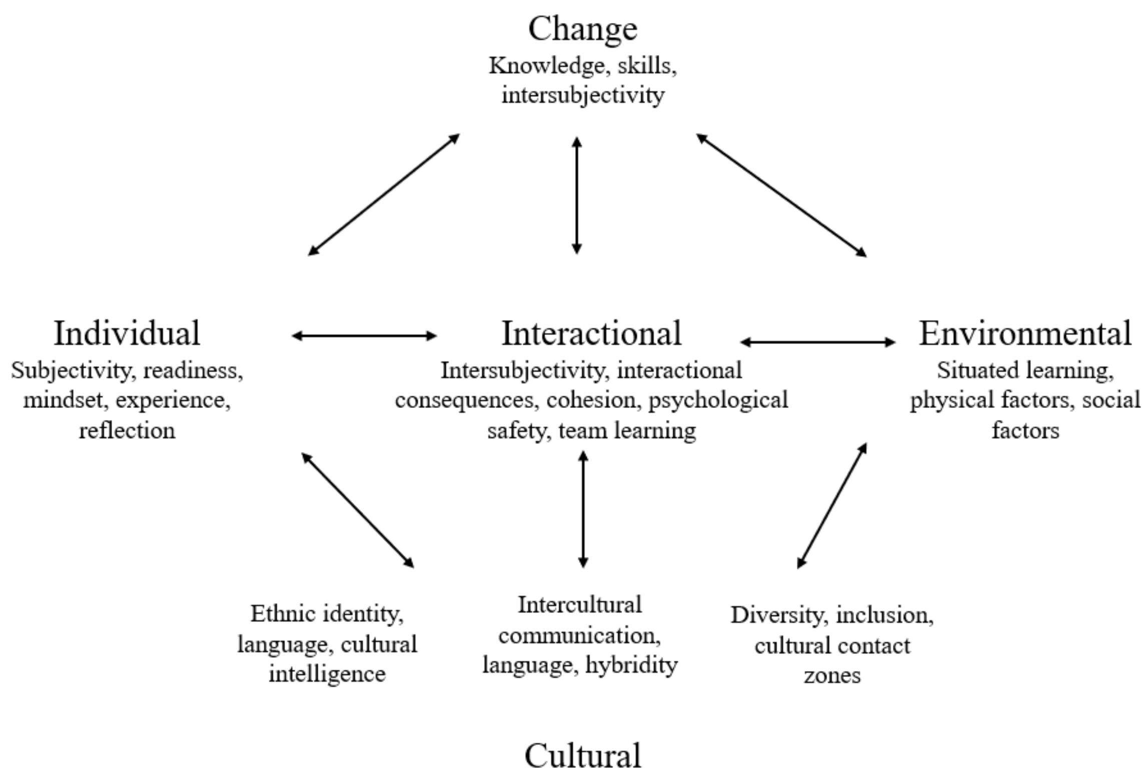
8.2.1 Summary of Literary Contributions and Conceptual Model for Learning

Four important contributions have been identified in the literature to advance the proposition that workplace learning in multicultural team environments is influenced by four key factors. First, workplace learning is a process that involves individual attributes including readiness (Billett, 2015a), mindset (Dweck, 2015), and reflective practice (Schön, 1983). These personally subjective processes impact how workers adapt their knowledge and skills to respond to new situations. Second, learning is influenced by the environment that workers occupy and in which they are engaged (Lave & Wenger, 1991). Both social and spatial cognition affect how workers learn at an individual and group level (Rutten & Boekema, 2012). Third, learning occurs through interaction with other workers. The shared understanding, referred to as intersubjectivity in the literature (Billett, 2014b), is reached through co-working and is affected by factors such as psychological safety (Edmondson, 2018) and cohesion (Salas, Estrada, & Vessey, 2015). Fourth, individuals' cultural background and premises (i.e., ethnicity and language) influence learning because they shape individual dispositions (Wyer, Chiu, & Hong, 2009) and cross-cultural interaction (Kroeber, 1963) and create the diverse environment (Triandis, 1996). Workers learn through practices that are shaped by these key factors, causing them to construe, process, and practise new knowledge and skills in particular ways.

These factors are presented in this thesis as a conceptual model for learning which is depicted again here as Figure 8.1.

Figure 8.1

A Foundation for Understanding Learning in Multicultural Teams at Work



The conceptual model proposes that learning is shaped by three central factors: (a) the individuals, (b) their interaction, and (c) the social and physical environment, placed at the horizontal centre of the figure. These central factors all interrelate with culture, which is placed at the bottom of the model. Ultimately, these central factors and their interrelationship with cultural factors shape the type of change (i.e., learning), which is positioned at the top of the model. This model is explanatory in three ways. First, it informs the responses to the first research question by depicting what influences these workers' learning. Second, it provides a consistent framework for the research methodology, procedural design, and data analysis discussed in Chapters 4, 5, 6, and 7. Third, it represents a key contribution of this research as a model for learning in multicultural workplaces that may be applied to other contexts. The latter is discussed further in the section of this chapter that advances the contributions to knowledge. Another important outcome of this research is the set of explanatory concepts about learning in multicultural workplaces that emerged through the analysis of survey data.

8.2.2 A Set of Explanatory Concepts for Learning in Multicultural Workplaces

Through analysis of data gathered by the survey presented and discussed in Chapters 5 and 6, a bespoke set of explanatory concepts was advanced. This set of concepts (see Table 8.1) represents the main influences, categories, and characteristics of workplace learning illuminated by the survey data, which are important for providing a means through which to describe and explain the phenomenon of working in multicultural teams. Presented in the left-hand column of Table 8.1 are the four main influences from the conceptual model. In the second column from the left, there are seven broad categories created to capture the more specific themes shown in the third column. In the right-hand column, definitions are allocated to each theme.

Table 8.1

Set of Explanatory Concepts for Learning in Multicultural Workplaces

Influencing factor	Category	Characteristic	Definition
Individual	Care and work disposition	Care disposition	Expression of kindness, respect, patience, tolerance, and empathy for residents and co-workers
		Co-working values	Attitude to care work including commitment, effort, openness to learning, positivity, flexibility, and resilience
	Task navigation	Knowledge application	Utilisation of expertise and understanding to undertake work
		Procedural adherence	The correct and timely following of routine and non-routine processes
Interactional	Communication and language practices	Communication practices	Mainly verbal interaction with a focus on listening, clarity, and pace
		English language usage	Ability of both native and non-native speakers to use English in a way that enables communication in a CaLD environment
	Co-learning and co-working practices	Co-working practices	Behaviours that demonstrate teamwork when working with others, including openness to working with others, offering help to co-workers, and acceptance of help from others
		Inter-worker learning	The intended or unintended practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work
Environmental	Workplace affordances	Educational affordances	Supports provided by the workplace intended to drive the learning and development of carers, including training, courses, and information updates
		People and time provision	The availability of workers and allowable time needed to enable effective resident care
		Resource provision	The supply of equipment and space within the working environment to enable carers to respond to both predictable and unexpected work demands
	People support	Management support	The active involvement in and enablement of the work of carers by those in more senior roles (e.g., care managers and registered nurses).
		Resident support	Responding to the needs of residents through lifestyle activities, entertainment, and connection to family
Cultural	Cross-cultural habitude	Cross-cultural habitude	The habitual tendency and disposition (i.e., habitude) towards co-working situations with CaLD peers or residents

This set of explanatory concepts is a salient contribution from this research for three reasons. First, it instantiates factors depicted in the conceptual model directly from the data, thereby providing empirical support to model that was initially derived from a review of literature. Important concepts from the literature are, therefore, contextualised and elaborated as categories and themes from the data gathered from aged care workers. Second, it provides a consistent language for progressing the discussion of the case study data and overarching research findings so that the emerging themes are connected and compared from the different data sets. Third, it contributes more specific definitions that may be applied to further studies and applications of learning in multicultural workplaces. The latter is also discussed in the section of this chapter that advances contributions. This set of explanatory concepts is applied to the more precise findings that relate to the research questions, which are restated here:

1. What are the key factors that influence learning for work performance in multicultural team work environments?
2. How do these factors support and/or hinder this learning?
3. How should learning support and guidance be enacted in a multicultural workplace?

The conceptual model identified the key factors that influence learning which were illuminated further by the set of explanatory concepts for learning. These conceptualisations have, in part, responded to RQ 1. To extend those insights and advance others related to RQs 2 and 3, more specific findings are presented in Table 8.2 and discussed in the sections that follow about individual, interactional, and environmental factors, with each referring to culture.

Table 8.2

Key Findings About Individual Factors in Response to the Research Questions

	What are the key factors that influence learning?	How do these factors support and/or hinder this learning?	How should learning support and guidance be enacted?
Individual factors	Care disposition	Supports readiness for care work and co-working capacity	Pre-employment assessment of care disposition Support resilience of carers towards change Support learning of inclusive behaviours of carers
	Co-working values	Low commitment limits capacity to learn new tasks	
	Cross-cultural habitude	Prejudiced mindsets prevent openness to different perspectives	
Interactional factors	High degree of co-working	Collaborative work is easier	Support for non-natives English language usage (especially pronunciation) Support for native English language usage (especially listening) Support for anti- bullying awareness Revitalisation of inter-worker learning Introduction of language buddy system
	Communication practices	Lack of spoken clarity and ineffective listening reduce shared understanding	
	English language usage	Avoiding English usage restricts social learning Accents are a barrier to shared understanding	
	Co-working practices	Bullying behaviour reduces psychological safety	
	Inter-worker learning	Enhanced when guidance is both offered and sought	
	Cross-cultural habitude	Prioritising interaction with compatriots over other cultures reduces inclusivity Ethnicity can limit assertiveness when required	
Environmental factors	Educational affordances	E-learning insufficient as sole modality	Apply the term CaLD to all staff Training on cross-cultural habitude and English language usage including specific topical framework Increase face-to-face as part of blended learning CaLD Assist translation App Communication cards Peer experience videos Guidelines for calling in sick Increase people and time provision to enable inter-worker learning More reflective spaces More group meetings Gather feedback from carers regarding new/improved care practices
	People and time provision	Understaffing reduces opportunities for inter-worker learning	
	Resource provision	Insufficient PPE reduces safety and task completion	
	Management support	Lack of supervisor involvement reduces support	
	Resident support	Helps to determine new care practices and capabilities	
	Cross-cultural habitude	High level of CaLD in facility complicates co-working Lack of role modelling of inclusive behaviours by leaders sets poor example Schedule can cluster ethnic backgrounds, reducing diversity Wearing of face masks impedes accent comprehension, quality, and speed of intersubjectivity	

8.2.3 Summary of Findings About Individual Factors

This research found that workplace learning is directly affected by the learners' individual influences such as their readiness (Billett, 2015a), mindset (Dweck, 2015), and experience (D. Kolb, 1984). As advanced in Chapter 6 and presented in the above set of explanatory concepts, the notion of subjectivity (Billett, 2010b) has been characterised through this research of the aged care context as care disposition, co-working values, and cross-cultural habitude. These factors are further illuminated by the quantitative data indicating that, generally, these carers tend to be older (i.e., 40+ years), experienced in aged care (i.e., 3+ years) and highly diverse (i.e., 50%+ born overseas). Such characteristics help to explain how learning may be supported, hindered, and enacted in this context, as presented in the top rows of Table 8.2.

Importantly, the data suggest that the positive expression by carers of kindness, respect, patience, tolerance, and empathy for others (i.e., care disposition) supports their individual readiness to learn and practise care work. It is perhaps unsurprising that an enabler of effective care work is the personal tendency towards a caring disposition. However, an unexpected insight from the interviews and survey was that not all these carers express this tendency. It was also found that ineffective individual attitudes to work, including lack of commitment, effort, openness to learning, positivity, flexibility, and resilience (i.e., co-working values) further hindered their learning. However, environmental factors may have played a role here. Such complex, disrupted, and understaffed work environments make it difficult for carers to approach new tasks with an open and positive attitude. So, aged care facilities could consider how to better support carers' resilience to respond positively and professionally to these circumstances. Learning is also hindered in aged care when carers' disposition towards CaLD peers is not aligned with effective co-working. The data illuminated instances where prejudice limited an openness to different perspectives. To address this issue, carers require support to learn to be more inclusive. Examples here from the data include education focussing on appreciation of the CaLD environment, recognising cultural differences, and adapting to those differences. Such actions are likely to enhance the co-working behaviours that have been highlighted in this research as an integral element of workplace learning. These behaviours also point to findings about interaction factors that influence learning in aged care.

8.2.4 Summary of Findings About Interactional Factors

This research found that the informants' workplace learning is directly affected by the interactional influences of the learner including intersubjectivity (Billett, 2014b), psychological safety (Edmondson, 2018), and cohesion (Salas, Estrada, & Vessey, 2015). For instance, the data indicated that ineffective listening, bullying, and avoidance of English are key barriers. As advanced in Chapter 6, presented in the above set of explanatory concepts, and referred to in Table 8.2, these concepts are influenced by communication practices, English language usage, co-working practices, inter-worker learning, and cross-cultural habitude.

A key finding from analyses of the quantitative survey data is that the highly interactive characteristic of this work is a factor that positively supports learning in and through the conduct of aged care work. This support is made apparent by data indicating that the tasks carers find the most collaborative are also the ones they find the easiest to do. The quantitative data also suggest that carers learn more from those in the same role (i.e., other carers) than from anyone else at work. This finding is valuable because it emphasises the vital practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work (i.e., inter-worker learning). The qualitative accounts described in Chapters 6 and 7 indicate that inter-worker learning is enhanced both when guidance is offered and sought, because it relies on the two-way exchange of information focussing on what the less experienced carer seeks to understand as well as what the more experienced carer intends to explain. To enhance that, aged care organisations could seek to optimise opportunities for buddying approaches, including wider support for carers to practise buddying effectively (e.g., more buddy training) and the introduction of a language buddy system in multicultural teams. As foreshadowed in Chapter 7, the latter initiative would also support English language usage, if the buddy was a competent English speaker and could communicate effectively with somebody who was not.

Another key finding related to learning through interaction is the need for both native and non-native speakers to use English to enable effective communication in a CaLD environment (i.e., English language usage). Some carers avoid English usage at work by speaking to compatriots in their mother tongue; this was shown to exclude others from important moments of collaborative co-working and learning. Further, accents were found to be barrier to shared understanding when co-carers learn and practise new tasks. Intersubjectivity (i.e., shared understanding) is further inhibited

when carers are not considerate of their clarity, pace, or how they listen during verbal interactions (i.e., communication practices). So, English language usage by non-native speakers (especially pronunciation) as well as by native English speakers is a key element of intercultural working and learning (especially listening). Language competence is, therefore, central to working and learning in multicultural teams.

Beyond language use, interaction is also restricted in these workplaces by a lack of cross-cultural habitude (i.e., way of behaving). This practical inquiry found that inclusive work practices decrease when carers prioritise interaction with same-language speakers over those using other languages. Further, carers claim that some peers are less assertive due to their ethnic background, whilst others are not open to working with people from other cultures. It was found that these factors may lead to instances of bullying, conflict, miscommunication, and impaired psychological safety. As foreshadowed in Chapter 2, such issues constrain workplace learning, because the interactions and shared problem-solving that comprises key learning opportunities are inhibited (Edmondson, 2018). So, to support workplace interaction and learning, aged care environments could provide the time, management support, and education for carers to overcome such issues. These affordances are included in the following discussion of findings related to the learning environment.

8.2.5 Summary of Findings About Environmental Factors

This research found that workplace learning is directly affected by the environment that workers occupy and engage in due to the effects of social and spatial cognition (Rutten & Boekema, 2012). As advanced in Chapter 6, presented in the above set of explanatory concepts, and referred to in Table 8.2, these cognitions are influenced by educational affordances, interactions with co-workers, time provision, resource provision, management support, resident support, cross-cultural habitude, and the activities in which co-workers engage.

A key insight raised through the quantitative data is that, with over 50% of respondents born overseas, these cohorts are likely to be more culturally and linguistically diverse than the typical Australian aged care facility residents, and much more than the general working environment. Such diversity presents a range of challenges for workplace learning that may be reduced if greater inclusivity is promoted and practised in these environments. It was, therefore, proposed in Chapter 6 that the term CaLD could be used in aged care to refer to all people, not just those born overseas. By referring to the environment and its workers in a more inclusive way, the

individual and interactional hindrances described above might be reduced. More specifically, this practical inquiry found that the physical and social environment can hinder cross-cultural habitude when shift schedules cluster carers from similar ethnic backgrounds. This practice was reported to cause a decrease in trust and effective communication in the wider team. Such communication is further affected due to the wearing of face masks which were found to constrain accent clarity and comprehension, thus reducing the quality and speed of shared understanding (i.e., intersubjectivity). To address these challenges, a range of practical considerations are advanced in this chapter including the kinds of educational affordances able to mediate these concerns. However, first, it is helpful to advance other findings related to the learning environment.

The Covid-19 pandemic occurred during the data collection phase of this research project. Fortuitously, the pandemic provided an opportunity to illuminate how the learning environment is impacted by such disruption. Although quantitative findings suggest that the pandemic generated much new learning for carers, it became apparent that it also hindered how they learnt the new ways of working. This hindrance was due to the poor availability of and access to co-workers and time needed to enable effective resident care (i.e., people and time provision). Illness and mandated close contact rules caused staff to be absent and shifts to be understaffed. Like in other areas of health and social care (Twigg et al., 2015), this understaffing reportedly reduced opportunities for the inter-worker learning that is crucial for workplace learning of carers. Further, the lack of available PPE (i.e., resource provision) hindered the ability of carers to engage in new ways of working safely and effectively. This challenging environment impeded learning further due to a lack of supervisor involvement (i.e., management support) during busy times. The pandemic also restricted access of residents' families who were considered to be a helpful source of new and improved care practices for residents (i.e., resident support). The carers reported that the important contribution that residents' families make in learning and improving care practices was now largely absent. So, in addition to ensuring people, time, and resource provision, aged care environments could focus on management and resident support to enhance workplace practices that support learning. Further, additional supports provided by the environment intended to drive the learning and development of carers, including training, courses, and information updates (i.e., educational affordances) were also found to be necessary here and these are outlined in the practical considerations section of this chapter.

In sum, the practical enquiries permitted key propositions about learning in multicultural teams to be identified and advanced and these emphasise how the complex

of individual, interactional, environmental, and cultural factors influence learning. They point to some contributions to knowledge that reinforce key themes in the literature and suggest new considerations about this phenomenon. These contributions are discussed in the following section.

8.3 Contributions to Knowledge

As foreshadowed in this chapter, six contributions to knowledge are generated from this research. The first two of these, the conceptual model and the delineation of explanatory concepts in multicultural workplaces, have been presented and described in the previous sections. These are valuable contributions because they provide frameworks for future research into learning in cross-cultural workplaces. Further, they can be used as practical and evidence-based focus areas for the development of policies, processes, and educational affordances for aged care organisations to improve cross-cultural working and learning. In addition to the model and set of explanatory concepts, there are four other specific contributions that relate more directly to aged care, which are listed here and then discussed.

1. The proposition that the label “CaLD” may be representative of all workers, not just those born overseas.
2. The proposal that cultural factors, including language competence, represent a fundamental influencing factor of workplace learning in aged care due to its higher than average cultural and linguistic diversity.
3. The identification of practices to support communication and cross-cultural habitude for more effective learning in CaLD settings.
4. The reinforcement of inter-worker learning as a key enabler of performance in aged care work.

First, this research proposes that the label “CaLD” may be representative of all workers, not just those born overseas. The interview data illuminated a need to acknowledge that Australian-born carers also have diverse cultural and ethnic backgrounds. Although the term is popularly used to describe people born outside of Australia (Pham et al., 2021), it is proposed through this research that cultural and linguistic diversity applies to everyone working and residing in aged care. Importantly, this labelling may help overcome the “us and them” sentiment which was observed by some carers interviewed in this study. As noted in the seminal work of Tajfel (2010), this sentiment can lead to an increase in bias and “group think” that damages relations in diverse teams. So, to support cross-cultural habitude in aged care, learning

interventions should emphasise that all workers are representative of and accountable for the effectiveness of the CaLD environment in which they work.

Second, CaLD labelling is advanced here as a fundamental influencing factor of workplace learning in aged care. As identified in the literature in Chapter 3 and further reinforced by the quantitative data in Chapter 5, the level of cultural and linguistic diversity in the Australian aged care sector is considerably higher than in most Australian workplaces (Australian Government, Department of Health, 2021). Therefore, learning and co-working are much more likely to be impacted by cultural and linguistic differences compared to other factors. As was advanced through the review of the literature (Chapter 2), there is an interplay amongst culture and the individual, interactional, and environmental factors that influence learning. This interplay has been illuminated in this research by the characteristics, perceptions, and experiences shared by carers and discussed in Chapters 5, 6, and 7. For example, these informants reported that prejudiced views inhibit openness to different perspectives that may hinder effective workplace learning. Language use, especially accent and comprehension, has been shown to constrain interactions when carers learn new tasks. So, language competence is an important influence on working and learning in multicultural teams. Further, the data suggest that, when the environment is not supportive of cross-cultural habitude, workplace learning is restricted. This occurs if there is an absence of role modelling by leaders, cultural training, and scheduling of diverse shift cohorts. So, in contexts as diverse as those included in this inquiry, cultural forces are an embedded and important aspect of how carers learn as individuals (e.g., due to readiness and subjectivity) through interaction (e.g., by reaching a shared understanding) within a diverse and complex physical and social environment.

A third contribution of this research is the identification of practices to support communication and cross-cultural habitude for more effective learning in CaLD settings. These practices are illuminated and advanced through the qualitative data presented and discussed in Chapters 6 and 7 and are summarised in Table 8.3.

Table 8.3

Practices to Support CaLD Co-Working

Cross-cultural habitude	Communication practices
Appreciating a CaLD environment - What and who is CaLD? i.e., everyone - Benefits of diverse teams	Communicating in a diverse environment - Listening, clarification, and comprehension - Confidence reticence
Recognising differences - Customs and traditions - Patterns of work behaviour, e.g., cultural dimensions theory	Vocabulary and English language usage - Adaptation of word usage in a CaLD environment, e.g., avoidance of jargon - Common English language expressions in care situations - Health and age care specific vocabulary (vocational literacy)
Adapting to differences - Cultural and emotional intelligence	Communication aides (resources) - Apps - pictures/visuals

As shown in the left-hand column of Table 8.3, practices to support cross-cultural habitude include appreciating a CaLD environment (e.g., its benefits and qualities), recognising differences (e.g., customs, traditions, and approaches to work), and adapting to differences (e.g., with cultural and emotional intelligence). Practices to support communication, as shown in the right-hand column, include communicating in a diverse environment (e.g., listening, clarification, and overcoming reticence), adaptation of vocabulary (e.g., limiting jargon to health and care specific expressions), and use of communication aides (e.g., apps and images). Identifying these practices is a potentially important contribution of this research because they can be incorporated into the design of specific educational affordances provided by aged care workplaces. Central to this proposition is that if training is provided to carers to reflect on and learn these practices, they are more likely to work to achieve the shared understanding (i.e., intersubjectivity) that is essential for collaborative work such as aged care. Educational affordances are further discussed as practical considerations in the next part of this chapter.

Fourth, this research has emphasised the valuable role of what is referred to in the set of explanatory concepts as inter-worker learning, that is, the intended or unintended practice of acquiring new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst undertaking work. This research reinforces contributions to the literature claiming that workplace learning is supported by interaction with others due to mimesis (Billett, 2014a), intersubjectivity (Billett, 2014b), and interactional consequences (Filliettaz et al., 2015). A consistent theme arising across the three data sets of this research is that inter-worker learning is a

valuable, perhaps essential, requirement for carers to acquire and grow the skills they need to effectively perform their work. More specifically, it has been advanced that inter-worker learning can be positively influenced by co-working practices (i.e., behaviours that demonstrate teamwork when working with others, including openness to working with others, the offering of help to co-workers, and the acceptance of help from others) and staffing and time provision (i.e., the availability of workers and allowable time needed to enable effective resident care). So, aged care workplaces should support such practices and provisions.

In sum, through the practical enquiries and consideration of relevant literature this thesis advances six contributions to knowledge. These contributions may be applied as concepts within future research inquiries (e.g., the set of explanatory concepts and model), workplace learning approaches (e.g., training topics for enhancing cross-cultural habitude), and aged care policy (e.g., use of PPE) and practices. To support the application of these contributions, some practical considerations are discussed in the next section.

8.4 Practical Considerations

The contributions described above point to ways that the aged care sector and other multicultural workplaces can refine existing approaches and embed new ones to enhance workplace learning. These approaches were foreshadowed in Chapters 6 and 7 where responses to RQ 3 (How should learning support and guidance be enacted in a multicultural workplace?) were outlined. They are summarised and restated here as the following seven practical considerations:

1. Assess care disposition as part of pre-employment processes.
2. Revitalise inter-worker learning.
3. Increase live interactive learning.
4. Support learning of cross-cultural habitude and communication processes.
5. Provide guidance to leaders of multicultural teams.
6. Consider the constraint to workplace learning caused by the use of PPE in future risk assessment and policy revision.
7. Increase people and time provision.

First, the care disposition of potential new carers should be better assessed as part of pre-employment approaches. In Chapter 6, this characteristic was identified as the expression of carers’ kindness, respect, patience, tolerance, and empathy for residents and co-workers. It was proposed that care disposition is a fundamental

requirement for effective working and learning in aged care, and that it is not a characteristic that is easily acquired through educational interventions per se. Rather, it is something that is learnt and that arises through modelling and personal disposition So, the readiness of carers to express "care" could be determined before they are required to perform in such roles. This topic might, therefore, have greater focus during recruitment and onboarding activities of new carers.

Second, organisational approaches to inter-worker learning might be revitalised to optimise their impact. Data presented and discussed in Chapters 5, 6, and Chapter 7 reveal that these approaches are a key enabler of performance in multicultural teams. Carers claim to acquire most new or enhanced skills and knowledge through observation, guidance, training, and buddying whilst working alongside others. To revitalise approaches to inter-worker learning, workplaces could enhance buddying practices by offering them beyond the onboarding period and in multiple sections of the facility and by supporting communication through a language buddy system. Rostering approaches might also be adapted to ensure that buddy shifts are proactively scheduled, that there is a deliberate mix of experience levels, and that guidelines for calling in sick are clear and consistent. Group meetings were shown through this research to be an important source of inter-worker learning, so it is suggested here that the quality and quantity of these should increase. To do this, the data point to a need for longer and more disciplined shift handovers where openness and curiosity are encouraged. A final practical implication to revitalise inter-worker learning is to capture and share peer experiences on video as an efficient way to harvest the high levels of experience possessed by these carers.

Third, consideration might be given to increasing live interactive learning as part of a blended educational approach. Carers in this research described that much online learning is available to them; however, they felt that what they learned from this modality was limited. The data suggest that face-to-face workshops would have been more effective than the e-learning modules that were heavily relied on during training about pandemic-related changes. So, these workplaces could consider more interactive learning modalities to meet the needs of carers, especially to support learning that relates to interactions with others, such as cross-cultural habitude and communication practices.

Fourth, workplaces could consider how best to support learning of cross-cultural habitude and communication practices. To address this learning, a topical framework for learning was advanced in Chapter 7 and is referred to in this chapter in Table 8.3.

Cross-cultural habitude should focus on appreciating a CaLD environment, recognising differences, adapting approaches, and providing culturally appropriate care. Communication practices should include listening, overcoming reticence (i.e., building confidence), English language usage, and situation-specific support (including communicating in PPE gear and with CaLD residents). The development of this educational affordance should leverage the many learning resources made available by official aged care agencies and government. Further, such learning should promote communication aides such as the CaLD Assist translation app and communication cards. Further information about these learning resources was detailed in Chapter 7, with specific examples and resource links.

Fifth, as leadership of multicultural work teams can be quite demanding, greater consideration might be directed towards preparing workers for these roles. Management support emerged as a theme in this research that influences learning in multicultural environments. To help embed new CaLD and inter-worker learning practices, the managers of these diverse teams require the support to lead them. Those leaders include RNs plus the General, Clinical, and Care Managers. It is, therefore, proposed that additional guidance is provided to those roles in aged care, in two ways. First, leaders could take part in the same CaLD learning interventions described above, ideally before carers do so, and be encouraged to role model the cross-cultural habitude and communication practices espoused in those learning topics. An important first step in improving the cross-cultural habitude of aged care workers is to support leaders to be able to practise it themselves. Second, leaders could be provided with learning support to facilitate group meetings in a way that allows for social learning. It should centre on encouraging staff to ask questions, raise difficulties, offer solutions, share experiences, and seek feedback. Such feedback is important as it would allow the reshaping of both skills and workplace practices.

Sixth, this research points to a potentially important practical consideration about the wearing of PPE. The pandemic presented an opportunity to understand how workers learn during disruption. Although carers acquired new ways of working during the Covid-19 crisis, their learning was constrained by the need to wear facemasks and shields. As advanced in Chapter 6, this requirement caused communication barriers during a very challenging and unpredictable time. The differing accents made it even more difficult to understand and be understood. During important workplace learning events, such as the exchange of information between carers, masks reduced the quality and speed at which they reach a shared understanding. Those instances of

intersubjectivity are particularly important in health and direct care professions where decision-making needs to be instantaneous (Billett, 2015a). Carers claimed there was a need to wear full PPE even when there were no Covid-19 outbreaks or government mandates. Some reported this was unnecessary. This enforcement by the facility, although deemed necessary to protect the safety of residents and staff, hindered learning. So, aged care workplaces, as part of their overarching risk assessment, may incorporate the impact of face masks and shields on learning when revising the PPE policy.

Seventh, aged care organisations might consider how to use their resources more effectively to enable the aforementioned practical considerations to be embedded. This research has illuminated that learning in multicultural workplaces is greatly hindered by understaffing and a consequent lack of time for carers to learn their work effectively. Appropriately staffed shifts will enable carers and leaders to seek and offer the guidance needed to learn new tasks optimally. Inter-worker learning, educational affordances, management support, knowledge application, procedural adherence, co-working practices and, most importantly, resident support are likely to improve when there are enough people and time to engage in such practices. This practical consideration aligns with a major outcome of the Royal Commission indicating that understaffing represents a weakness in the sector in Australia (Royal Commission into Aged Care Quality and Safety, 2021). People and time provision represents what is, arguably, the most challenging yet promising practical consideration for workplace learning in aged care. The considerations described in this section have pointed to some immediate practical areas of focus for aged care organisations; however, there is still much to understand about learning in multicultural workplaces.

8.5 Further Research

This thesis has illuminated that learning in multicultural workplaces is influenced by individual, interactional, environmental, and cultural factors. These factors were depicted in the conceptual model for learning and were first identified in the literature and findings elaborated by the data. These findings have been captured within the set of explanatory concepts for learning which has helped to understand influences on learning in a more specific and contextualised way. This model and set of explanatory concepts have been valuable foundations for the presentation of the five contributions to knowledge and six practical considerations discussed in this chapter. So, research presented in this thesis has produced insights that may be helpful for those

working in and leading aged care teams. However, broader and deeper research is required to address the challenges in aged care and to further illuminate this phenomenon.

The data collection phase of this research occurred during the height of the Covid-19 pandemic. Consequently, there were a range of limitations placed on the method for collection and the available data that could be gathered. Strict facility lockdowns prevented on-site access for intended site observations and multiple interviews. Availability of staff to participate in the survey and interviews was impacted by understaffing issues at this time. However, a revised case study approach enabled the research to progress with a smaller number of informants. So, an important way to extend this research is to incorporate data from more carers and worksites. The findings presented and discussed in this thesis may also be extended and compared with additional data collected from workers in other job roles (e.g., registered nurse) and from aged care workers based in other countries. Case studies of other industries also represent an opportunity to further understand the influences of learning in multicultural workplaces. Nevertheless, this research illuminates some important and valuable findings that may help Australian aged care workplaces to be responsive now and to prepare for the future needs of our ageing population and those who care for them.

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Appendix A: Information Sheet

INFORMATION SHEET

Learning in multi-cultural workspaces: A case of aged care

Who is conducting the research?

Prof Stephen Billett. Chief Investigator
s.billett@griffith.edu.au
Ph 37355855

Dr Ray Smith. Associate Supervisor
raymond.smith@griffith.edu.au
Ph 37355752

Robert Godby. PhD student researcher
robert.godby@griffith.edu.au and
[redacted]
Ph [redacted]

Why is the research being conducted?
This research project aims to identify what influences learning and work in multicultural workplace environments. Better understanding these influences can help us understand how working and learning within culturally diverse workplaces can be improved so that individuals and teams work and learn effectively. The research project has been approved by Griffith University Ethics Committee (GU Ref No: GU ref no: 2020/815) and forms a component of the student researcher's PhD program.

What you will be asked to do
Volunteer informants will be asked to complete an online questionnaire that will take approximately 20 minutes to complete. The questionnaire aims to identify aspects of their approach to work tasks, the work environment, interaction with others and new demands of their role. There will be questions about the informants' ages, educational background, work history, as well as specific instances relating to on-the-job learning and working with people from different Cultural and Linguistically Diverse (CaLD) backgrounds. Most questions will be multiple choice and some questions will require a short, typed answer. In the second phase of the research, some informants will be invited to take part in two brief interviews to assist further understanding their experiences of work and learning in a multi-cultural workspace. These interviews may take place in person or remotely (e.g. on MS Teams). They will be at the convenience of informants, will take approximately 30-45 minutes, will be approximately six weeks apart and will be recorded and transcribed. Also during this phase, some participants may be invited to participate in workplace observation. This will involve the researcher coming on site to the facility to observe workers in the process of carrying out their daily duties. The requirements of the facility for screening, discretion and confidentiality will be adhered to.

The expected benefits of the research
Generally, this project will benefit person-centred care in aged care facilities by identifying enablers and barriers to workplace learning in multicultural environments. These benefits may be realised by identifying and implementing specific adaptations to the workplace environment, collegial interaction, and approaches to work tasks. In these ways, this project will potentially assist in improvements in the Aged Care sector. In particular, the research may assist in understanding how effective learning and improved practice can occur for individual

workers, work teams and their employing organisations, and hence, the elderly recipients of care. More broadly, such adaptations and reforms will potentially benefit workplace working and learning in multicultural environments in other sectors.

Risks to you

There are no foreseeable risks associated with participation in this research. There is, however, a small risk that colleagues within your workplace may identify your participation in the project by virtue of your active involvement in the data collection processes. Where appropriate interviews can be conducted out of work hours, or off site, to manage this situation.

Your confidentiality

The information you provide will be de-identified and coded prior to any publication, so that it is not possible to identify you. The questionnaire results will be stored securely and, in the case that informants are invited to take part in an interview, recordings will be stored securely immediately after transcription. These transcripts and later analysis will be retained in a password protected electronic file for a period of five years before being destroyed.

Your participation is voluntary

Your participation in this research is entirely voluntary, and you are free to withdraw from the project at any time.

Location of questionnaire, interviews and observation

Questionnaires will be online and can be completed in any location. A small number of informants may be invited to participate in two interviews at a later stage. These will take place at a site convenient to the informant or remotely (e.g. via MS Teams). Any workplace observation would occur on site in cooperation with the specific facilities.

Feedback to you

General findings from the questionnaire and interviews will be made available to you and participating organisations if asked for as a written summary. The findings of the research project will also be reported in an academic thesis and may also be disseminated via journal articles and / or conference presentations that relate to aged care and workplace and professional learning

Questions / further information

If you have any queries, please contact the researchers, as shown in the contact details above.

The ethical conduct of this research

Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research. If you have any concerns or complaints about the ethical conduct of the research project you should contact the Manager, Research Ethics on 3735 4375 or research-ethics@griffith.edu.au.

Privacy Statement

The conduct of this research involves the collection, access and/ or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University's Privacy Plan at http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan or telephone (07) 3735 4375.

Appendix B: Informed Consent Form

CONSENT FORM

GU Ref No: GU ref no: 2020/815

Learning in multicultural workspaces: A case of aged care

Research Team

Prof Stephen Billett. Chief Investigator
s.billett@griffith.edu.au
Ph 37355855

Dr Ray Smith. Associate Supervisor
raymond.smith@griffith.edu.au
Ph 37355752

Robert Godby. PhD student researcher
robert.godby@griffith.edu.au and
Ph

By signing below, I confirm that I have read and understood the information package and in particular have noted that:

- I understand that my involvement in this research will include completion of an online questionnaire of approximately 20 minutes in length. At a later stage, I may be invited to take part in two individual interviews of approximately 30-45 minutes each approximately six weeks apart that aim to identify aspects of my working and learning in a multicultural workplace. I may also be invited to take part in workplace observation involving the researcher on site observing work being carried out at the facility;
- I understand that the interviews will be recorded and transcribed
- I have had any questions answered to my satisfaction;
- I understand the risks involved;
- I understand that there will be no direct benefit to me from my participation in this research;
- I understand that my participation in this research is voluntary;
- I understand that if I have any additional questions I can contact the research team;
- I understand that I am free to withdraw at any time, without comment or penalty;
- I understand that I will be able to access the written summary of the results of the research;
- I understand that my name and other personal information that could identify me will be removed or de-identified in publications or presentations resulting from this research;
- I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee on +61 7 3735 4375 (or research-ethics@griffith.edu.au) if I have any concerns about the ethical conduct of the project;

- I agree ☐ to participate in the project

Name	
Signature	
Date	

Appendix C: Description of Findings From Qualitative Survey Data

This appendix presents and describes in detail the data themes from responses to the 12 qualitative survey questions that are referred to in Chapter 6.

1. Personal characteristics that enable carers to work well

Table A1 presents the main themes in response to the question: What personal characteristics do you believe are necessary to work well in your role? This is an important question because it gathers data about the role of a carer beyond job tasks described in the official position descriptions provided by both organisations. A total of 58 carers responded to this question with 10 from Senior Care and 48 from Elder Care. In many cases, an individual respondent referred to more than one characteristic within an overarching theme, so the frequency of response may be higher than the number of respondents (i.e.,58).

Table A1

Personal characteristics that enable Carers to work well

Characteristic	Senior Care N	Elder Care N	Total N
Care disposition	19	44	63
Co-working values	10	33	43
Co-working practices	6	22	28
Communication practices	6	18	24

There were four main themes evident in responses to this question which are presented in Table A1 in the left-hand column in a top-down order of frequency of response. They are i) ‘Care disposition’, ii) ‘Co-working values’, iii) ‘Co-working practices’, and iv) ‘Communication practices’. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. The frequency and content types for each theme, including illustrative quotations, are described and discussed separately here.

i) Care disposition. The most frequently occurring responses to this question related to the broad theme of ‘Care disposition’ with a total of 63 references made about such characteristics. Broadly, these responses referred to the tendency of carers to express care, respect and empathy for residents and co-workers. For both Senior Care

and Elder Care, this theme was the most frequently referred to theme with 19 and 44 responses respectively. These responses were described in different ways by respondents including word use such as ‘empathy’, ‘care’, ‘patience’, ‘calm’, respectful’ and ‘friendly’. For example, some respondents focused on the characteristic of ‘care’ such as “being a compassionate worker and to have a lot of empathy and patience”, “to be caring and loving” and “compassion towards residents and other staff members”. Whilst others focussed more on respect such as “treat everyone with respect”, “not talking down to others” and “to be polite and respectful”. With over 60 references to characteristics related to care disposition, this was by far the most frequent content theme considering that the remaining four themes were mentioned less than 45 times each. Considering that the job title of these respondents is ‘Personal Carer’ or similar, it is unsurprising that care-related characteristics dominated the responses to this question. The key observation here is that respondents claim that the tendency of carers to express care, respect and empathy for residents and co-workers is the greatest enabler for effective work in their role.

ii) Co-working values. The second most frequently occurring response to this question related to the theme of ‘Co-working values’ which was referred to 43 times in the responses. For Senior Care it was referred to ten times while for Elder Care there were 33 references to this personal characteristic. It is broadly categorised as the workers’ *attitude* to their work and included five sub-categories within the theme. These are commitment, openness to learning, positivity, flexibility and resilience. The most frequently occurring response related to the broad theme of co-working values is ‘commitment’, which was referred to 19 times. For Senior Care it was referred to five times while for Elder Care there were 14 references to commitment. Generally, this sub-category suggests that carers need to work hard, consistently and efficiently to be effective. More specifically, this theme is characterised by word use such as ‘committed’, ‘passionate’, dedicated’, ‘flexible’, ‘prioritisation’ and ‘time management’. For example, some emphasized hard work in comments including “to be devoted”, “residents come first then breaks”, “strong work ethic” and “the ability to become task oriented and focused to complete the necessary within the required time”. Whilst others emphasized prioritisation with comments such “think ahead of the task at hand so as to have what maybe be needed at hand e.g. hoist, wheelchair or wipes” and “time management skills”.

So, despite the role of carer being low paid, challenging and undesirable (Ravenswood & Harris, 2016), it demands a significant level of commitment in order to

do the job well. This helps to explain the difficulty faced by the aged care sector in attracting workers as outlined in Chapter 3. It also raises a concern for aged care teams in which the requirement to learn and undertake the work requires high dedication yet offers low reward, especially given care workers earn close to minimum wage (Austen et al., 2016).

The second sub-theme related to co-working values is ‘openness to learning’ which was referred to seven times. For example, comments included “being able to approach for help, ask questions when in doubt”, “taking on people’s opinions and ideas” and “the ability to self-reflect and take feedback constructively”. These examples highlight the importance of shared understanding (i.e., intersubjectivity) in this context. Key to being effective as a carer is the ability to seek and acquire insights from co-workers. The third sub-category within this theme is characterised by the words ‘positive and happy’ which were also referred to seven times. These included comments such as “to be happy about the job you are doing” and “always have a positive attitude”. Considering that resident mortality is a regular aspect of personal care work, it is not surprising that these characteristics are considered to be necessary for the role to be undertaken effectively.

The fourth dominant characteristic of co-working values in these responses is ‘flexible’ which was referred to six times without additional description. Again, this result is unsurprising given the highly unpredictable nature of aged care work. A scheduled shift may require carers to face unexpected situations that arise when responding to social, health and care needs of residents. ‘Resilient’ was also referred to 6 times and was described, for example, as “thick skin”. This reinforces the need, as described in the literature in Chapter 3, for aged care workers to work in very challenging conditions. Hence, an enabler for effective working in this context is the ability to continually bounce back from the challenges presented by resident behaviours, the demands of their families, mortality, high workload and the need to work as part of a diverse team. Therefore, it is not surprising that ‘co-working practices’ was another theme that dominated the responses to this question in the survey.

iii) Co-working practices. The third most frequently repeated theme in the responses to this question was ‘Co-working practices’ with 28 references to such characteristics. Broadly, these responses described the types of behaviours carers are required to demonstrate when working with others as part of shift work cohorts. For both Senior Care and Elder Care, this theme was also the second most frequently referred to theme with 6 and 22 responses respectively. These responses were described

in different ways by respondents such as "team player", "cooperation with others" and "everyone working together". Generally, the high frequency of this theme emphasises the collaborative nature of care work and that co-working practices (i.e., teamwork) is a key enabler to working well as a carer. Moreover, effective co-working practice here relies on the carers' ability to collaborate in an environment where there is diversity of opinion and approaches to work. This need is evident, for example, in comments such as "working well with others who may not share the same opinion" and "acceptance of other peoples' skills and way of doing work".

Furthermore, an important aspect of teamwork is the ability to share the work and support each other to complete it. This aspect was apparent in comments such as "to work well as a team to even the workload" and "never saying 'that is not my job'". Overall, co-working practices are an enabler of effective care work in aged care, especially the ability to be open to different approaches to work and to occasionally work outside of delegated duties for the greater good of the team, the facility and the residents. Another likely enabler of effective co-working practice is communication, which was also a dominant theme in the responses to this question.

iii) Communication practices. The third most frequently occurring response to this question related to the broad theme of 'Communication practices' with a total of 24 references made about such characteristics. For Senior Care and Elder Care, this theme was referred to six and 18 times respectively. Most respondents simply used the word "communication" in their response without further explanation of this characteristic. It is not surprising that this theme appeared frequently in the responses given the high need for carers to interact continually with residents and co-workers whilst engaging in tasks. Some respondents described more specific characteristics related to communication which help to explain the theme further. For example, 'listening' is considered a key factor here with seven references to this characteristic such as "listening to each other", "active listening" and "listening to understand other staff".

So, it is not just the needs expressed by residents that need to be heard by carers, it is also the needs of their co-workers. One respondent mentioned "right tone of voice, right facial expressions" while another stated "strong English". In environments where up to half the workers may speak English as a second language, the ability to communicate effectively is likely to be challenging for these teams. Non-native speaking carers require proficient English whilst native speakers need to be able to listen carefully to be effective in a multicultural environment. The key insight here is

that both native and non-native English speakers need to adapt their communication practices in order to be effective.

In sum, the survey elicited data via an open-ended question asking what personal characteristics *enable* people to work well as carers. Four themes dominated the responses including care disposition, co-working values, co-working practices, and communication practices. So, the data suggests that workers, to be effective in this environment, need to be caring, hard-working, collaborative and communicative. This insight is helpful because it illuminates the specific factors, beyond technical skills and knowledge, that are required to learn and undertake care work effectively. Having examined factors that *enable* carers to work well, Table A2 presents themes that *prevent* them from working well.

2. Personal characteristics that prevent effective care work

Table A2 presents the main themes in response to the question: What personal characteristics do you believe *prevent* people from working well in your role? This is an important question because it gathers data about potential barriers that carers face when working and learning. A total of 59 carers responded to this question with 9 from Senior Care and 50 from Elder Care.

Table A2

Personal characteristics that prevent Carers from working well

Characteristic	Senior Care N	Elder Care N	Total N
Poor care disposition	8	29	37
Poor co-working practices	2	23	25
Poor communication practices	3	20	23
Poor co-working values	1	14	15
Poor knowledge application	1	7	8
Poor cross-cultural habitude	0	5	5

There were six main themes evident in responses to this question which are presented in Table A2 in the left-hand column in a top-down order of frequency of response. They include i) ‘Poor care disposition’, ii) ‘Poor co-working practices’, iii) ‘Poor communication practices’, iv) ‘Poor co-working values’, v) ‘Poor knowledge application’ and vi) ‘Poor cross-cultural habitude’. In the middle columns, the number

of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each characteristic is described alongside the frequency and content types, including illustrative quotations, in the sections that follow. For brevity, repeated theme labels will be described with less detail.

i) Poor care disposition. The most frequently occurring responses to this question related to the broad theme of 'Poor care disposition' with a total of 37 responses made about such characteristics. Generally, these responses referred to the insufficient or inadequate approach towards characteristics such as care, respect and empathy. For Senior Care and Elder Care, this was the most frequently referred to theme with 8 and 29 responses respectively. They were described in different ways by respondents including word use such as 'uncaring', 'disrespectful', 'unkind', 'impatient' and 'intolerant'. For example, some respondents focused on poor care shown towards residents such as "lack of empathy, lack of compassion" and "show no compassion, kindness or understanding, especially in the dementia terraces". In a more detailed response, another stated:

> I find it difficult to tolerate behaviours of any staff that do not put the wellbeing of our residents to the forefront of their care i.e., looking at the role as being task driven instead of resident centred care (Carer, anonymous).

Whilst other responses focussed more on a lack of care and respect for co-workers such as "arrogance, my way or the highway attitude", "some carers are bitchy to other carers and dob on carers who try the best for residents" and "rude and unapproachable people who are unable to learn". So, the data suggests that poor care disposition is a barrier for effective working and learning in this environment. The key observation here is that a caring approach is necessary not only from carers to *residents*, but also from carers to their *co-workers*.

i) Poor co-working practices. The second most frequently repeated theme in the responses to this question was 'Poor co-working practices' with 25 references to such characteristics. This theme was far more prevalent for Elder Care which had 23 responses compared to Senior Care with only two. This general theme was described in different ways by respondents including some general statements such as "not being a team player", "unwilling to work with certain people", "doesn't get along well with others" and "not very good team worker". These responses indicate that a lack of teamwork prevents carers from working well. Some more specific statements about poor co-working practices suggest controlling and bullying behaviour impedes effective

working and learning, for example “being bullied by another staff member”, “too many chiefs wanting to be bossy” and “the long-term workers either need a face-to-face training how not to bully a new employee especially cause they’re young”. It is not surprising that poor co-working practice has been identified here in the qualitative data as a characteristic that prevents effective working and learning. Nevertheless, a helpful, albeit general, insight here is that bullying behaviour exists in this context and negatively impacts working and learning.

iii) Poor communication practices. The third most frequently occurring response to this question related to the theme of ‘Poor communication practices’ with a total of 23 references made to such characteristics. For Senior Care, this was referred to three times while for Elder Care it received 20 mentions. Many simply described this as “poor communication”, however, there were some more specific comments that illuminate how poor communication practices prevent carers from working well in their role. For example, five comments referred to poor listening skills including “ do not listen to the residents”, “do not listen to others” and “not willing to learn or listen”. Three comments referred to poor English language skills such as “English skills”, “talking in their own tongue instead of English” and “over the last few years language problems are coming to the forefront.” So, this suggests that effective communication is more than just speaking and listening. It is also about appropriate use of English language.

iv) Poor co-working values. The next most frequently occurring responses to this question related to the theme of ‘Co-working values’ with a total of 15 statements including one from Senior Care and 14 from Elder Care. As mentioned previously, this theme refers to the attitude of workers to their work and to each other, however the quotations more specifically illustrate this theme with comments such as “laziness”, “apathy towards elderly”, “too long in the job” and “lack of interest in their work”. These response data are noteworthy because it exemplifies Billet’s (2008) concept of ‘subjectivity’ that was discussed in Chapter 2 of this thesis and is presented and discussed further in the second part of chapter 6. Subjectivity influences the way workers learn due to their own values, attitudes and interests. More specifically, some of these carers believe personal motivation prevents people from working well, for example. “not there for residents, only money”, “the fact many don’t really want or like the job, they are actually doing it due to visa requirements” and “the wrong motive, example treating the job like it’s a pay check”. So, these comments suggest that a barrier to effective working and learning in this context is the absence of genuine

interest in caring for the elderly. In sum, the response data for this question shows that, in this aged care context, poor co-working values prevent carers from working well.

v) Poor knowledge application. Another response theme evident in these data relates to 'Poor knowledge application' which refers to the lack of expertise and understanding of the role of carer. There were a total of 8 responses for this theme with one from Senior Care and seven from Elder Care. There are number of quotations that illustrate this theme such as "lack of hands-on knowledge" and "lack of common sense" which imply that some carers do not possess the insight required to undertake the tasks required for the role. Furthermore, other comments in these responses indicate that the carers' perception and application of their own knowledge is insufficient, for example, "some carers think they know things, but they don't', and "incorrect use of equipment e.g. slide sheets and slings". Such poor knowledge application, therefore, is perceived by this respondent population as a factor that prevents them from working well.

vi) Poor cross-cultural habitude. The final response theme for this question relates to a poor 'cross-cultural habitude' which broadly refers to the habitual tendency and disposition (i.e., habitude) towards co-working situations with CaLD (i.e., Culturally and Linguistically Diverse) peers or residents. This label has been coined specifically to describe the theme from these data and it is not present in the literature. It includes factors such as the acceptance of cultural differences and adaptability during cross-cultural situations, or lack of such qualities. There were five responses related to this theme, all of which came from Elder Care. Poor cross-cultural habitude is illustrated by comments in these data, much of which were single words, such as "bigots", "racist", "racism", "religious beliefs" and "bias of any sort or prejudice". Although, this is the least frequently occurring response theme, it is remarkable because it indicates that biased, bigoted and racist behavior occurs in these facilities and that such poor cultural habitudes prevent effective working and learning in this context.

In sum, the qualitative responses to this question indicate that there are six factors that prevent people from working well in the role of carer. These have been presented in Table A2 as poor care disposition, poor co-working practices, poor communication practices, poor co-working values, poor knowledge application and poor cross-cultural habitude. Each of these have been illustrated with example quotations and some initial observations have been discussed. A more detailed analysis of these themes occurs in Chapter 6 where key deductions are made with references to the literature, the research questions and the conceptual model for learning.

3. Ways co-working enables carers to do the job

Table A3 presents the main themes in response to the question: In what ways does working with others enable people in your role to do their job effectively? This is an important question because it gathers data about co-working factors that influence working and learning in these aged care facilities. A total of 55 carers responded to this question with 6 from Senior Care and 49 from Elder Care.

Table A3

Ways co-working enables carers to do the job

Theme	Senior Care N	Elder Care N	Total N
Co-working practices	7	25	32
Communication practices	4	23	27
Inter-peer learning	4	15	19
Care disposition	6	2	8
Procedural adherence	0	5	5
Cross-cultural habitude	2	2	4

There were six main themes evident in responses to this question which are presented in Table A3 in the left-hand column in a top-down order of frequency of response. They include i) 'Co-working practices', ii) 'Communication practices', iii) 'Inter-peer learning', iv) 'Care disposition', v) 'Procedural adherence', and 'Cross-cultural habitude'. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. For brevity, repeated theme labels are described with less detail.

i) Co-working practices. As per responses to the above questions, 'Co-working practices' generally refers to behaviours that reflect teamwork. There were 32 statements related to this theme, seven of which came from Senior Care and 25 from Elder Care. For this question, many respondents described it in general terms, for example, "work as a team", "be a team player" and "by working as a team, things get done faster and more effective". The use of these terms is noteworthy because it suggests that these respondents regard themselves as part of a team despite the frequent need to work with different sets of co-workers due to shift work (see Table 5.9 in Chapter 5). That is, being part of a non-traditional team (i.e., each shift with different co-workers) does not negate the need to demonstrate teamwork. A more specific characteristic that was frequently repeated by respondents related to the provision of help to co-workers, for example, "going out of my way to help someone at least once a day", "offering help" and "offering help makes work faster". So, an important co-working practice is not only to respond to requests for help, but to proactively offer it to co-workers. One response made an explicit reference to learning through co-working practice by stating, "The younger nurses or newer nurses benefit from the expansion of

more experienced nurses learning from them how things are done. Nursing is very much an on the job learning profession." In sum, co-working enables carers to do the job effectively when they demonstrate teamwork behaviours, such as offering and seeking help, even though they are part of non-traditional teams.

ii) Communication practices. The second most frequently occurring theme related to 'Communication practices' with 27 statements about this theme, four of which came from Senior Care and 24 from Elder Care. Again, in most instances, respondents simply described this in one or two general words such as "communication", "regular communication and "effective communication". However there were some statements that more specifically illustrated the type of communication practices that, through co-working, enables carers to do their job. This included eight references to 'clear' communication, for example "having the ability to communicate clearly". It is not surprising that clarity is considered an important aspect of communication in this care context. As emphasized in Chapter 3, the need to clearly communicate with residents, other carers and health professionals about care and health needs is an essential aspect of aged care work. This need is illustrated further in the response from one carer:

> If we find a resident whose mobility has worsened over a short period of time, we inform our RN and also inform our physios to try come up with some form of solution to help assist this resident whether it would be changes in transfers using a stand up lifter or they may need 2 care staff to assist with walking frame and pelican belt from A to B. (Carer, Anonymous)

Another more specific characteristic evident in these responses was 'listening' with five references to this characteristic, for example, "listen to each other" and "active listening". The main observation from these data is that co-working is supported by good communication practices, especially clear expression and effective listening.

iii) Inter-peer learning. The third most frequently occurring theme about ways co-working enables carers to do the job is related to 'Inter-peer learning'. This broadly refers to the practice of learning on the job through observation, guidance, training and buddying. There were 19 references to this theme, four of which were from Senior Care and 15 from Elder Care. It is noteworthy that this theme occurred with a high frequency, especially considering that this question did not explicitly ask about how carers learn, rather it simply asked about how they do their role. This emphasizes the importance that the respondent population places on learning through practice for aged care work. The specific statements illuminate three observations about co-working in these contexts.

First, it is likely that these environments have an *established culture* of inter-peer learning and it is therefore considered a normal part of aged care work. For example, “I am empowered to educate other people I work with” and “New staff learn from experienced staff and all learn how to care for new residents by getting hand over from staff that have been looking after that resident all shift.” Second, an element of inter-peer learning is the *openness* to learn from co-workers, for example, “best way to learn is by watching and assisting workers” and “learning from other experience to improve ourselves and get feedback from other people to improve our abilities and work management”. However, some respondents noted that such openness is a deliberate practice, for example, “I can learn from other people. Sometimes there are better ways. I do offer to help other staff but sometimes this is not welcome” and “as long as a worker is prepared to learn from others and get along with peers, then all is good”. A third observation to be made about inter-peer learning relates to the practice of actively guiding others. This guidance is illustrated in statements such as, “teaching and training in the right way”, “people in the role have been in it for a while and will know how to train” and “explaining and showing them the needs of each resident we care for”. In sum, inter-peer learning is considered an integral factor of effective aged care work and is distinct to general co-working practices.

iv) Care disposition, Procedural adherence and Cross-cultural habitude. Apart from co-working practices, communication practices and inter-peer learning, three other themes were evident in the response to this question. Due to their lower frequency, they are discussed here together in the same section. ‘Care disposition’ was mentioned eight times, six of which came from Senior Care and two from Elder Care. This higher number from Senior Care, despite its lower respondent population, suggests that care disposition has a considerable influence on co-working. ‘Procedural adherence’ was another theme evident in these responses with five related statements all coming from Elder Care. It generally refers to the correct and timely following of routines and process. Procedural adherence is illustrated in statements such as, “proper use of equipment” and “importance of time”. ‘Cross cultural habitude’ was also mentioned here with two statements each from Senior Care and Elder Care. These included ‘accepting people’ differences” and “understanding how other people work”. This time the emphasis more on general differences rather than responses related to ethnicity, religion or language.

In sum, 55 carers responded to the question: In what ways does working with others enable people in your role to do their job effectively? The most predominant

themes from the responses illuminate that co-working practices (e.g. offering to help), communication practices (e.g. active listening) and inter-peer learning (e.g. openness to guidance) enable carers to perform their role in co-working situations. Having described general influences on working and learning in aged care using data in the above three tables, the focus turns to the multicultural characteristics of learning and co-working.

4. Reasons multicultural teamwork is difficult

Table A4 presents the main themes in response to the question: Why is multicultural teamwork difficult? This is an important question because it aims to illuminate more specific reasons that working, in an environment where many carers are from CaLD backgrounds, can be challenging. A total of 54 carers responded to this question with 10 from Senior Care and 44 from Elder Care. There were two main themes evident in responses to this question which are presented in Table A4 in the left-hand column in a top-down order of frequency of response. They are i) 'English language usage and ii) 'Cross-cultural habitude'. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. For brevity, repeated theme labels are described with less detail.

Table A4

Reasons multicultural teamwork is difficult

Theme	Senior Care N	Elder Care N	Total N
English language usage	9	47	56
Cross-cultural habitude	1	11	12

i) English language usage. The majority of responses about multicultural teamwork related to the theme of 'English language usage' with 56 related statements, nine of which came from Senior Care and 47 from Elder Care. Generally, English language usage refers to the ability to use English in a way that enables communication in a CaLD environment. This not only includes proficiency in English by non-native speakers, but also the ability of native speakers to adapt their language usage so that it is understood by others where necessary. This may include communication with residents

with speech or hearing impairments as well as interaction with co-workers with lower levels of English. The data suggests that English language is a general difficulty, as well as one that is specific to both resident care and co-working situations. There were 28 *general* comments, for example, "usually due to a language barrier and not having the confidence to communicate effectively in English". In nine statements, English language usage was suggested to be difficulty in co-working situations, for example, "just trying to understand a new worker in what they are trying to say to you." There were 14 statements that specifically indicate that English language usage with *residents* is difficult, for example:

> Residents often don't understand carers. It is obvious why this is difficult!!! Today I listened to one carer ask a resident if he would like strawberry jam. The resident just couldn't understand her and, in the end, said 'don't worry this is fine'. They give up. Incorrect messages are relayed. Documentation is filled in incorrectly. (Anonymous carer)

This quote illustrates how English language usage can be a barrier to effective care work where resident needs are not understood and, therefore, not fulfilled. Such a situation is likely to cause frustration not only for the carer and resident, but also to those working around them, particularly due to accents.

'Accent' was specified six times in the response to this question from which two observations are made. First, there is a need for non-native speakers to improve their pronunciation, for example, "Because it is they need to slow down and talk more clearly or need to do an English course to learn how to be more clear with words and sentences". Second and more surprisingly, there is a need for native English speakers to proactively take steps to adapt to the range of accents they work amongst, for example, "Sometimes it's just hearing a different accent that you're not used to". This quotation suggests that there is a requirement for carers to be able to comprehend co-workers from a CaLD background. Therefore, effective communication in this context relies on the abilities of carers to effectively speak (i.e., through correct pronunciation of English) and understand (i.e., by adapting to accents). So, all workers, regardless of language background, have a role to play in effective communication in multicultural teams.

There were also two statements from carers that suggest the *avoidance* of English language usage creates difficulty, that is, when CaLD carers speak in their native language with compatriots. These were, "Rudely speak in their own language" and "Many staff when working or taking breaks together speak in their native language now, this then means that other staff that don't speak the language are moving their

shifts to pair up in groups where they feel more inclusive." Quantitative data described in Chapter 5 indicates that these situations are likely because there tend to be clusters of CaLD carers from specific countries, for example, in Senior Care, almost a quarter of overseas-born respondents are from India. Three observations can be made about these statements. First, avoidance of English language usage may cause some general barriers in team cohesion. If co-workers consider this situation to be rude, it may affect the level of trust in the team. Second, there is a need for carers to feel included in the teams, so they seek interactions with co-workers from the same CaLD background. Third, when interactions occur in languages other than English, the exclusion of other co-workers may reduce the quality and quantity of information flow within the team during a shift. Such information flow is necessary factor effective co-working in aged care.

In sum, English language usage was the dominant response theme to the question: Why is multicultural teamwork difficult? The key observation here is that the difficulty is not simply an inability of CaLD carers to speak English well. These data also illuminate a need for native speakers to be able to adapt to a team environment with varying accents and levels of English language proficiency. Furthermore, the data also suggests that avoidance of English language usage may impede team cohesion and information flow. Another dominant response theme to this question related to culture and is discussed below.

ii) Cross-cultural habitude. The second most frequent response theme about difficulties in multicultural teams related to 'Cross-cultural habitude'. As described above, this refers to the carers' habitual tendency and disposition (i.e., habitude) towards co-working situations with CaLD peers or residents. There were a total of 12 statements related to this theme with one from Senior Care and 11 from Elder Care. From these, there were two sub-categories evident including 'working and communication styles' as well as 'prejudice of residents and co-workers'.

Most of the statements described difficulties with cross cultural habitude in terms of culturally different working and communication styles. For example, "Some cultural backgrounds interpret matters in different and sometimes contradictory ways!" and "Cultural differences in body language, incl and esp. pain, discomfort and disagreement." Other statements referred more to communication, such as, "their cultural difference may sometimes come across as firm and course when speaking with people about situations that may be delicate" and "depending on the cultural background of our staff, but many of them can be shy and timid and are sometimes". These statements indicate emphasize that difficulties in multicultural teams extend

beyond English language usage. Factors such as tone, assertiveness, body language and interpretation also influence communication in these teams.

The other frequent sub-category within this theme relates to prejudiced. It was mainly associated with attitudes of residents towards CaLD carers, for example, “Many older ladies do not want males or dark-skinned staff to attend them” and “Sometimes it's the residents that are racist and pretend they don't understand." However, there were some statements that indicate prejudice is also exhibited by co-workers, such as, “It’s very stressful being in work environment when some co-workers do not like working with people from different countries”. Such prejudice is also indirectly identifiable in this quotation: “I am not saying all of them are like this but I have come across a lot of laziness and can’t be bothered attitudes”. So, the main observation here is that prejudiced behaviour, whether overt or unconscious, is likely to influence effective working and learning.

The responses to the question about difficulties in multicultural teams were dominated by two themes which have been described above. Of these, ‘English language usage’, was by far the most frequently referred to difficulty and suggests that accents (i.e., both speaking and understanding) and avoidance of English lead to create difficulties for carers in multicultural team environments. ‘Cross cultural habitude’ was also a recurrent, yet less frequent theme in these responses. They suggest that culturally different working styles and prejudiced attitudes also create difficulty in these contexts. These initial observations will be more deeply examined, with references to the literature and learning model, in the latter section of this chapter. The next qualitative question related to ways multicultural teams could work well.

5. Ways multicultural teams could work well

Having described the difficulties faced by multicultural teams, it is also helpful to illuminate how these teams in aged care can overcome those difficulties through improved co-working and learning. The survey elicited data from carers about this via the question: Generally, what could teams that are multi-cultural do to more effectively undertake their work? This is an important question as it potentially leads to measures that carers, managers and the facilities can promote, increase or implement to enhance working and learning in multicultural teams. A total of 48 carers responded to this question with seven from Senior Care and 39 from Elder Care. Table A5 presents the main themes in response to the question.

Table A5

Ways multicultural teams could work well

Theme	Senior Care N	Elder Care N	Total N
Communication practices	5	11	16
English language usage	1	10	11
Cross-cultural habitude	1	10	11
Co-working practices	2	6	8
Educational affordances	0	5	5

There were five main themes evident in responses to this question which are listed in the left-hand column in top-down order of frequency of response as i) ‘Communication practices’, ii) ‘English language usage’, iii) ‘Cross-cultural habitude’ iv) ‘Co-working practices’ and v) ‘Educational affordances’. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. For brevity, repeated theme labels are described with less detail.

i) Communication practices. The most dominant response theme with 16 related statements is ‘Communication practices’, with five from Senior Care and 11 from Elder Care. Most of these were described in general terms relating to ‘clarity’ and ‘pace’ of communication such as “be clear and concise while communicating with residents” and “speak slower, louder so residents can understand and co-workers also.” Although most data related to this theme is not explicit enough to illuminate *how* communication can be improved, it helps to focus the broad area of communication on the more specific areas of ‘spoken clarity and pace’. These are likely to be challenges faced by both native and non-native speakers because of residents’ physical and mental barriers such as hearing loss or dementia. However, there was a more specific comment that illuminates a potential practical affordance for improving communication with residents: “having cards with some clear words and pictures”. This is an example of the type of workplace affordance that will be further examined in the phase 2 interviews and discussed in Chapter 7. Closely related to the theme of communication practices is ‘English language usage’ which described in the next section.

ii) English language usage: An aspect of communication that was frequently stated in the data were 'English language usage' and, therefore, is described here as a distinct theme. There are 12 related responses to this theme with one from Senior Care and 11 from Elder Care. As mentioned above, it refers to the ability to use English in a way that enables communication in a CaLD environment. The data suggests that the use of English at work is a key enabler for effective work in cross-cultural teams made evident in several illustrative quotes. There are two main sub-categories within this theme. The first of these relates to English language proficiency, for example, "Continuing language development - important mostly for residents. Frustration becomes evident because they feel they are being misunderstood/ignored esp. when entire team on floor speaks English as second language." Hence, good English skills is claimed to have a direct positive influence on resident care. The second sub-category relates to use of non-English languages at work, for example, "Right now it feels the balance is out and I am not sure. Different cultures group together in the lunch room and speak in their own language" and "Speak English as at the moment supervisor speak in another language." These statements suggest that improvements could be made if there were a more consistent use of English at work. So, both proficiency in and avoidance of English language usage represent opportunities to improve working and learning in cross-cultural teams. Another potential improvement relates to 'Cross cultural attitude' which is described in the next section.

iii) Cross cultural habitude. Effective working and learning in cross cultural teams can be potentially improved, not just through communication and English usage, but also through other habits and tendencies related to working in CaLD environment, that is, through 'Cross cultural habitude'. There were 11 statements related to this theme, one of which came from Senior Care and 10 from Elder Care. Two main sub-categories were evident here. The first and most frequent sub-category, with five related statements, illuminates a need to ensure *more diversity* during scheduled shifts, for example, "mix everyone up, one of each" and "good mix of English nationality within team". One respondent suggests that same cultures tend to cluster together:

> We know of Facebook groups between those of similar cultures like that talk about other carers. There is a them and us attitude and feeling creeping in. I know I try very hard to support and assist all carers and am often asked to do that by RNs but many of the multi-cultural staff don't want to listen and feel we are just bossy. (Carer, anonymous)

These statements suggest that the clustering of similar nationalities is a barrier to effective working and learning and that aged care workplaces should actively ensure there is diversity during scheduled work times.

The second sub-category, with four related statements, illuminates a need to ensure *more inclusion* at work. It is suggested that this should be demonstrated in carer behaviour, for example, “be more accepting of each other” and “learn different cultures and traditions, try not to be racist”. So, inclusion is regarded as the carers themselves must actively demonstrate. Whilst others regard inclusion to be a workplace affordance, for example, “staff social, after work parties to share views and cultures”. In addition to references to diversity and inclusion, there was one other noteworthy statement in which a carer observes that

CaLD co-workers “are empowered but still their culture interferes in their confidence to do this”. This statement is important because it underscores the role that culture plays as a subjective influence on working and learning in these teams. In this case, cultural background is regarded to have a direct influence on the confidence to undertake aged care work. Therefore, individuals potentially must overcome personal cultural barriers to be effective in this context. Overall, these data indicate that cross cultural habitude, as an enabler of effective working and learning in multi-cultural workplaces, comprises of factors that are individual (e.g. confidence), interactional (e.g. accepting differences) and environmental (e.g. promoting inclusions) factors. In addition to cross cultural habitude, ‘Co-working practices’ is another theme evident for this question and is described in the next section.

iv) Co-working practices. A prevalent response theme in these data, with 12 related statements, is ‘Co-working practices’. Two statements are from Senior Care and six are from Elder Care. Most of these were described in general terms relating to how skills are shared and enacted during co-working situations. Three specific observations can be made here. First, effective co-working practice relies on the ability of carers to *seek guidance*, for example, “don't be afraid to ask work colleagues for assistance if necessary.” Second, it requires carers to *offer guidance*, for example “sharing the skill” and “one person to guide them when they are working on care tasks”. Third, those in supervisory roles need to support guidance, for example’ “By getting the right support from team leaders” and to “play to the strong skills of each person.” So, to work well in multi-cultural workplaces, workers need to seek, offer, and support guidance. This guidance can also be encouraged through ‘Educational affordances’ which are described below as the final theme evident in response to this question.

v) Educational affordances. In response to the question ‘What could teams that are multi-cultural do to more effectively undertake their work?’, some carers’ responses were related to the theme of ‘Educational affordances’. Broadly, this refers to initiatives and supports provided by the workplace which drive the learning and development of carers. It may include training, courses and information updates. There were six references to educational affordances, all of which came from Elder Care. Half of these statements referred to this theme generally, for example, “receive regular training” while the other half specified training should be related to care practices. This specification is illustrated in statements such as, “refresher training regarding dignity and respect and dementia” and “have people train them for better understanding and ways they can approach family matters and delicate situations”. In the latter quotation, use of the pronoun ‘them’ implies that CaLD carers should be targeted for this training. This response theme ‘Educational affordances’ is noteworthy because it suggests that the practices and habitude required for working in multicultural workplaces may be enhanced by new, additional and structured learning interventions.

In sum, there were five main response themes evident that help illuminate ways that multicultural teams can work well. They suggest that working and learning in this context are reliant on effective communication practices, English language usage, cross-cultural habitude, and educational affordances. Themes related to the multicultural aspect of aged care work are further described in the last two open questions discussions in this appendix. However, the next three questions shift focus to working and learning during the Covid19 pandemic of 2020-21.

6. Support for working and learning during the pandemic

As presented in the explanatory model for learning in multicultural teams (see Figure 5.1 in Chapter 5), learning in multicultural teams is influenced by the environment in which carers work. Beyond the physical space, this environment includes the *climate and culture of change* that exists within it. An example of this climate is the Covid19 pandemic which has profoundly affected aged care work in facilities in Australia and around the world. To further explain the quantitative data discussed in Chapter 5 about working and learning during the pandemic, three open ended questions gathered information about this factor.

The first of these is, ‘The pandemic has caused some changes to the way work is done. In what way was support provided to people in your role to learn these changes?.’ This is an important question because it helps to illuminate workplace affordances that

can be repeated and evolved in aged care to prepare for future change disruption. The data came from 41 respondents with nine from Senior Care and 32 from Elder Care. In many cases, an individual respondent referred to more than one characteristic within an overarching theme, so the total number of responses may be higher than the number of respondents.

Table A6

Support provided to enable working and learning during the pandemic

Theme	Senior Care N	Elder Care N	Total N
Educational affordances	4	40	44
Management support	3	9	12
Resource provision	4	2	6

There were three main themes in response to this question which are presented in the left-hand column of Table A6 in top-down order of frequency. These are: i) ‘Educational affordances’, ii) ‘Management support’ and iv) ‘Resource provision’. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. For brevity, repeated theme labels are described with less detail.

i) Educational affordances. With 44 related statements, ‘Educational affordances was, by far, the most frequently mentioned theme in response to this question. Four of these were from Senior Care and 40 were from Elder Care. As defined above, this may include training, courses and information updates provided by the workplace which are intended to support carer capability development. The three sub-categories related to this theme are ‘training’, ‘written updates’ and ‘meetings’. First, there were 24 references to training, ten of which were described in very general terms using short statements and single words, for example, “additional training”. Six references were made to e-learning, such as, “online training” and two respondents stated training was focused on the use of Personal Protective Equipment (PPE). Four respondents described the training as sufficient, for example, “Regular training and education in regards to COVID and all it entails for us to do our job through this pandemic” while two described it in as insufficient, for example, “We only had a self-learning module online and paperwork to read. No real training.” The main observation here is that training is claimed to be the most usual form of support offered to carers during the pandemic. However, there were varying views about the quality of training offered with some carers regarding it as positive and others seeing it as unhelpful. So, the data suggests that aged care facilities made training available, however approaches like e-learning, were not always efficacious.

The second most frequent educational affordance stated by respondents related to 'written updates' with 14 comments. Most of these pointed to email updates, for example, " updated emails from management and head office daily about Covid bulletins". Other channels were described, such as, "Written documentation throughout the facility. Text messages, emails etc." . Such channels often included written procedural changes, for example, "Our facility always provided information if any change occurs and updated new the policies and procedures during the pandemic." These data suggest that much of the change that needed to be learned by carers during the pandemic was provided in one-way written form. It is noteworthy that there is a high reliance on written communication in an environment where up to 50% of workers are not native-English speakers and, as suggested by the quantitative data in Chapter 5, they feel less confident in their written comprehension than their spoken English. Nevertheless, the data suggests that spoken communication, such as meetings, complemented written updates. There were four references to meetings, for example, "a lot of Small group meetings on different shifts". So, limitations associated with written documentation may have been overcome by face-to-face meetings and huddles.

In sum, the most frequently mentioned support provided by aged care facilities during the pandemic was educational affordances. In most cases this referred to training, written documentation and meetings. The data suggest that face to face educational affordances may be more effective than those in self-led or written formats, however this suggestion will be further examined in interview data presented and discussed in Chapter 7.

ii) Management support. The second most frequent response theme about support provided to enable working and learning during the pandemic was 'Management support'. Compared to educational affordances, this theme was far less frequently mentioned, with 12 statements, three of which were from Senior Care and nine from Elder Care. Broadly, management support refers to the active involvement in the work of carers by those in more senior roles (e.g. Care Managers and Registered Nurses). This may involve helping with workload and resolving work related problems. Most of these remarks referred to management support in a general way, for example, "support from my manager". However, some indicated that this support was especially provided when workload was increased during Covid, such as, "ongoing support and understanding from management, especially direct manager with the difficulties surrounding the excess workload." Generally, management support was regarded as a

way that carers were supported during Covid, however little insight is evident in the data regarding the effectiveness of this support.

iii) Resource provision. The third most frequently mentioned theme in response to this question was 'Resource provision." This broadly refers to the supply of equipment and space within the working environment to enable carers to respond to Covid related changes to their job. Most of these statements related to the provision of PPE, for example, "masks supplied." These data indicate that aged care facilities provided additional resources in response to Covid, mainly with the aim of preventing transmission, rather than supporting workplace practice and learning. The effectiveness of the PPE resources provided was only mentioned by one responded, who stated, "Having to work with face masks, very difficult to breathe with while working, especially during showering." So, although PPE addressed the need to protect carers and residents, this statement suggests that it made a standard job practice even more difficult.

In sum, the three main supports provided to carers to learn changes caused by Covid were educational affordances, management support and resource provision. The main observation here is that the data suggests that a range of support was provided by aged care facilities, some of which were considered helpful (e.g. face to face training and meetings) and some were considered less effective (e.g. e-learning). The next open question aims to illuminated how carers could have been better supported and the response themes are described below.

7. Better support for working and learning during the pandemic

The second question related to working and learning during the pandemic elicited data to illuminate 'During the pandemic, how could your learning have been better supported?.' This question aims to identify what more can be done in aged care settings to prepare to prepare for future change disruption. The data, presented in Table A7, came from 27 respondents with five from Senior Care and 22 from Elder Care.

Table A7

Suggestions to improve working and learning during the pandemic

Theme	Senior Care N	Elder Care N	Total N
Nothing	4	10	14
Educational affordances	2	7	9

There were two main themes evident in responses to this question which are presented in the left-hand column of Table A7 in top-down order of frequency. These are: i) ‘Nothing’, ii) ‘Educational affordances’. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. Due to the low number of responses related to these themes, they are described in brief.

i) Nothing. The most frequently occurring response theme was ‘Nothing’ which was mentioned a total of 14 times with four from Senior Care and ten from Elder Care. This is illustrated by quotations such as “I received good support, no issues”, and “I don't think it could have been better”. Generally, this suggests that support for learning offered during Covid was sufficient. This finding is surprising because data from the previous question suggests that some support factors could have been improved, for example, by offering more face-to-face support over written and virtual support. Nevertheless, other respondents pointed out some specific areas that could have been better supported.

ii) Educational affordances. The second most frequently occurring response theme was ‘Educational affordances’. There were nine related statements to this with two from Senior Care and seven from Elder Care. Apart from general comments such as “maybe more training”, there were two comments that offered more specific suggestions. These were “More practical knowledge and drills” and “more awareness to prevent transmission”. These insights are helpful as they point to specific needs in relation to delivery (i.e., more practical) and content (i.e., focus on transmission). So despite, much of this respondent population claiming no more support is needed there is still an opportunity to offer more and better training in these environments during change disruption. To illuminate more specific potential improvements during the pandemic, respondents were asked for suggestions in a separate question. The responses are described below.

8. Suggestions to improve resident care during the pandemic

The final question related to working and learning during the pandemic focussed on improvements to resident care. Respondents were asked: ‘What changes would you suggest at your facility to enable you to provide better resident care during the ongoing Covid19 disruption?’ Response data for this question is helpful for two reasons. First, it

aims to identify specific *suggestions* that could be implemented to enhance aged care work which directly relates to one of the broader research questions from this project. Second, it asks respondents to consider this in relation to the *care* they provide to residents, as opposed to how they work and learn. Hence, the focus here is more on the outcome of their work rather than the practice of it. Data from 41 responses is presented in Table A8 with eight from Senior Care and 33 from Elder Care.

Table A8

Suggestions to improve resident care during the pandemic

Theme	Senior Care N	Elder Care N	Total N
People and time provision	5	8	13
Resident support	2	10	12
Resource provision	0	7	7
Educational affordances	0	7	7
No changes	0	7	7

There were five main response themes in the data which are listed in the left-hand column of Table A8 in top-down order of frequency. These are: i) ‘People and time provision’, ii) ‘Resident support’, iii) ‘More/better equipment/resources’, iv) ‘Educational affordances’, and v) ‘Nothing’. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. Due to the low number of responses related to the final three themes, they are described in brief.

i) People and time provision. This theme refers to the adequate availability of time and workers to be able to provide effective resident care. It was the most frequently occurring theme with a total of 13 responses including five from Senior Care and eight from Elder Care. Half of these responses suggested that more staff are required, for example, “In the event of an actual COVID outbreak at work we would need additional staff to ensure we are compliant and able to deliver the best and safest care possible”. Four responses indicated that more time is needed, not only to provide care, but also to ensure there are adequate breaks, such as, “more short staff breaks”. In one statement, the focus was on the location and willingness of staff in other roles: “More staff on the floor not sitting in the office saying that’s not my job when short staffed EN should be

able to work with us some do but other have become used to sitting no good when not enough care staff". So, not only are more staff and time required to deliver care during the ongoing Covid19 disruption, but there is also a potential need for other staff, such as Enrolled Nurses, to be more supportive and present direct care work. It is noteworthy that people and time provision was the most frequently mentioned theme here because it does not relate directly to the skills, knowledge and practice of carers. Hence, the simple, yet important, observation is that resident care would be improved more if there were more workers to provide it. Another workplace affordance evident in the responses relates to support for families and residents which is described below.

ii) Resident support. Another frequently mentioned theme suggested that more direct support should be provided to residents when the facilities are impacted by Covid19. There were a total of 12 responses with two from Senior Care and 10 from Elder Care. There were three subcategories of response within this theme. The first of these is the suggestion for more support for residents to be able to stay connected with their families through more virtual contact, for example, "Face time residents to their families using a tablet/smart phone or the spare computers at the education room with a webcam". The second sub-category suggested more and different entertainment for residents during times of lockdown, such as:

> Most residents did not understand it. They suffered greatly from not seeing their families. Dementia residents most affected. Some didn't understand news - though I always put TV onto non-volatile subject e.g. SBS food channel. Staff should have been told to change TV Channels to 'a feel – good' movies. In fact it would be good if there was a dedicated Old People's TV Chanel for avoiding war movies and News, and it kept going on repeat." (Carer, Anonymous).

Another suggestion that was related to entertainment was the need for "more lifestyle activities in smaller group's more staff for residents to have enjoyed themselves throughout this time as a lot of them where depressed and still sort of are as a lot miss their families." The third sub-category suggested residents be directly involved in infection control, such as, "Teaching residents about some infection prevention like washing hands regularly". So, resident care could be improved if more social, entertainment and hygiene support were available. Like the first theme of people and time provision, a similar observation can be made here about resident and family support. That is, effective resident care during Covid19 is more reliant on workplaces *affordances* than workplace *practices*. Another workplace affordance suggested by respondents was the improved provision of equipment.

iii) Resource provision. There were seven carers, all from Elder Care, who stated that resident care could be improved during Covid19 through better resource provision. In every statement, PPE was noted to be the issue, as illustrated by this quotation “Better/more availability of PPE. i.e., gloves, masks, gowns etc. at all stations/levels at the start and throughout the shifts.” Apart from ensuring there is adequate stock, its location and accessibility was also a specific suggestion: “Maybe a trolley with PPE equipment in every room instead of having to go to the sink to get gloves which can be a bit of a walk sometimes.” So, not only is more PPE required, but it also needs to be organised in a way that facilitates its use. The key observation here is that a lack of PPE is not just a barrier for working and learning, as described above in 5.4.1, carers believe it has a direct impact on the level of care provided to residents.

iv) Educational affordances. Another theme referred to in seven statements, all from Elder Care, is ‘Educational affordances.’ This theme was mostly described in a brief and general way, such as, “More training.” The presence of this theme here is noteworthy because it implies that enhanced training is considered to have a direct impact of the quality of care provided to residents. Therefore, carers are conscious of the relationship between the provision of educational affordances and quality delivery of care.

v) Nothing. The final theme in response to this question was ‘Nothing.’ Seven respondents, again all from Elder Care, indicated that no more could be done to provide better resident care, for example, “I believe that our facility has been done everything as much as we can do to provide the best care to our resident base on high standard” and “Keeping do the same as they been doing. Senior Care has good practices.” So, some carers feel that their facility has responded well to the changed resident care requirements during the pandemic.

In sum, the data presented in Table A8 point to a need for better resident care when facilities are impacted by significant change such as Covid19. More time, people and resident support are considered to be the main enablers of care during such disruption. However, the facilitation of resources and training are also potential factors that would lead to better care for residents. These identification of these themes is valuable for this research project as they illuminate specific ways, beyond carer capability, that the uncertain demands of aged care work can be better met by carers. More generally, data presented in the Tables C6, C7 and C8 have emphasized that aged care work occurs in an environment that is greatly influenced by change and disruption. Although educational affordances can help during events like the pandemic, more

staffing and equipment are likely to make a greater difference to how carers learn and provide care in such circumstances. Having described data and observations related to working and learning during Covid19, general data about enabling learning for work was elicited through four final questions. These are described in the sections that follow.

9. Factors that prevent effective completion of new tasks (i.e., learning)

To better understand working and learning in multi-cultural teams, it is helpful to illuminate factors that act as barriers to the completion of new tasks. The premise here is that 'new tasks' require carers to acquire and apply the knowledge required to do something they have not done before. That is, they are required to learn a new work practice. To elicit these data, respondents were asked 'When facing new tasks at work, what prevents people in your role from completing them effectively?'. Previous questions and data in described in this appendix have related more generally to working and learning in aged care. The data presented here in Table A9 is, therefore, valuable because it helps to identify factors that influence more specific learning events. In total, there were 46 respondents with nine from Senior Care and 37 from Elder Care. Data are presented in Table A9.

Table A9

Factors that prevent effective completion of new tasks (i.e., learning)

Characteristic	Senior Care N	Elder Care N	Total N
Poor educational affordances	2	24	26
Poor time and people provision	4	13	17
Poor co-working values	0	7	7
Poor resource provision	0	6	6

There were four main response themes in the data which are listed in the left-hand column of Table A9 in top-down order of frequency. These are: i) 'Poor educational affordances, ii) 'Poor time and people provision', iii) 'Poor co-working values' and iv) 'Poor resource provision'. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. Due to the low number of responses related to the latter two themes, they are described in brief.

i) Poor educational affordances. The theme most frequently evident in these responses was 'Poor educational affordances'. Similar to previous questions, this refers to training, courses and information updates provided by the workplace. There were 26 statements related to this theme with two from Senior Care and 24 from Elder Care. The two subcategories within this theme related to 'training' and 'information updates'. Regarding training, many statements were general and short, such as "not enough training". However, one respondent provided an example of *how* lack of training prevents effective completion of work:

> Experience and training, e.g. if you work afternoon shifts, you always are using slings to hoist from fall-out chairs to bed. I hardly ever put someone on the toilet in afternoon. The slings are very difficult to get in the right position in a fall-out chair, or princess chair, for the toilet. If we have to, then the person is lifted to onto the bed, readjust the sling, then onto toilet chair. By this time they have probably already 'gone' on the floor. If this is not done, then it is likely that the leg parts of the sling are stuck under the resident on the toilet chair which have to be pulled out together with a soiled pad. All very difficult, and takes a t least 30mins, which carers don't have. I have heard that in some homes a sling stays in the chair with the resident all day. Not good for residents pressure area care. Occasionally the safer big slings are not available, with no spares on the floor. All very inelegant, and only one example of things which crop up. (Carer, Anonymous)

In this example, the carer is describing if and how a resident should be toileted. More importantly, it emphasises the negative impact on both the carer's time and the resident's comfort and dignity, if the right training has not been provided. This underscores the value of practical and pre-emptive guidance (i.e., educational affordance) on new tasks, as opposed to learning those duties as they are completed. Another respondent suggests that a lack of "orientation for new staff" acts a barrier when carers complete new tasks. These responses illuminate a need for more and better training, especially for new carers.

The other sub-category related to educational affordances is 'information updates'. In most statements, this refers to a lack of information about how work should be undertaken, for example, "lack of communication regarding changes". However, one respondent described the opposite, stating, "too much information and not clearly defined instructions." So, a likely barrier faced by this respondent population is poor management of information about new processes and tasks, either due to a lack or

excess of detail. Another workplace affordance that prevents carers from completing new tasks relates to time and staffing, which is described below.

ii) Poor time and people provision. Again, a lack of people and time resources is perceived to be a barrier for effective working and learning in aged care. There were 17 statements referring to this issue with four from Senior Care and 13 from Elder Care. It is generally illustrated by one carer, who states, “Not enough time to complete the task or not enough staff to complete the task.” Another carer stated, “Under the pump/understaffed. Just being expected to know. Fear of asking if unsure.” This implies that the lack of staffing and time prevents carers from clarifying the correct way to undertake work. The main observation here is that poor staffing and time provision is likely to reduce interactions between co-workers that are pivotal moments in skill acquisition for carers.

iii) Poor co-working values. The third most frequently occurring response related to the theme of ‘Poor co-working values’. This refers to It is broadly categorised as the workers’ *attitude* to their work. All seven related statements came from Elder Care. They indicate a lack of desire to effectively learn how to complete new tasks, for example, “general disinterest in the role and job” and “when they are lazy”. Openness to change was another issue flagged here, such as, “Then they don’t want to accept/adapt to a new procedure” and “lack of commitment, difficult to cope with change”. There are two observations that can be made about this theme. First, new tasks require more than just skills and knowledge to complete them. They are reliant on the openness of workers to do something in a new or different way. Secondly, the ability to adapt in an environment where procedures change may, itself, represent a learning need. That is, for carers to work effectively in a dynamic environment like aged care, they must accept, understand and demonstrate change agility.

iv) Poor resource provision. The final theme in data from this question is ‘Poor resource provision’ with six statements, all from Elder Care. All statements were general and short, for example, “not having the correct equipment” except for one with slightly more detail; “Occasionally the safer big slings are not available, with no spares on the floor.” For new tasks to be effectively learned and completed, the right resources, such as slings used to move residents, are needed. So, a barrier to learning in this context is when equipment is not available.

Overall, the response data indicate four factors that prevent carers from completing new tasks effectively. They are poor educational affordances, Poor time and people provision, poor co-working values and poor resource provision. So, a complex of

elements contributes to ineffective learning in this context. Having described these barriers, the next section examines the *enablers* for learning of new tasks in aged care.

10. Factors that enable completion of new tasks (i.e., learning)

In addition to barriers, it is also helpful to illuminate factors that act as enablers to the completion of new tasks by carers. To elicit these data, respondents were asked 'When facing new tasks at work, what specifically helps people in your role to complete them effectively?' Such data are important because it aims to identify factors associated with work in aged care that allow learning through workplace practice to occur. In total, there were 44 respondents with eight from Senior Care and 36 from Elder Care. Data are presented in Table A10.

Table A10

Factors that enable effective completion of new tasks (i.e., learning)

Characteristic	Senior Care N	Elder Care N	Total N
Co-working practices	4	16	20
Staff and time provision	1	17	18
Educational affordances	2	14	16

There were three main response themes in the data which are listed in the left-hand column of Table A10 in top-down order of frequency. These are: i) 'Co-working practices', 'Staff and time provision' and 'Educational affordances'. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. Due to the recurring frequency of these themes in previous questions, they are described here in brief. More detailed analysis and deductions about these themes are detailed in Chapter 6.

i) Co-working practices. Similar to previous references to this theme in this appendix, it refers to the types of behaviours carers are required to demonstrate teamwork when working with others as part of shift work cohorts. There were 20 statements related to co-working practices with four from Senior Care and 16 from Elder Care. Half of these responses described co-working practices using short, general phrases such as, "working well as a team". However, there was one sub-category that

dominated the remaining responses: inter-peer learning. Previously, inter-peer learning was presented as a separate theme due to the high number of related statements. However, here for Table A10 it is captured within 'Communication practices. As there were a comparatively smaller number of references to it (nine). This theme is illustrated by quotations including, "Having someone show you the task in person," "Being physically shown more than once. Being taken through the steps more than once." and "Having staff that explain clearly why the new task is necessary and how it is implemented." So, when completing new tasks at work, the main factor that helps carers to complete them effectively is opportunity to learn from co-workers. This underscores the vital role that co-working and shared understanding (i.e., intersubjectivity) play in learning in multicultural teams in aged care. This observation is more deeply examined in Chapter 6. Effective co-working and learning is also dependent on the provision of time and staff to provide support to each other. This provision was the second most frequent theme as shown in Table A3.

ii) People and time provision. There were 18 references to 'People and time provision' with one of these from Senior Care and the rest from Elder Care. Generally, these responses described the need for more staff and time to complete work, especially new tasks. This quote is particularly illustrative of this theme:

> Time to do the task slowly. Carers do not have time. Apparently, we are supposed to spend at least 30 mins with each resident each shift to see how they are and talk etc. That is a joke - I am lucky to get 5 mins with a resident. Tasks are not so much NEW as unplanned, and usually at the most difficult times. (Carer, anonymous)

This quotation points to three key observations about learning new tasks. Most importantly, it illustrates the influence that time provision has on learning through practice. The need to rush creates a barrier to learn and undertake tasks effectively. Secondly, it emphasises the unpredictability of the aged care working environment. Continued disruptions and unplanned requirements may not be conducive to learning on the job when time is scarce. Thirdly, there may be an unrealistic time expectation placed on carers by the facility management. These observations represent an opportunity to further understand the impact of such factors and how they can be overcome so that learning, working and care can be enhanced in this setting. A focus is placed on these factors in the following phase of data collection (i.e., case study interviews) and discussed in Chapter 7.

Four respondents suggested that time provision is not just a workplace affordance. Rather, it can be influenced by ability of the carer to prioritise and manage time. This theme is reflected in short statements such as, "stay organised" and "time management". Six of the respondents suggest that adequate staffing allows for time to learn and complete new tasks, for example, "Having enough staff to be able to complete tasks effectively". In sum, appropriate staffing is an enabler of time and time is an enabler of effective completion of new tasks (i.e., learning). This can potentially be improved through changes to scheduling and supporting carers to manage priorities more competently. Another potential enabler of learning of new tasks is 'Educational affordances' which is discussed as the third theme related to this response data.

iii) Educational affordances. There were 16 responses that related to 'Educational affordances' with two from Senior Care and 14 from Elder Care. The majority of these referred to such affordances as "training'. Some implied that training occurs, however it may not be effective, as illustrated in statements such as "the right training", "correct training" and "appropriate training". The responses related to this theme were mostly short and general, so more specific observations about educational affordances cannot be made here. Again, the interviews in the next phase of data collection aim to illuminate some more specific insights around how training can be enhanced for carers working in this context.

In sum, there were three main themes present in response data about factors that enable completion of new tasks. To learn more effectively through workplace practice, carers rely on inter-peer learning and adequate time to undertake new tasks. To a lesser extent, educational affordances, such as training, are considered to help here. Having examined data related to the learning and undertaking of new tasks, the next question data describes more general things that carers can do to make multi-cultural teams work better.

11. Carer practices that may improve multi-cultural teamwork

The final two open questions in the survey elicited more general data. They provided an opportunity for respondents to suggest ways in which multi-cultural teams could work better together. The first of these was 'What kinds of things can people working in your role do to make multi-cultural teams work better together?' This is an important question because co-working, according to the literature, is a key influence on learning in CaLD environments. Co-working is also a core element of the model for learning proposed in this research project.

In total, there were 41 respondents with nine from Senior Care and 32 from Elder Care. Data are presented in Table A11.

Table A11

Suggestions to improve multicultural teamwork

Characteristic	Senior Care N	Elder Care N	Total N
Enhanced cross-cultural habitude	4	14	18
Enhanced communication practices	1	9	10
Enhanced care disposition	2	6	8

There were three main response themes in the data which are listed in the left-hand column of Table A11 in top-down order of frequency. These are: i) ‘Enhanced cross-cultural habitude’, ii) ‘Enhanced communication practices’ and iii) ‘Enhanced care disposition’. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow. Due to the recurring frequency of these themes in previous questions, they are described here in brief. More detailed analysis and deductions about these themes are detailed in Chapter 6.

i) Enhanced cross-cultural habitude. As described previously, ‘Cross cultural habitude’ is the habitual tendency and disposition towards CaLD co-working situations. This was the most frequently occurring theme with 18 responses including four from Senior Care and 14 from Elder Care. One respondent highlighted the need for improvement in this area, stating, “I have racked my brain about this for months and always felt I was so accepting. I have a multi-cultural family and yet I feel the divide at work is huge!! Honestly, I have no idea!!!!” This emphasises how cultural difference can act as a barrier to effective co-working and learning in aged care and that carers require support to overcome it. Nine responses suggested that familiarisation with co-workers would improve teamwork in CaLD environments, for example, “getting to know one another” and “knowing about co-worker cultural background”. A more specific suggestion was to “Have social get togethers outside of work or a specific day where people can chat and get to know each other and learn from each other.” Seven respondents suggest that more accepting attitude and behaviour would improve teamwork, for example, “respect and accept the differences” and, more pointedly,

“”Don't be racist. Everyone is equal.” So, improved working and learning in CaLD environments is firstly reliant factors: familiarisation and acceptance. The relationship between familiarisation, acceptance, trust and co-working is further examined in the Chapter 6. Another suggested enhancement related to communication between co-workers.

ii) Enhanced communication practices. The second most frequently occurring theme relates to ‘Enhanced communication practices’ with 10 responses, one of which was from Senior Care and 9 from Elder care. Most described communication practices generally, however, four respondents suggested that listening, in particular, would improve multicultural teamwork, for example, “I think people need to listen to each other and not think they know better”. Although, respondent statements here were not very descriptive, their frequency is noteworthy as communication practices are a recurring theme in the qualitative data. In particular, listening skills are likely to represent a focus for potential new educational affordances for workers in aged care. In addition to cross-cultural habitude and communication practices, care disposition was also suggested as a way to improve teamwork in CaLD environments.

iii) Care disposition. The third most frequently occurring theme in these data was ‘Care disposition’ with a total of eight responses, two of which were from Senior Care and six from Elder Care. In all responses, this related to respect between co-workers. Again, all statements were short and generic, for example, “respect each other”, however, three respondents highlighted the importance of demonstrating patience as part of effective co-working. This patience is illustrated in quotations such as “stay patient and kind”.

Consequently, to improve multicultural teamwork in aged care, carers should be familiar with and accepting of cultural differences, apply listening skills and demonstrate care, not just for residents, but for each other. Aged care facility managers also have a role to play in multicultural team effectiveness with further data about this described in the next, and final data description.

12. Manager practices that may improve multi-cultural teamwork

To better understand working and learning in multi-cultural teams, it is helpful to illuminate the effective practices of those in a supervisory role (including managers and Registered Nurses). In aged care, supervisors work closely with and within multi-cultural teams, so data were elicited about ‘What kinds of things can Aged Care Facility Managers do to make multi-cultural teams work better together?’ Such data are valuable

because it goes beyond the immediate scope of the carers themselves. That is, supervisors, managers and RNs have a unique perspective, role and influence on teams in aged care. Data presented in Table A12 aims to illuminate these areas.

Table A12

Suggestions for managers to support multicultural teamwork

Characteristic	Senior Care N	Elder Care N	Total N
Cross-cultural habitude	5	9	15
Communication practices	3	10	13
Educational affordances	2	11	13

There were three main response themes in the data which are listed in the left-hand column of Table A12 in top-down order of frequency. These are: i) 'Cross-cultural habitude', 'Communication practices' and 'Educational affordances'. In the middle columns, the number of statements relating to each theme are listed for Senior Care and Elder Care. In the right-hand column, the combined totals for both organisations are shown. Each of these are described alongside the frequency and content types, including illustrative quotations, in the sections that follow.

i) Cross-cultural habitude. The predominant theme in these data related to 'Promotion of cross-cultural habitude'. That is, managerial practices that advance the importance and ability of carers to be able to work in an environment that is multi-cultural. There were 15 related responses to this question with five from Senior Care and nine from Elder Care. In the most of these responses, carers emphasised the need for managers to exhibit cross cultural habitude, for example, "adopt a better attitude for inclusivity" and "have an understanding of their culture and supporting their culture". The key observation is that managers should role model acceptance and understanding if they expect such behaviours in the broader team.

ii) Communication practices. The second most frequent theme related to 'Communication practices' with 13 responses including three from Senior Care and 10 from Elder Care. Most comments related to this theme were general and do not illuminate specific practices, for example, "good communication". However, three carers suggested English language use as a specific communication practice, illustrated by statements such as, "All work and talk together as long it's in English". Such statements suggest a need for managers to speak English at work and to promote English language use within the team. They also imply that some workers in

supervisory roles are from CaLD backgrounds. English language was also suggested as an opportunity for educational development, as outlined below.

iii) Educational affordances. Also with 13 related statements, 'Educational affordances' was a common theme, including two comments from Senior Care and 11 from Elder Care. English language was also a sub-category within this theme with two carers suggesting that managers provide English language courses for carers, for example, "facilitating additional English learning". Most other comments here indicated that more training, especially about cultural awareness, should be offered by management of aged care facilities. This need was evident in various statements, for example, "offering multi-cultural training sessions". These data suggest that carers have an appetite for further training and believe managers should provide this more as a way to support multicultural teamwork.

A noteworthy insight from this the data presented in Table A12 is that the most valuable thing that managers can do to support multicultural teamwork is to simply exhibit cross-cultural habitude themselves. This insight is surprising because showing openness and acceptance of other cultures has been shown to be a requirement of all team members, regardless of role or seniority. Communication practices and educational affordances are also predominant themes, both of which highlighted the need for English language to be used, promoted and developed by managers in aged care facilities.

13. Summary of main themes from qualitative survey data

Data about working and learning in multi-cultural teams was elicited via 12 open-ended questions. These data have been described above and some preliminary observations have been made. There were a total of 14 characteristics evident in the data which help to illuminate factors the influence, support and hinder the of learning of carers in diverse aged care settings. In most cases, these characteristics were evident in response data from more than one question, for example. 'Care disposition' was a frequently occurring theme for six of the 12 questions. Data were combined for all questions and both organisations so that the 14 themes could be presented in order of overall frequency. The presentation of the combined data are helpful because it illuminates the main influences of learning in multi-cultural teams for this population of carers. These are shown in top-down order in Table 6.1 in Chapter 6.