

Cultural Considerations for Dementia Residents in Long-Term Care

**Oklahoma Dementia Care Network,
Reynolds Section of Geriatrics, Department of Medicine
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First of all...

“Long term care is long hard work.”

J. Neil Henderson, CNA

What is “culture?”

- **Everything from our LIVED EXPERIENCE.**
- **Culture has many parts: language, values of good/bad, food choices (steak or broccoli or rotten birds), change, and BELIEFS.**
- **Ask yourself about your beliefs: Was I born thinking this? Was I born believing this?**
 - **If you weren't born with a belief, say about all American Indians wear feather headdresses, then it was learned (paintings, movies, TV).**
 - **Same for language, religion, politics, economy, education, arts, etc.**

But, why do my beliefs feel so real, so right?



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Culture can trick us: conscious & unconscious

- **Did you know that there are some cultures in the world that actually cage their infants?**
 - **Nacirema is one such culture.**
 - **The live between the 30th and 45th latitudes**

Culture can trick us: conscious & unconscious



Culture can trick us: conscious & unconscious



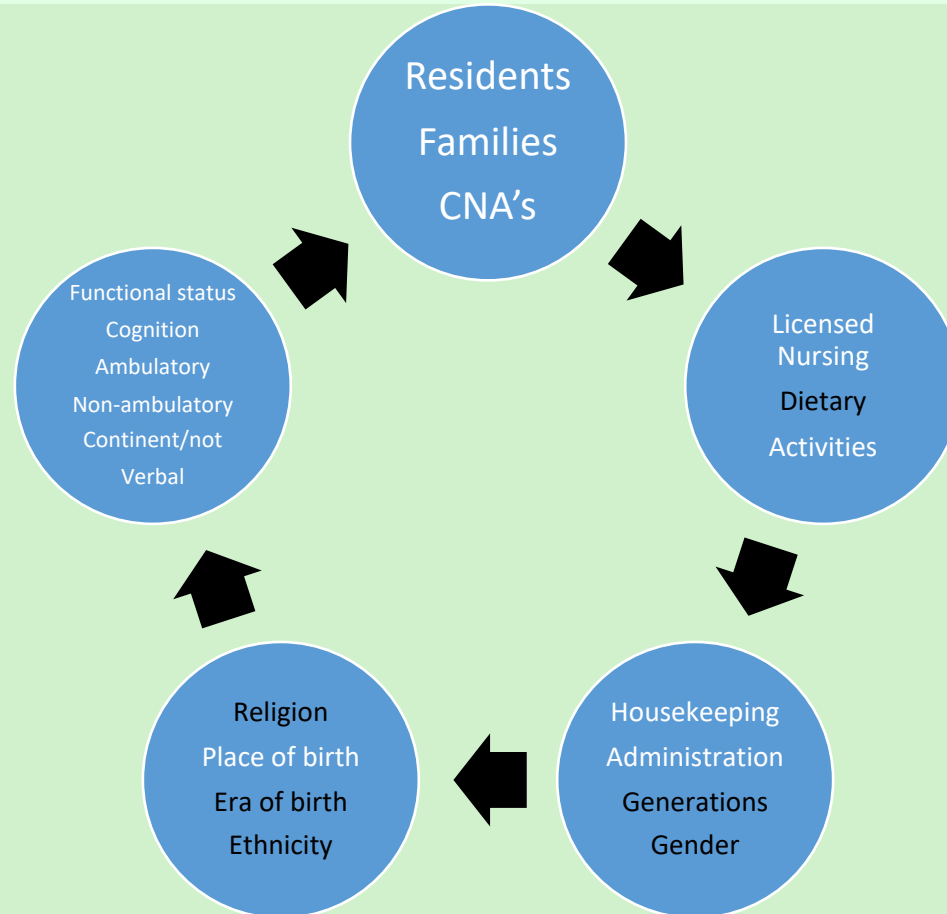
Why do we have nursing homes?

- 1. Post-marital neolocal residence patterns of our culture:**
 - a. When children marry, they live wherever their parents don't.
 - b. Potential intra-inter-familial caregivers are geographically dispersed.
 - c. Requires infants/toddlers to be caged.
- 2. Cultural value placed on hyper-individualism reflected in early life experience/training:**
 - a. Separate bedrooms very soon after birth.
 - b. Cage again needed.
- 3. Culturally based hyper-individualism promotes the fiction that one's health is entirely in their own hands; their responsibility.**
 - a. Neglects the myriad social determinants of health.
 - b. Family silently feels: It's not my job.

Types of culture

- **Personal, home, extended family: being ourselves (for better or worse!)**
- **Work settings: uniforms, titles, role boundaries, “act” engaged, etc.**
- **Social connections culture: society; segments of society**
- **Organizational: My boss likes a top-down power system, not a level one.**
- **Plus, these can vary from one situation to another, so for the same person:**
 - **Mom role can change to child role when her mother is on-site.**
 - **At work, I hide my home culture in order to fit-in.**
 - **I try to change my way of speaking at work to appear more educated.**

Some nursing home work setting categories



Nursing Homes as a Cultural System

- 1. Residents: describe their weekly life. How is it different than yours? From what cultural backgrounds do they come? What about your cultural background?**
- 2. Families: what is their experience of nursing home life? Are they correct?**
- 3. Staff: CNA, dietary, activities, housekeeping, PT/OT, SW, Chaplain, Admin, licensed nursing, housekeeping (Yes, twice).**
- 4. The building: rail-lined corridors**
- 5. The proprietary business foundation: its beliefs and values prevail**
- 6. The medical ways of doing things: its beliefs and values prevail**

Nursing Homes & Cultures Within

- **What to do about residents with dementia who are members of an ethnic minority?**
- **What to do about residents with dementia who are LGBTQ+?**
- **What to do about residents with dementia who are foreigners????**
- **What to do about residents with dementia who are atheists????????????????**
 - **All are wrong questions: *What do you do about you?***

Other people are NOT failed attempts at being you.

Good to remember + helps us to be understanding, empathetic, & compassionate.

Contented involvement

- 1. How to help residents with dementia to have more time feeling contented and involved?**
- 2. Maybe your lived experience doesn't give you insights to that of the resident? Your ideas about what is comforting may not match theirs. How can I know their culture?**
- 3. Culture is symbols: each social group has their own symbols that are felt as important, reassuring, and deeply meaningful (types of hair style, clothing, key words or phrases, color meanings, etc.)**
- 4. Ask family members about residents' history, likes/dislikes.**
- 5. What pleasant activities did they enjoy that may be unique to their lived experience?**

Recognizing cultural factors in nursing home work

- **Ethnic culture: learned belief systems: gender, religion, social status, etc.**
 - *Other people are NOT failed attempts at being you.*
- **Situationally expressed or suppressed: at work I want to fit in, so I use the “local” work-language terms; residents don’t want to offend, particularly if they are of different ethnicity than you.**
 - *Other people are NOT failed attempts at being you.*

Recognizing cultural factors in nursing home work

- **Language: generationally (older: swell!; today: awesome!), rural life/urban life, gender, expletives (F-word), pejorative/supportive.**
 - *Other people are NOT failed attempts at being you.*
- **Lived experience: time-distance-effort: The Case of Two Realities.**
 - *Other people are NOT failed attempts at being you.*
- **Resident feelings of vulnerability by living in YOUR nursing home.**
 - *Other people are NOT failed attempts at being you.*
- **Staff feelings of vulnerability by working in YOUR nursing home.**
 - *Other people are NOT failed attempts at being you.*

Caregiver feelings count, too

- 1. What are our feelings about a person with confusion, hostility, and incontinence?**
- 2. Why do we feel that way?**
- 3. How can I feel or behave differently?**
- 4. Can I invent some empathy to use with them?**