Ethnocultural long-term care homes in Canada: a place for cultural inheritance and community building

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This article discusses the overlooked role of recreation programmes in the ethnocultural and cultural-specific long-term care home from my standpoint as a recreation worker. First, the policy during the pandemic that prohibited visits by family members and volunteers revealed that they are important informal caregivers to fill in for the limitations of workers. Second, recreational programmes can also be considered as a practice of cultural inheritance: staff and volunteers learn their history and reconstruct them as collective memory. Third, the interaction between residents, volunteers, families and workers generates a sense of belonging to the ethnic community. Therefore, it can be considered a practice of community building for minority ethnic groups. By presenting the significant role of recreation workers in a long-term care home, I aim to question the meaning and value of care work in long-term care facilities.

Key words ethnocultural long-term care homes • recreation workers • ethnic communities in Canada • meaning of care work

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Introduction

In March 2020, I received a phone call from my manager at my workplace, an ethnocultural long-term care home in the suburbs of Toronto, Ontario, asking if I could work the next day: “We will not be able to have staff working for multiple facilities anymore. We need more people.” During that time, I occasionally worked as an on-call staff member at the long-term care home, but from the next day, I worked three to five days a week until the summer of 2021, alongside my studies.

This article discusses the overlooked role, revealed during the pandemic, of recreation programmes at an ethnocultural and culturally specific long-term care home as a practice of cultural inheritance and community building. By presenting the significant role of recreation workers in a long-term care home, I wish to question the meaning and value of care work in long-term care facilities.
Since researchers are often said to be a tool for their own research, and it is also said that researchers have to use their whole selves when conducting research (Hordge-Freeman, 2018), what I discuss in this article is based on my experience and observation as a recreation worker. Therefore, I use the first-person pronouns of ‘I’ and ‘we’ in the article (Ghodsee, 2016: 23-30). This reflection and writing include an element of autoethnography – a voice of a front-line migrant worker in the eldercare sector in Canada (Reed-Danahay, 2017). To protect the confidentiality of the residents and staff, the long-term care home’s cultural and ethnic background is described in this article as ‘East Asian’.

Recreation programmes in an ethnocultural long-term care home

According to one report, there are 50 to 60 ethnocultural and ethnically specific long-term care homes (among approximately 630 long-term care homes) in Ontario, Canada, alone (Dziedzic, 2016). They provide specialised care, catered to the residents’ needs, including language, culture, food, religious practice and recreational activities. Long-term care debates often involve issues like the shortage of professional caregivers (personal support workers [PSW]) and nurses. Although most facilities in Canada (and other countries) employ recreation workers, as recreation workers are only a small proportion (4 per cent) of all staff in long-term care homes (Government of Ontario, 2020), their work and role in activities are not often discussed.

Although their numbers are small, recreation workers play a significant part in residents’ lives. To improve or sustain the physical and mental health of residents, recreation staff provide daily physical and social activities: exercise, games, art- and music-related programmes, gardening, walking, one-on-one support, monthly outings, facility-wide annual events, and more. In Ontario, recreation workers are considered (semi-)professionals and are educated to at least a college level in a related field. At the organisation where I work, we plan and conduct four to five activities in a day. In addition, culturally specific programmes suited to residents’ cultural backgrounds are designed. This includes, but is not limited to: culturally specific physical, social and emotional programmes; Asian fruit and snack tuck shops; Lunar New Year celebrations; religious services; music programmes; and food-related programmes. Facility decorations on special occasions are among the crucial roles of recreation workers, and the facility looks most different from the regular arrangement during the Lunar New Year.

Despite these efforts to provide culturally appropriate programmes, there are times when a set of Eurocentric rules and regulations hinders the provision of culturally appropriate care. For instance, in nursing homes in Canada, various regulations set by the regulatory body to maintain their quality apply; in Ontario, the Ministry of Health and Long-term Care has a rule that during mealtimes, soups must be served before the main dish. It is not recommended to serve the main dish when soup is not finished. This regulation aims to maintain the quality of mealtimes in nursing homes, as it is a standard order of meals in Western societies. However, the rule does not match the custom in many Asian countries. In East Asia, everything is served simultaneously, including soup, rice and main dishes. The facility had to obtain special permission from the ministry to serve everything at the same time. We should critically examine the role of Western-centred values in quality-assurance guidelines in care work.
Recreation programmes during the COVID-19 pandemic

From March 2020, for the first few weeks, all recreation programmes were suspended in Ontario facilities and residents were moved to their rooms for isolation. During this period, most recreational activities ceased, especially group programmes, and recreational workers were allocated to support and provide nursing care, such as feeding. Even after the isolation guideline was lifted, isolation continued whenever there was an outbreak, with at least one presumed COVID-19 case identified in weekly surveillance tests. Isolation lasted for at least two weeks until all floor members obtained a negative PCR test result. During this period, the physical health and safety of residents were emphasised, rather than their mental health conditions. However, the isolation procedure lowered residents’ overall activities of daily living (ADLs) and quality of life (QOL) scores (Bethell et al., 2021). Most residents were either confused, were bored, had low energy or were depressed due to a lack of stimulation and socialisation. This indicates the importance of the recreational programmes to residents’ overall health status.

Even after the group programmes resumed, the maximum number of participants was limited to ten (compared to 50 previously) and programmes had to be replanned and redesigned. To avoid interaction between residents and follow the physical-distancing policy, we stopped the more interactive programmes, including singalongs, cooking, sports games and facility-wide mass programmes. We also ceased using such instruments as balls, cards, blocks or mah-jongg tiles to avoid touching their surfaces. As a result, we had to provide simpler and more passive entertainment, such as watching movies and listening to music.

In addition to a staff shortage and the changes in our recreation programmes, a ‘no visitation’ policy (except for designated essential carers) made care difficult for all staff, especially the recreation workers, who had previously had regular support from volunteers and family members. Indeed, most recreational activities were only possible with the assistance of volunteers and family members. During the pandemic, due to staff shortages, there were almost no recreational activities at weekends, when there had previously been multiple special activities, including church visits, musical performances and dog therapy. Faced with both the lack of support from outside resources and the assistance of colleagues on other floors, as a recreation worker, I felt isolated and powerless. This was when I noticed the importance of volunteers and family members as informal caregivers in the long-term care home.

Volunteers and family members, who often build long-term relationships, provided knowledge, skills and emotional connection with other residents, as well as staff. As residents have different cognitive and physical abilities, and due to the limited number of recreational workers, we can only deliver group programmes with the help of volunteers and family members. According to their skills and preferences, some volunteers led the programme and some provided one-to-one support to residents who needed more assistance. These volunteers and family members are an unofficial workforce in long-term care homes. In addition, the COVID-19 pandemic has revealed another role of recreation programmes in long-term care homes: the practice of cultural inheritance and community building.

Recreation as a cultural inheritance

In ethnocultural and ethnic-specific long-term care homes, I consider recreation programmes to be working as a medium of cultural inheritance. By participating in
daily programmes, residents share their culture and history with staff and volunteers, and younger generations learn from their customs and traditions. Not only are special seasonal events like the Lunar New Year embedded in the interaction of daily programmes, but cultural inheritance practices are too. For instance, in the weekly singalong programmes, staff chose old songs that residents preferred in their own languages. Young staff members and volunteers often do not know the songs at first, but they learn from the residents. When children from the local community and religious groups come to perform music, they practise playing old music for the residents. At the weekly cooking programme, traditional dishes and locally developed recipes are taught by the residents. We negotiate between the different recipes with first-generation immigrants and second-generation seniors, based on their locality and family traditions. During the weekly reminiscing time, seniors talk about their experiences before, during and after migration. As a younger migrant, I learned many histories and experiences that I had never been taught. As a member of their ethnic group and a new immigrant, I feel I have inherited their collective memory of migration, discrimination during and after the Second World War, and the Redress movement regarding the Canadian government. If I were not working in this setting, I would not have heard these stories from seniors. By transferring these memories and experiences during and outside of activity programmes, staff members and volunteers learn their history. I have come to recognise that these daily recreational activities and interactions form the process of co-constructing our knowledge as community members.

Recreation as community building

In addition to cultural inheritance, interaction among residents, staff, volunteers and family members in long-term care homes can be perceived as a practice of community building. In long-term care homes, not only do seniors and family members often show appreciation to staff like myself, but so too do volunteers: “Thank you for working for them.” At first, I was confused about the positionality of the volunteers, as I considered it would be for our side, that is, the staff and organisation, to thank the volunteers for their work. By observing the interaction between the volunteers, residents and family members, however, I discovered that the volunteer members identify themselves as representing their ethnic community because of their developed sense of belonging in the community.

Volunteer members were not only short-term assistants to the organisation; they also considered the long-term care home as a part of their ethnic community. Since the number of ethnocultural long-term care homes is limited, it is a place for people in the community both to meet old friends and to encounter new people from their community. This is also a limited opportunity where they can contribute to society by using their language, skills and knowledge as an immigrant in the host country (here, Canada). As a result, volunteers become friends with each other, and some volunteers and residents build long-term relationships. Some family members continued to visit the facility as volunteers after the residents they were related to passed away. Moreover, occasionally, some volunteer members and family members are admitted to the facility later in their life as residents.

The volunteers who thanked me had fostered their sense of belonging to the community by participating in volunteer work and building personal relationships.
with the residents and other volunteers. They were showing appreciation to the staff on behalf of the community, or at least on behalf of the residents in the facility. Relatedly, sharing experience and knowledge by interacting with the residents and volunteers has developed my own sense of belongings in the immigrant community in Canada. I see these interactive processes and the emotional bonding in long-term care homes as a practice of community building.

As shown earlier, recreational programmes, staff and volunteers not only provide activities to fill residents’ time, but also act as active agents who share their knowledge and inherit their history, culture and ethnic identity as a part of the ethnocultural community. This aspect has not previously attracted much attention. Recreation programmes are often considered ‘care services’. When evaluating these, organisations and ministries seem to focus on quantitative scales, such as the number of activities provided, the frequency of residents’ participation and whether they have improved or sustained their physical condition. This is because care work is often designed under the medical model (Armstrong and Armstrong, 2010). The quality of the programmes, how much residents are engaged in them or whether they enjoy them, and how this participation is meaningful to the community, including the facility, are rarely measured.

### Conclusion

The pandemic has changed the lives of residents in long-term care homes and forced recreation staff to redesign programmes in many ways. Severe working conditions under COVID-19 due to staff shortages and limited resources have shed light on aspects of care work that are often overlooked in long-term care homes. The policy that prohibited visits by family members and volunteers revealed how important informal caregivers are in addressing limitations in what the workers in recreational programmes can offer. Under normal conditions, recreational programmes can also be considered as a practice of cultural inheritance, beyond the institutional context. Through daily activities and special events, we learn their history and reconstruct them as part of collective memory. In addition, interactions between residents, volunteers, family members and workers in ethnocultural and ethnic-specific long-term care homes can be considered a practice of community building for minority ethnic groups. Working with seniors shaped the identities of volunteers and workers as East Asian immigrants, and generated a sense of belonging as a member of their ethnic community. This indicates that the care is not ‘given’ by the worker to the resident, but part of mutually dependent and reciprocal relations (Tronto, 2013).

Due to the severe staff shortage, the organisation discussed here has started to hire more PSWs who do not share the residents’ cultural background or language. I see more diversity among staff, and English is becoming the official language used among staff members. A diverse team could be a good opportunity to share cultural characteristics with people from other backgrounds. However, fewer volunteers and family members visiting due to continued conditions under COVID-19 precautions poses a challenge to how we can continue to inherit our ethnic and cultural knowledge, and to build community by sharing collective memories in a segregated and closed institutional setting.

In this article, I have described how residents, volunteers and staff build emotional ties and develop their relationships beyond their boundaries of affiliation. Ethnocultural
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and ethnic-specific long-term care homes are not separated from their ethnic community, but located within the community. They play an active role in cultural inheritance and community building. From this perspective, what constitutes the value and meaning of care work, including recreational work and how to evaluate its contribution, should be critically examined.

Notes
1 Not only do ethnocultural and ethnic-specific homes accept residents with various backgrounds, but so do many non-ethnocultural nursing homes. The residents of the ten nursing homes owned by the City of Toronto come from 70 different countries, speak 59 different languages and have 43 different religions (City of Toronto, 2019). Therefore, it is uncommon in multicultural cities like Toronto that some residents in the facility cannot speak the official language (that is, English or French in Canada).

2 The facility described here has 1–1.5 recreation workers per 50 residents.

Conflict of interest
The author declares that there is no conflict of interest.

References