Language in Aged Residential Care

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INTRODUCTION

- In 2000, 1/3 of older population born overseas
  - United Kingdom, Italy & Greece (ABS, 2002)
- Growing ageing migrant population
  - 3/4 million in 2000, to 1 million by 2011 & 1.5 million by 2026 (ABS, 2002)
- Under-representation in residential care (Rowland, 1991)
- Recent figures indicate increased presence (AIHW, 2002)
English language proficiency

- Varies greatly
- Generally low in residential care
  - NSW nursing home study (Lazarus, 1992)
    - 40% in nursing homes not able to communicate basic needs

Dementia

- High prevalence rates
- Second language deterioration (Lewis & Kirchen, 1996)
THREE PROJECTS

- Project One - questionnaire
  - Language needs
  - Provision of language-relevant services
Method

- 189 aged care facilities in south-east Melbourne
  - Resident languages
  - Staff languages
  - Services

- Response rate = 78%
Results - Residents

- Number of facilities
  - 86% of facilities had at least one resident who either ‘preferred’ or ‘needed’ to speak a non-English language

- Number of residents
  - Total population of 6409
    - 1191 ‘preferred’ or ‘needed’ to speak a non-English language (19%)
Resident languages

Forty different languages represented

![Bar graph showing the number of residents per language: Dutch, Greek, Polish, Russian, Italian. Dutch has the highest number of residents, followed by Greek, Polish, Russian, and Italian.]
Resident languages

- Eastern European
- Southern European
- Northern European
- Southwest Asian
- North African
- Eastern Asian
- Southern Asian
- Southeast Asian
56% of facilities had staff speaking non-English languages (30 languages)
Ethno-specific facilities (n=12)

- Jewish (x3), Greek (x3), Dutch (x2), Italian, Russian/Ukraine, Anglo-Indian & Polish
- Direct care & administrative staff speaking non-English languages
### Language-specific services

<table>
<thead>
<tr>
<th>Service</th>
<th>Mainstream (n=114)</th>
<th>Ethno-specific (n=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreters</td>
<td>51%</td>
<td>75%</td>
</tr>
<tr>
<td>Activity Programs</td>
<td>30%</td>
<td>83%</td>
</tr>
<tr>
<td>Language boards</td>
<td>37%</td>
<td>25%</td>
</tr>
<tr>
<td>Other</td>
<td>29%</td>
<td>55%</td>
</tr>
</tbody>
</table>
Main findings - Project One

- Large population of persons preferring to speak non-English languages
- Focussed on south-east Melbourne region
- Need for wide-spread use of language-appropriate services, particularly in mainstream facilities

Runci, Redman & O’Connor (in press-a)
PROJECT TWO

- Exploratory study
- Italian-background persons
- Language use of persons with dementia in mainstream vs ethno-specific facilities
Method

- 39 Italian-background older persons with Alzheimer’s disease
  - 20 mainstream
  - 19 Italian-specific facilities

- 30 minute observation
  - One-zero time sampling 30 seconds
    - Language: English, Italian, ‘language unclear’
    - Respondent: Co-resident, staff member, visitor
Method

- Assessment of cognitive impairment in Italian
- Background information
- Director of nursing & family
  - Medication regime
  - English & Italian language proficiency
Participant Characteristics

- Aged in their 80s
  \(\text{mean age}=83, \ SE=1.3\)

- Lived in Australia \(>45\) years
  \(\text{mean years in Australia}=47, \ SE=2.0\)

- Severe cognitive deterioration
  \(\text{mean MMSE score}=3, \ SE=0.8\)

- No significant differences between those in each facility type
Language proficiency

- No English prior to arrival in Australia
- Deterioration in English
- Minimal or no current English
- Higher level of Italian
- No significant differences between those in each facility type
Results - Verbalisations

Frequency

Language

Mainstream
Italian-specific

* = statistically significant differences
Response from others

* = statistically significant difference
<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Mainstream</th>
<th>Italian-specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressants</td>
<td>30%</td>
<td>26%</td>
</tr>
<tr>
<td>Neuroleptics</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td>Night-time benzodiazepines</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>Day-time benzodiazepines</td>
<td>30%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Main findings - Project Two

- Increased communication in Italian facilities
  - Increased resident interaction
  - No significant difference for staff interactions
- Different prescription rate of daytime benzodiazepines
  - Requires further investigation

Runci, Redman & O’Connor (in press-b)
PROJECT THREE

- Older ‘noisy’ Italian-background persons with dementia
- **Pilot study** *(Runci et al., 1999)*
  - music & interaction more effective for reducing ‘verbal disruptions’ when in Italian language
- Aim: Compare efficacy of Italian vs English language interaction
## Participants

<table>
<thead>
<tr>
<th></th>
<th>Mr A</th>
<th>Ms B</th>
<th>Mr C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>70</td>
<td>79</td>
<td>80</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>Some</td>
<td>Mainly Italian</td>
<td>No comp. English or Italian</td>
</tr>
<tr>
<td></td>
<td>English &amp; Italian</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive impairment (MMSE)</strong></td>
<td>Moderately impaired</td>
<td>Severely impaired</td>
<td>Severely impaired</td>
</tr>
</tbody>
</table>
Method

- 8 week formal observation period
  - 20 minutes, 3x per day, 2 days per week

- 2 Phases
  - Baseline (4 weeks)
    - Observation only
  - Intervention (4 weeks)
    - Interaction in English or Italian
      (randomly ordered)
Verbalisations checklist

‘Disruptive verbalisations’
- Mr A: Repetitive requests, aggressive verbalisations, moaning
- Ms B: Repetitive requests, aggressive verbalisations
- Mr C: Wailing

‘Non-disruptive verbalisations’
- Directed talking (English, Italian or comb.)
- ‘Language unclear’
Results - Mr A

Baseline

English interaction

Italian interaction

* = statistically significant difference

Disruptive verbalisations

Non-disruptive verbalisations

Frequency
Results - Ms B

Disruptive verbalisations

Non-disruptive verbalisations

Baseline

English interaction

Italian interaction

* = statistically significant difference
Results - Mr C

* = statistically significant difference
Main findings- Project Three

- Responses varied
- Increase in non-disruptive verbalisations
  - Benefit of social interaction
  - Additional benefit of interaction in original language
- Trend towards decrease in verbally disruptive behaviours

*Runci (2003)*
Language in aged residential care

- Initial data
  - Questionnaire
  - Comparison of language use in mainstream and Italian-specific facilities
  - Comparison of interaction in English and Italian for ‘verbal disruptions’

- Increase generalisability in future research
  - Larger numbers
  - Range of backgrounds
References


