Learning in multicultural workspaces: a case of aged care

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The predicted growth of the aged care sector in Australia, 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 to undertake their work within multicultural settings. This paper describes and elaborates the necessary and increasing requirement for workplaces to support adult learning in multicultural circumstances. A mixed methods approach was used to collect data from workers undertaking the role of carer in residential aged care facilities across the east coast of Australia. Arising from the collection and analysis of these data are contributions to knowledge including a conceptual model for understanding learning in multicultural settings. This research emphasizes a notion that cultural diversity has a fundamental influence on workplace learning in aged care and identifies practices to support cross-cultural communication, co-working and learning. Further, 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.

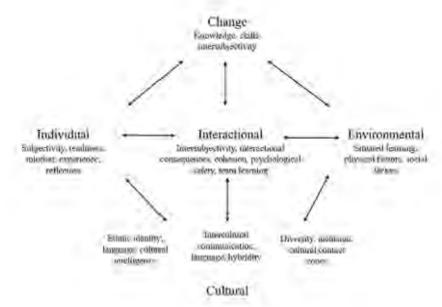## Learning in multicultural workspaces: a case of aged care

To be responsive now and to prepare for the future, Australian workplaces need to recognize and address the demands of complex multicultural teams, as these 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 ageing population and patterns of immigration have led to such teams caring for elderly Australians. This research project 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.

Summary of literary contributions and conceptual model for learning

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 a process that involves individual attributes that include readiness (Billett, 2015), 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 paper as a conceptual model for learning depicted here as Figure 1.

Figure 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 methodology,

procedural design, and data analysis of this research. 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 paper that advances the contributions to knowledge. The main themes from the literature represented in this conceptual model also provide a framework for understanding the workplace context: aged care.

A case of aged care

The aged care sector in Australia is a particularly compelling workplace context for this study of adult learning, 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 (Almutari et al, 2022; Bonner; 2017; Crozier, 2021; Xiao et al, 2021). 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 clients. As a sector, it represents an opportunity to contribute further understanding of learning in multicultural workplaces now and in the future.

Research Focus

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 a main aim of this study, which is to illuminate how workers learn in multicultural team environments. Three research questions guided the actioning and realization 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?

These research questions were 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. These factors were further elaborated through the analysis of data collected directly from workers in aged care facilities.

Method

A mixed methods approach is used to gather both quantitative and, to a greater extent, qualitative data from these worksites. There were two main instruments of data collection which gathered three distinct sets of data. These are briefly summarised here in Table 1.

Table 1 Overview of methods for data collection

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

As shown in the left-hand column of Table 1, there were two instruments of data collection used in this research. 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: 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, the General Manager, and the Group Head of Learning and Development.

The two instruments and three data sets presented in Table 1 were analysed according to the evidence-based practices espoused by Creswell (2018), Cohen, Manion and Morrison (2017), and Braun and Clarke (2006). The analysis enabled findings to be carefully identified due to the consistent preparation, exploration, representation, and interpretation of the three sets of data. Primarily, univariate analysis was conducted and, to a lesser extent, some bivariate and multivariate analysis occurred as well. The data analysis approach was similar for both sets of qualitative data (i.e., the questionnaire and the case study interviews) where the open-ended responses were extracted from the survey and the recordings, organised according to question type and analysed using a thematic analysis approach. In this research, 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.

Findings

Through the analyses of the survey and case study data, some key findings have emerged about learning in multicultural aged care workplaces. These findings include specific deductions about how learning is influenced by individual, interactional, environmental and cultural factors. Further, this research illuminated how those factors hindered and enabled adult learning, and how it should be supported in these workplaces.

Individual factors

It was found that workplace learning is directly affected by the learners' individual influences such as their readiness (Billett, 2015), mindset (Dweck, 2015), and experience (Kolb, 1984). The notion of subjectivity (Billett, 2010) is 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).

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. 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 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 from the data include education focussing on appreciation of the diverse working environment, recognising cultural differences, and adapting to those differences. Such actions are likely to enhance the co-working behaviours in this research as an integral element of workplace learning. These behaviours also point to findings about interactional factors that influence learning in aged care.

Interactional factors

The informants' workplace learning is reported to be directly shaped by the interactional influences of the learner, including intersubjectivity (Billett, 2014b), psychological safety (Edmondson, 2018), and cohesion (Salas et al., 2015). For instance, the data indicated that ineffective listening, bullying, and avoidance of English are key barriers.

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 emphasizes 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 of carers 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. 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 all members of multicultural teams to consistently use English to enable effective communication. 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 a 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. So, English language usage by all workers, including those who speak it as a first language, is a key element of intercultural working and learning (especially listening).

Beyond language use, interaction is also restricted in these workplaces by a lack of 'cross-cultural habitude'. This explanatory term is defined through this research as the habitual tendency and disposition (i.e., habitude) towards co-working situations with peers or residents in a multicultural setting. 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. Such issues constrain workplace learning, because the interactions and shared problem-solving that comprise 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.

Environmental factors

This investigation 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). A key insight found in 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. Specifically, this practical inquiry found that the physical and social environment can hinder cross-cultural habitude when shift schedules cause clustering of 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 paper 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 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. Illness and mandated close contact rules caused staff to be absent and shifts to be understaffed. Like other areas of health and social care (Twigg, Gelder, & Myers, 2015), this

understaffing reportedly reduced opportunities for the inter-worker contact that is crucial for workplace learning of carers. Further, the lack of available PPE 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 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. The carers reported that the important contribution that residents' families make in learning and improving care practices was now largely absent. 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 educational affordances provided by the environment intended to drive the learning and development of carers, including training, courses, and information updates were also found to be necessary here and these are outlined in the practical considerations section of this paper.

In sum, the practical enquiries permitted key propositions about learning in multicultural teams to be identified and advanced and these emphasize 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, suggesting new considerations about this phenomenon. These contributions are discussed in the following section.

Discussion

There are three key deductions arising from this investigation that are described and elaborated in this paper. These findings relate directly to the aged care working context, which are listed here and then discussed.

1. The conceptualisation that culture is a fundamental influencing factor of workplace learning in aged care due to its higher than average cultural and linguistic diversity.

2. The identification of practices to support communication and cross-cultural habitude for more effective learning in multicultural settings.

3. The reinforcement of inter-worker learning as a key enabler of performance in aged care work.

First, cultural and linguistic diversity is advanced here as a fundamental influencing factor of workplace learning in aged care. As identified in the literature and further reinforced by the quantitative data of this research, the level of cultural and linguistic diversity in the Australian aged care sector is considerably higher than in most Australian workplaces (2020 Aged Care Workforce Census Report, 2021). Therefore, learning and co-working are much more likely to be impacted by cultural differences compared to other factors. As was advanced through the review of the literature, 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. For example, these informants reported that prejudiced views inhibit openness to different perspectives that may hinder effective workplace learning. Further, language use, especially accent and comprehension, has been shown to constrain interactions when carers learn new tasks. 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 second contribution of this research is the identification of practices to support communication and cross-cultural habitude for more effective learning in multicultural settings. These practices are illuminated and advanced through the qualitative data and are summarised in Table 3.

Table 3 Practices to support multicultural co-working

Cross-cultural habitude	Communication practices
Appreciating a multicultural environment	Communicating in a diverse environment
- The importance of inclusivity	- Listening, clarification, and comprehension
- Benefits of diverse teams	- Confidence reticence
Recognising differences	Vocabulary and English language usage
- Customs and traditions	- Adaptation of word usage in a diverse environment, e.g., avoidance of jargon
- Patterns of work behaviour, e.g., cultural dimensions theory	- Common English language expressions in care situations
	- Health and age care specific vocabulary (vocational literacy)
Adapting to differences	Communication aides (resources)
- Cultural and emotional intelligence	- Apps
	- pictures/visuals

As shown in the left-hand column of Table 3, practices to support cross-cultural habitude include appreciating a multicultural 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 paper.

Third, this research has emphasized the valuable role of what is referred to in this paper 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, Durand, & Trébert, 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 paper advances three contributions to knowledge. These contributions may be applied as concepts within future 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.

Practical considerations

The findings and deductions 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 are summarised 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. This characteristic was identified as the expression of carers' kindness, respect, patience, tolerance, and empathy for residents and co-workers. It is 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. Survey and interview data 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 could incorporate aspects of these practices. Cross-cultural habitude should focus on appreciating a diverse 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 diverse resident cohorts). The development of this educational affordance should leverage the many learning resources made available by official aged care agencies and government such as the CaLD Assist translation app and communication cards.

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 cross-cultural and inter-worker learning practices, the managers of these diverse teams require the support to lead them. Those leaders include Registered Nurses 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 cross-cultural 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. 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, 2015). Carers claimed there was a need to wear full PPE even when there were no Covid-19 outbreaks or government mandates. Some believed 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 RCAC indicating that understaffing represents a weakness in the sector in Australia ("Royal Commission into Aged Care," 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.

Limitations and Further Research

This paper 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. This model has been a valuable foundation for the presentation of the three contributions to knowledge and seven practical considerations discussed in this paper. So, research presented in this paper 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 paper 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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About the author

Robert Godby is a recent PhD graduate of Griffith University and currently lectures at James Cook University Brisbane. Robert teaches post graduate subjects related to business and education with a focus on organisational development and adult learning. As a practitioner, Robert has spent the last 25 years working closely with a range of industries to support more effective approaches to learning, leadership, and talent. As a researcher, Robert has a particular interest in workplace learning, team dynamics and cross-cultural diversity.

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