



Culturally Responsive Palliative Care

Croatian Community Cultural Profile

2014



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Introduction

Cultural perspectives and values from culturally and linguistically diverse communities in Victoria

Background to the Project

The Culturally Responsive Palliative Care Community Education Project formed part of Palliative Care Victoria's Cultural Responsiveness Strategy. The project was undertaken in partnership with the Ethnic Communities' Council of Victoria in 2013-2015 and with the Multicultural Centre for Women's Health (MCWH) in 2013-2014.

It involved community engagement and peer education to raise awareness of, and access to, palliative care services and focused on ten larger communities: Chinese, Maltese, Italian, Turkish and Vietnamese during 2013-15 and the Greek, Macedonian, Polish, Croatian and Arabic-speaking background communities in 2014-15.

In 2013-2015, 33 trained bilingual health educators delivered 150 community education sessions in eleven community languages to 4846 participants.

Further information about the Project, and links to the evidence base and summaries of the external evaluation of the Strategy are available [here](#).

Peer Education Resource

The bilingual peer educators delivered the information sessions using a Peer Education Resource that was tailored for each community in partnership with a Community Reference Group. In 2013-14, this process was coordinated by Maria Hatch and Dr Jasmin Chen from MCWH and in 2014-15 by Mike Kennedy from Palliative Care Victoria.

The first part of the Peer Education Resource contained background about the community and its cultural perspectives and values. These community summaries are set out below in this document and can also be accessed as individual PDF files.

A community reference group was established for each participating community and provided the project partners with invaluable advice and guidance in preparing the Peer Education Resource documents.

When referring to these documents, care needs to be taken to avoid cultural stereotyping and profiling. In undertaking this project, we learned multiple times that there is as much diversity *within* each ethnic community as there is between them, and that cultural perspectives and values are evolving and changing. However, this information may be useful in identifying some issues to be explored with clients or patients from culturally and linguistically diverse backgrounds to deliver culturally responsive person-centered care.

Discussing palliative care in the Croatian Community

Talking about palliative care can be difficult for people from all cultures and communities. Although in the Croatian community there is no specific taboo around talking about death, many Croatian people may be reluctant to speak about their personal experiences with illness and dying. Palliative care can produce negative feelings because of its association with illness, death and dying. These negative feelings can trigger difficult memories. When delivering information to participants about palliative care, it is important to be respectful of their feelings and their right to privacy.

As a peer educator, it is important to remember that learning is an active process through which people create meaning and develop understanding. The ways that participants react to new information depend on their ideas, opinions, knowledge, personal experiences, understanding of the world and their own learning style. Particularly around topics such as death and dying, participants will bring with them a whole set of cultural and social beliefs that will impact their learning experience. Education sessions are a good opportunity to raise awareness about palliative care but also to explore commonly held beliefs about health and illness and to dispel myths about palliative care.

Discussing illness, death and dying can often trigger strong emotions and feelings in people, especially if a participant has been personally impacted by it. Participants should be informed that:

- They do not need to contribute to discussion if they feel uncomfortable and are not forced to participate if they don't want to.
- They may take a break or leave the room if they feel like they need to.
- If they would like to share a story or experience they went through, they do not have to identify it as happening to them but they can say it happened to 'someone they know.'

About the Croatian community in Victoria and Australia

Croatian migration to Australia dates back to the Australian gold rush in the 1850s, where they first settled in the Victorian goldfields. The next wave of migrants arrived prior to the first World War due to dissatisfaction with political developments at home. During this period, many Croatian migrants settled in Mildura.

Large numbers also migrated following the second World War, fleeing post-war political changes in Croatia. This group was mostly displaced persons, mainly political and economic migrants. These migrants were often well educated and had been in refugee camps.

The 1960s and 1970s were a period during which the regime of ex-Yugoslavia opened its borders to migration outside the country. While most of this migration was to Western Europe, many migrated to Australia. This was the largest wave of Croatian migration to Australia and included those who migrated for political, economic and ideological reasons as the result of high unemployment, difficult economic conditions and anti-Croatian sentiment in Yugoslavia. Most settled in industrial suburbs around Melbourne and its western suburbs as well as in country Victoria. A large Croatian community also was established in Geelong.

The Croatian migrants who arrived in the 1990s, many of them refugees, were mostly middle-aged, married and predominantly professionals. However, with 70 per cent of Australian residents

born in Croatia arriving before 1980, the level of immigration has dropped significantly in recent years and the Croatian population is ageing.¹

In the 2011 Census, Victoria and New South Wales had roughly equal concentrations of the Croatian community, with 17,248 people in Victoria, just over one third of the national total. 85 per cent of these people live in Melbourne. At the 2011 Census, 63 per cent of the Croatian population in Victoria were aged 55 or older with 25 per cent in the 65-74, and 13 per cent in the 75-84 age cohorts.

The Croatian language is thirteenth of the top twenty languages spoken at home in Victoria. 81.6 per cent of the Croatian population in Victoria assessed themselves at the 2011 Census as speaking English “very well” or “well” while 17.4 per cent assessed themselves as speaking English “not well” or “not at all”.

Croatian people in Victoria have a very high level of Australian citizenship (95.7 per cent at the 2011 Census compared to 85 per cent for the total Australian population). The Croatian population in Victoria are less geographically concentrated than many other culturally and linguistically diverse communities. Slightly more than half of the Croatian population in Victoria live in the Brimbank, Greater Geelong, Casey, Greater Dandenong, Hume, Melton, Whittlesea and Hobsons Bay Local Government Areas with only Brimbank (15.8 per cent) having more than 10 per cent of that population.²

Croatian Cultural Perspectives and Values

Within any cultural group or community, individual views and values are shaped by many factors, including our age, gender, income, religion, sexuality, profession, education and political views, not to mention personal experiences. Individuals from the same culture do not all think alike or share the same value systems and opinions. Likewise, cultural values and attitudes can change over time and are never the same thing to everyone.

For the Croatian community, shifting cultural values can become more apparent through the migration experience and there can be great differences between the views and values of two generations within the same family. For older generation migrants in particular, some traditional views and attitudes may have been preserved despite changing attitudes and practices in Croatia. In this sense, despite close ties with Croatia, Croatian culture as it exists in Australia can not necessarily be generalised from contemporary Croatian culture or with Croatian communities living in other parts of the world.

Nevertheless, certain beliefs can have more influence or resonance with a cultural group and can be recognised as commonly shared or understood within a community. Individuals from that group do not need to personally agree with those values to recognise their cultural importance.

¹ This migration history was derived from the following sources: “Croatian Cultural Profile”, Diversicare Qld, 2011; “Croatian Cultural Profile”, Migrant Information Centre (Eastern Melbourne), May 2012; “Croatian Cultural Profile”, Sydney Multicultural Community Services, 2011; Silvana Pavlovski, “Croatian Community brochure”, Australian Croatian Community Services, 2010; “Croatian Resource Manual”, Australian Croatian Community Services, 2014.

² Office of Multicultural Affairs and Citizenship [Victoria], *Victorian Community Profiles: 2011 Census Croatia-Born*, 2013; Office of Multicultural Affairs and Citizenship [Victoria], “The Croatia-Born Community in Victoria: 2011 Census, Fact Sheet Number A-18”, 2013.

Here are a number of commonly held Croatian cultural perspectives and values that may have bearing on their response to a discussion about palliative care. Please keep in mind that these perspectives will not apply to everyone in the Croatian community and it is important not to make assumptions about people's values and beliefs.

Community and Religion

In the 2011 Census, the major religious affiliations amongst the Croatian in Victoria were Catholic (78.9 per cent) Serbian Orthodox (6.6 per cent) and Eastern Orthodox (3.1 per cent). 4.5 per cent stated "no religion", which was lower than that of the total Victorian population (20.4 per cent).³

For Croatian Catholics, particularly those who are elderly, their daily life may be closely linked with the Catholic Church. There are Croatian Catholic Centres in Clifton Hill, Sunshine, Keysborough and Geelong.

Most young people are baptized and most marriages are conducted in a church. Most families observe Catholic rites of passage, including Baptism, First Communion, Confirmation and Marriage ceremonies in the church. When a family member dies, the usual rituals of Roman Catholicism prevail. It is also a custom for the relatives to wear black clothing as a symbol of mourning.

Croatian Catholics are especially devoted to the Virgin Mary and the Feast of Our Lady (first Sunday in May) is an important celebration to many elderly Croatians. All Saint's Day (1 November) was the only Catholic holiday that was celebrated by most of the ethnic groups in the former Yugoslavia and it is still a very important observance in the Croatian community. Families wash and prepare graves, and decorate them with candles, flowers and photographs.⁴

Family

The Croatian community is quite family centred and the family is still the basis of the social structure. The extended family is still the norm and relatives remain quite close with both the mother's and the father's sides. The family provides its members with a social network and assistance in times of need. While the nuclear family is becoming increasingly popular, Croatians still prefer to look after their elderly parents rather than send them to a nursing home.⁵

In Australia, children are often unable to meet these expectations, due to longer distances between family members and greater commitments of the children. This may cause considerable stress and conflict in the family.

Attitudes to illness and pain management

Generally, Croatian-born Australians value their health and seek medical attention when required, however preventative health measures may not always be adopted.

³ Office of Multicultural Affairs and Citizenship [Victoria], *Victorian Community Profiles: 2011 Census Croatia-Born*, 2013.

⁴ Sydney MCS, "Croatian Cultural Profile".

⁵ Diversicare, "Croatian Cultural Profile", 2011.

Many elderly Croatian-born Australians have little or no knowledge of anatomy or how their bodies work and, due to English language difficulties, medical terms, procedures and illnesses may need to be explained clearly with the assistance of an interpreter or younger family member.

Traditionally, doctors and general practitioners are well respected and given great authority. Many people rely on their doctors for information, assistance and referrals. Most Croatians will follow the advice of doctors and comply with medical treatments. Some problems can occur with elderly Croatian people over-medicating or not complying with long-term use of their medications.⁶

Herbal medicines, massage and faith healers were traditionally used in Croatia and some older Croatian people may prefer to turn to these treatments initially.

Croatian people tend to openly discuss their physical ailments and health conditions. For some elderly Croatian people, there may be a fear of admitting their illness and pain in case the doctor suggests residential care or support.

There are mixed attitudes amongst Croatians toward taking strong pain relieving medication such as morphine. Medicine is a normal part of life, but giving morphine is usually seen as a sign that 'the end is near' which can increase anxiety. Patients and families will usually accept the use of opioids for symptom control if the rationale is clearly explained to them. Palliative care services should use a qualified interpreter for this conversation with the patient and family.⁷

Traditionally, in Croatia, the patient was almost never told about a diagnosis of a life-limiting illness and this information was given to their family. For many families, it is still preferable to share a serious diagnosis such as a terminal illness with loved ones, as opposed to the loved ones being told by a doctor. However, attitudes to this issue are changing. Every family is different and if the patient wishes to know, the patient's wishes are paramount. The family will usually be involved in decision-making about treatment.

Palliative care services are used to dealing sensitively with the patient's and family's wishes in relation to disclosure.

Most elderly Croatian people are unaware of palliative care and may be reluctant to talk about it. Palliative care was not available in Croatia prior to 1990.

Attitudes towards mental health

Many Croatians experienced trauma in the Second World War or in the more recent conflicts in Croatia. In some cases, this trauma has never been addressed. Many elderly Croatians experience depression and a high number suffer with paranoia due to language barriers, social isolation and the difficulties experienced in settling in to a new culture. Mental illness was traditionally associated with social stigma but this is changing.

There may be the view that medication is the only treatment and psychotherapy, group therapy, occupational therapy or counselling may be rejected.

⁶ Diversicare, "Croatian Cultural Profile", 2011

⁷ ACCS, "Croatian Resource Manual" 2014.

Because mental health issues carry a lot of stigma and are not openly discussed in the community, people suffering from mental illness or dementia will not discuss their problems openly in the community. The stigma attached to poor mental health or dementia can result in significant isolation for both the individual and their immediate family.⁸

Counselling is often considered to be something that people accept when they are suffering from a mental illness so there may be the response that support from palliative care counsellors is not necessary because the person or family members are 'not crazy'. Counselling services are more likely to be used by subsequent generations of Croatian migrants. If they are to be used by the Croatian elderly, they would need to be provided in their language and in a face to face setting.⁹

Attitudes towards care

Family still remains the main support network for elderly members of the community but this is increasingly being supplemented by external services. There may be some reluctance to use family members to provide personal care – this is an intergenerational issue. Croatians are open to using community services to remain in their homes for as long as possible. This is especially the case as there is a growing realisation that the children are no longer able to care for their parents and this type of assistance is necessary to avoid going into a nursing home.¹⁰

The gender of the care worker is also an issue and there is a strong preference for female workers due to the belief that cleaning, washing and domestic duties are 'women's jobs'. There are also gender issues in relation to the provision of personal care and it is inappropriate for a male worker to assist a female client with personal care.

Residential care is viewed negatively in the Croatian community. There are no Croatian-specific facilities in Victoria and there is a strong fear of isolation if the person is placed in a non-Croatian speaking facility. Because there were limited services for the aged in Croatia, residential care was rare and was seen as institutionalisation and not the right thing to do to a family member.¹¹

Attitudes towards death and dying

For many Croatians of the Catholic faith, death is a time to observe religious rituals and rites. Traditionally, a twenty-four hour vigil is held at the bedside of the dying person. One of the main rituals performed at the time of dying is the administering of the last rites. A Croatian priest is generally invited to pray with the relatives and anoint the dying person. The family may wish to bathe and dress the deceased person in clothes selected by the family before the body is moved to the funeral home.

In accordance with Roman Catholic tradition, most Croatians prefer to be buried. However, some Croatians request to be cremated and have their ashes returned to family plots in Croatia.¹²

Mourners wear black clothes for forty days, but in some cases for a year, or life.

⁸ MICE, "Croatian Cultural Profile", 2012.

⁹ Alzheimer's Australia Victoria, *Perceptions of dementia in ethnic communities*, 2008.

¹⁰ ACCS "Croatian Resource Manual", 2014.

¹¹ Alzheimer's Australia Victoria, *Perceptions of dementia in ethnic communities*, 2008.

¹² ACCS, "Croatian Resource Manual", 2014.

Intergenerational Perspectives and the Migration Experience

Intergenerational misunderstandings and conflicting expectations are common to all families and communities.¹³ Our history impacts greatly on the cultural context through which we see the world – both when we entered the world and where. Particularly for migrant communities, the differences in the experiences of one generation and another can be more pronounced, leading to more possibilities for conflict and misunderstanding.

For many first generation Croatian people who have migrated to Australia, the experience of migration has given them a strong sense of independence and self-reliance in which they take great pride. It may also have been a source of stress, homesickness and isolation.

Particularly for many older members of the Croatian community, accepting help from external services could be felt as an admission of weakness or giving up personal independence. Service providers have also reported that there can be fears about accepting services, particularly if service providers are entering the home. Fears around being mistreated, confined, moved out of home and the cost of services can all be deterrents to accepting external support.

In turn, the second and subsequent generations growing up in Australia can feel conflicting cultural pressures and heavy family responsibilities. The children of migrants must often navigate between the competing cultural values and languages of their family and Australian society. Typically, while the older generation will idealise traditional values and practices, the younger generation will be more adaptive to dominant Australian values and customs.

Not surprisingly, given the tendency of Croatian migrants to assimilate more easily than many other migrant groups, the ability to speak Croatian as a “second language” has declined in the second and subsequent generations.

A note about terminology

In the English language, words such as *grief*, *bereavement* and *illness* can have different meanings and connotations for different people. Similarly, people from ethnic backgrounds may have specific cultural values that they associate with these words. For example, some people might associate *illness* with karma or the supernatural, and discussions around possible treatment or intervention need to take this into account in order for them to be meaningful.

Words such as *grief*, *bereavement* and *illness* are used in this resource with the understanding that there will be different cultural meanings associated with them. Education sessions are intended to be delivered in participants’ first language, and therefore terms should be appropriately translated if applicable.

Educators should also be aware that in the health sector there are several terms used to describe terminal illness. Participants may have heard of some or all of the following:

Incurable illness/condition

Chronic and complex illness/condition

¹³ Parts of this section were developed from Ethnic Communities’ Council of Victoria (2009), *Respect and Dignity: Seniors, family relationships and what can go wrong*, A Greek community education resource kit around elder abuse prevention, p. 2.

Eventually fatal illness/condition

Life-limiting illness/condition

Terminal illness/condition

It is equally possible that participants have never heard these terms before and educators should consider clear and culturally appropriate ways of communicating ideas around death and illness before their session.