

## Creating Culture within the Social Model of Care

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### ***Who am I?***

When we ask the question, “Who am I?” it is important to include our own personal diversity history including our childhood, community, school, workplace, peer groups, and social groups. This answer leads to how we make decisions about the things around us which in return creates our culture. There are many differences in culture including race, ethnicity, age, religion, gender, music, and dress.

### ***Bias***

From the time we were young, we were given many verbal and nonverbal messages, some conflicting, about how to deal with people different from ourselves.

### ***Diversity, Equity, and Inclusion***

Access

Participation

Representation

Outcomes

### ***Cultural Change***

What do you know about culture change? Has your community gone through a transition?

### ***Culture Competence***

The person’s ability to interact effectively with persons from different cultures.

How do you achieve cultural competence:

Awareness

Attitude

Knowledge

Skills

Social Benefits:

Health Benefits:

Business Benefits:

What steps can you implement culture competence in your communities?

How can you show your residents respect?

### ***Cultural Humility***

It is a life-long learning process that involves self-understanding, discussion, and description.

- Creates a mentally beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.
- Encourages self-reflection and reflective practice with respect to ability/disability, sexual orientation and gender identity, and numerous other dimensions too often characterized by inequitable power, privilege, and injustice that affect health and well-being.

Consider the questions asked during discussion.

### ***Cultured-Centered Skills***

Become aware of your own worldview.

Understanding the Resident's worldview.

Facilitate Cultural Identity Development.

### ***Human Diversity***

- This includes the attributes that make a human being who he or she is or they are, such as race, ethnicity, age, gender, family status (single, married, divorced, widowed, with or without children), sexual orientation, physical abilities, and so on.
- These traits are what frequently come to mind first when individuals consider the differences in people.
- Human diversity is a core dimension because it defines who we are as individuals. This dimension is with us throughout every stage of our lives, guiding how we define ourselves and how we are perceived by others.
- A workplace definition of diversity includes human diversity as a minimum.

### ***Cultural Diversity***

- This encompasses a person's beliefs, values, family structure (nuclear or extended family, independent living), and mind-set as a result of his or her cultural, community, and environmental experiences.
- This dimension includes language, social class, learning style, ethics or moral compass, religion, lifestyle, work style, learning style, global perspectives, and military views.
- Cultural diversity is a secondary dimension, but it can have a powerful impact on how a person behaves in the workplace.
- Cultural norms vary from one culture to another and influence how individuals interact with their environments. For example, some religious groups are forbidden from

working on the Sabbath, and this exemption has an impact on work scheduling and even hiring decisions.

### ***Systems Diversity***

- This relates to the differences among organizations in work structure and pursuits. This dimension includes teamwork reengineering, strategic alliances, employee empowerment, quality focus, educational development, corporate acquisitions, and innovation.
- Systems diversity deals with systems thinking and the ability to recognize how functions in the work environment are connect with diversity.
- In a multicultural, diverse, and inclusive workplace, organizational systems are integrated to enhance innovation, encourage teamwork, and improve productivity.

### ***Models of Care***

Medical Model:

- Time and task-based care
- Paper-based
- Insular mindset
- Lack of innovation
- Language – service users, domiciliary
- Services – personal care, home help

Social Model:

- Person-centered
- Electronic care management system
- Forward thinking-value driven.
- Creative and innovative
- Language – clients, care journey
- Services – well-being, holistic

### ***Where do we go from here?***

1. Deep listening.
2. Providing skillful feedback.
3. Using “I” messages.
4. Attending to verbal and non-verbal communication.
5. Developing refined meta-communication skills.
6. Developing a communication style that imbues Intimacy, Intensity, Congruency, Authenticity and Transparency.
7. Effectively using expressions of acknowledgement.
8. Responding therapeutically.
9. Develop proficiency in expressing thoughts and feelings.
10. Create space for silent reflection and contemplation.