

The Use of Language in Diabetes Care and Education

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10:30 a.m. – 11:15 a.m.

The language that we use as healthcare professionals in our conversations with patients can have a profound impact in both positive and negative ways. Many words that are commonly part of the diabetes vocabulary are associated with feelings of judgment, fear, blame, guilt and shame. Some words inappropriately label people with diabetes and perpetuate misunderstandings.

Research drawn from other fields indicates that language does have an impact on the patient-provider relationship and may likely affect diabetes self-care behaviors and ultimately blood glucose levels and other clinical outcomes. For example, lessons learned from expectancy theory research indicates that when students are labeled in a certain way, they are more likely to perform to match that label.

The American Diabetes Association and the American Association of Diabetes Educators convened a Task Force to look more deeply at the literature and identify recommendations regarding the use of language in diabetes care and education. A paper was prepared and jointly published in December 2017 that presents five recommendations:

1. Use language that is neutral, non-judgmental and based on facts, action or physiology/biology.
2. Use language that is free from stigma
3. Use language that is strengths-based, respectful, inclusive and imparts hope.
4. Use language that fosters collaboration between patients and providers.
5. Use language that is person-centered.

The paper also presents a table of words with potentially negative connotations and suggests replacement language along with the rationale for doing so. While the paper was published with the healthcare professional audience in mind, the goal is to get the message out to a much wider audience including pharmaceutical industry professionals, the media and people affected by diabetes.

The audience is encouraged to identify specific steps to both identify problematic words/phrases in their own language (spoken and written) and discuss steps towards making revisions that are more in line with the recommendations.

References

Dickinson J, Guzman SJ, Maryniuk MD, O'Brian CA, Kadohiro JK, Jackson RA, D'Hondt N, Montgomery B, Close KL, Funnell MM. The use of language in diabetes care and education. *Diabetes Care*. 2017 Dec; 40(12): 1790-1799 and *Diabetes Educ* 2017 Dec; 43 (6) 551-564.

Dickinson J, Maryniuk M. Building Therapeutic Relationships: Choosing Words That Put People First. *Clinical Diabetes*. 2017 Jan; 35(1)51-54.

Speight J, Conn J, Dunning T, Skinner TC, Diabetes Australia. Diabetes Australia position statement. A new language for diabetes: improving communications with and about people with diabetes. *Diabetes Res Clin Pract* 2012 Sep; 97(3): 425-31.

Resources from AADE:

- Quick Guide for Healthcare Professionals: Speaking the Language of Diabetes
- Media Guide for Journalists: The Power of Language in Reporting on Diabetes

<https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/diabetes-language-media-guide.pdf?sfvrsn=0>

WORDS MATTER

A Discussion About Making a Difference

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Objectives

- Identify real life examples of words that made a difference to people with diabetes
- Discuss the research on how language affects people
- Discuss the value of becoming aware of and changing the language around diabetes.

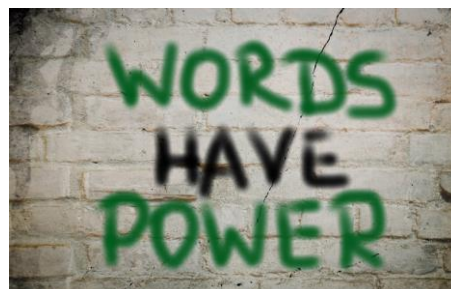
Acknowledgement:

- Jane K. Dickinson, PhD
- Susan Guzman, PhD

Real Life Examples



OUT OF CONTROL



Suffer



RESEARCH: Does Language Affect people?



Expectancy Theory



Rosenthal & Fode, 1963; Expectancy Effects

Expectancy Effects: 4 Main Factors

- The *emotional climate* was affected by expectations. (Teachers were warmer toward students they expected to do well)
- The *behaviors* of teachers were different. (Teachers gave "spurters" more difficult study materials.)
- The *opportunities to speak out in class* were different. (Teachers gave "spurters" more opportunities to respond and more time to answer questions.)
- The *level of detailed feedback* about performance was different. (Teachers gave "spurters" more informative feedback.)

(Rosenthal, 1994)

Uncontrolled



What words negatively affect you?

- 6 Themes
 - Judgment (**non-compliant, uncontrolled, don't care, should, failure**)
 - Fear/Anxiety (**complications, blindness, death, DKA**)
 - Labels/Assumptions (**diabetic, all people with diabetes are fat, suffer**)
 - Oversimplifications/Directives (**lose weight, you should, you'll get used to it, at least it's not...**)
 - Misunderstanding/Misinformation/Disconnected (**cure, reverse, bad kind, you're fine**)
 - Body Language and Tone (**no eye contact, accusatory tone**)
- (Dickinson, in Press)

If HCPs stopped using these words...

- Would feel respected or listened to, that the HCPs really care.
- "I would have more faith in my health care providers if they didn't use words that I think convey a lack of information, sensitivity or understanding of my experience."

(Dickinson, In Press)

Diabetes Stigma



People with diabetes perceived as...

- Having a character flaw or a failure of personal responsibility.
- Being a burden on the healthcare system
- Being weak, fat, lazy/slothful, overeaters/gluttons, poor, bad, and not intelligent
- (Liu et al, 2017; Tak-Ying et al, 2003; Browne et al, 2013; Browne et al, 2014; Vishwanath, 2014)

Guilt, shame, blame, fear, embarrassment

- Avoidance/Hiding
- Additional Barriers
- Disengagement
- Isolation
- Depression
- Health Outcomes

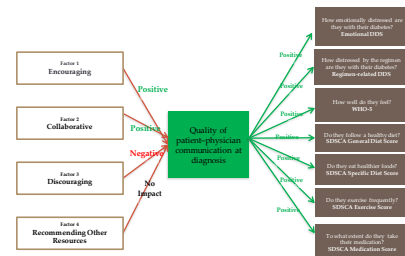


HCP communications

Messages at diagnosis



Conversation elements



Polonsky et al, 2017

Take Away Messages

- Language conveys meaning that can determine expectations. Expectations can lead to bias that affects outcomes (even if we aren't aware of it).
- Messages that convey stigma, judgment, fear, and misunderstanding can lead to disengagement, avoidance and distress
- HCPs have an important role in defining this experience by communicating collaborative and encouraging messages

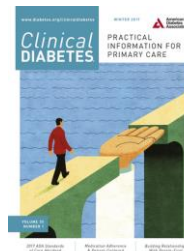


Look around....



<https://www.diabetesaustralia.com.au/position-statements>
<http://jaime-dulceguerrero.com/wp-content/uploads/2015/03/IDF-LANGPHI-2.pdf>

One small step....



Dickinson & Maryniuk. Building therapeutic relationships: Using words that put people first. (2017) Clinical Diabetes, 35(1), 51-54.

A much bigger step!



Committee

- Jane K. Dickinson, RN, PhD, CDE(chair)
- Susan J. Guzman, PhD
- Melinda D. Maryniuk, RD, MEd, CDE
- Catherine A. O'Brian, PhD
- Jane K. Kadohiro, DrPH, APRN, CDE, FAADE
- Richard A. Jackson, MD
- Nancy D'Hondt, RPh, CDE, FAADE
- Brenda Montgomery, RN, MSHS, CDE
- Kelly L. Close, BA, MBA
- Martha M. Funnell, MS, RN, CDE

Guiding principles

- Diabetes is a complex and challenging disease involving many factors and variables
- Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment
- Every member of the healthcare team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- Person-first, strengths-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes.

Becoming aware of and changing our words

Problematic	Preferred
Diabetic	Person living with diabetes
Test (blood glucose)	Check / monitor
Control (verb)	Manage; describe what the person is doing
Control (noun)	Define what you mean by control and use that instead (blood glucose level, A1C)
Good/Bad/Poor	Safe/unsafe levels; target levels; use numbers and focus on facts instead of judgmental terms
Compliant / Adherent	Takes medicine about half the time; Eats vegetables a few times a week; engagement; participation

• Recommendation #1

- Use language that is neutral, non-judgmental and based on facts, action or physiology/biology.



Instead of this....

Your diabetes is not in good control. It seems that your efforts with meal planning, exercise and metformin have failed, so it's time to add another medication.



Say this....

Your recent A1C level is 8.5. That is above the target goal of 7.0 we discussed. I'm thinking that adding another medicine that works in a different way could help. How does that sound?

• Recommendation #2

- Use language that is free from stigma.



Instead of this....

While I'm willing to refer this patient to you (an RDN), I doubt it will do any good, as she has been obese for a long time, and is unmotivated and in denial. She has not done anything I've suggested.



Say this....

I'm referring a new patient to you. She has a BMI of 35 and while I've suggested she cut back on high calorie foods, it has not resulted in weight loss. Let me know what you learn and what you'd recommend.

• Recommendation #3

- Use language that is strengths-based, respectful, inclusive and imparts hope.



Instead of this....

Mrs Lee, I see that you've been non-compliant with BG testing as you're not doing it after meals as we discussed. You really should be doing this.



Say this....

Mrs Lee, I see you've been successfully checking fasting BG 2-3 times this past week. Great work. What might make it easier for you to also check after meals a few times?

• Recommendation #4

- Use language that fosters collaboration between patients and providers.



Instead of this....

Mr. Smith, I see that you didn't fill your prescriptions. Let me see your blood glucose log, please.



Say this....

Mr. Smith, I see that your last A1C result is 9.2%. Do you have concerns you'd like to discuss... perhaps about any challenges you face taking medicines?

• **Recommendation #5**

- Use language that is person-centered.



Instead of this....

Diabetics who suffer from hypertension should follow a DASH diet.



Say this....

People with diabetes who also have hypertension may benefit from learning about the DASH approach to meal planning.

Discussion



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