

# Examination of Healthcare Professionals' Use of Language in Diabetes Care: A Secondary Qualitative Data Analysis

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## BACKGROUND

- Upon identification that language in diabetes care can be stigmatizing and harmful, the American Diabetes Association and Association of Diabetes Education and Care Specialists published a position statement on recommended language in diabetes care.
- The position statement recommended health care professionals:
  - Use language that is neutral, nonjudgmental, and based on facts;
  - Use language that is free from stigma;
  - Use language that is strengths-based, respectful, inclusive, and imparts hope;
  - Use language that fosters collaborations;
  - Use language that is person-centered.
- No known research has examined use of diabetes language among healthcare professionals.
- The purpose of this secondary qualitative analysis was to assess the use of stigmatizing language in a sample of 42 healthcare professionals.

## METHODS

- We conducted a qualitative secondary analysis to existing data to find an answer to a research question that differed from the original research.
- The original aim of the study was to assess barriers to and facilitators for diabetes care in Appalachian Ohio.
- Data were collected via in-depth face-to-face and telephone interviews with healthcare professionals using focused ethnographic methods.
- Interviews lasted 30 to 90 minutes. All interviews were digitally audio recorded and transcribed verbatim.
- A multidisciplinary team performed content and thematic analyses by categorizing key words, phrases, and texts using NVivo 12 software.
- Rigor was supported via investigator triangulation, participant corroboration, verbatim quotations, and inquiry audit to examine the research process.

## RESULTS

Table 1. Participant Demographic Characteristics (n=42)

Variable	Participants N (%)
Age (years)	45.1±12.0
Gender	
Women	28 (66.7)
Men	14 (33.3)
Hispanic/Latinx	0 (0)
Race	
American Indian or Alaska Native	1 (2.4)
Asian	1 (2.4)
White	40 (95.2)
Provider Type	
Physician	
Primary Care	11 (26.2)
Endocrinology or Diabetology	3 (7.1)
Surgeon	1 (2.4)
Nurse	9 (21.4)
Nurse Practitioner	5 (11.9)
Pharmacist	3 (7.1)
Certified Diabetes Educator	3 (7.1)
Clinical Psychologist	3 (7.1)
Exercise Physiologist	2 (4.8)
Registered Dietitian	1 (2.4)
Emergency Medical Technician	1 (2.4)
Practicing County	
All 7 southeastern Ohio counties	5 (11.9)
Athens, OH	23 (54.8)
Hocking, OH	2 (4.8)
Meigs, OH	4 (9.5)
Morgan, OH	2 (4.8)
Perry, OH	3 (7.1)
Washington, OH	2 (4.8)
Vinton, OH	1 (2.4)
Years in Practice (years)	17.7±11.5
Employment Status	
Part-time	2 (4.8)
Full-time	40 (95.2)
Estimated Percentage of Patients with Diabetes (%)	46.8±29.6

## SUMMARY & CONCLUSIONS

- The secondary qualitative analysis showed that 41 of the 42 health care professionals working with people with diabetes continue to use words discouraged by the American Diabetes Association and Association of Diabetes Education and Care Specialists. The words repeated most often were “diabetic/nondiabetic/prediabetic”, “control/glycemic control”, and “noncompliant/compliant”.
- A few health care professionals noted disliking the use of the non-recommended language. They may or may not continue to use the language, but they note how it can have harmful impacts on clinical care.
- Findings from this secondary qualitative analysis show that health care professionals continue to use non-recommended language when talking about people with diabetes. Thus, there is a need for more widespread education regarding the appropriate use of terms, especially in medical chart documentation.

Theme 1: Recognition of the Importance of Language

A few health care professionals mentioned how they did not like the usage of certain terms. They also described how using these terms, particularly if documented in a medical chart, negatively impacted the clinical care provided.

I had a lady who...she's supposed to test three to four times a day, and she does once a day...because she can't afford to buy any more strips than that. And so she'll go to the doctor and be labeled as non-compliant because she's not testing anymore than once a day. However, she would if she had the ability to. And- but a lot of people don't understand that, and the next person that sees non-compliant on their chart, they may not know the story and it's almost there's just an opinion formed in your mind, and these people aren't treated very well.

ID 28, Nurse]

In this area, the providers still use the word compliance, and they say 'This person is very non-compliant.' That is a word that almost every provider I work with uses...And in my head I'm like 'That's not the appropriate term.'

ID 11, Pharmacist]

Theme 2: Use of Language that was Labeling and Judgmental

The majority of health care professionals referred to people with diabetes as "diabetic."

They used judgmental terms to describe people not engaging in self-care and reaching A1C targets.

And the other thing too is, diabetic patients aren't just diabetics; they're obese, they're smokers, they have high blood pressure, they have endless bucket list of things that they have going on. So if it was just the single diagnosis of diabetes, I think it would be a bit easier, maybe, to manage. But there's so many things, so many comorbidities that are piled on top of that "

ID 6, Nurse Practitioner]

We know how to get their diabetes to the point where we're gonna maximize their morbidity and their mortality. But it's really, really difficult to do that if they're not being compliant."

ID 17, Physician]

Over the past year I have seen lots of those people; they don't care about their sugar control. I mean, those people may die sooner...If they don't care about themselves they often die sooner"

ID 34, Physician]

Table 2. Frequency of Use of Non-Recommended Terms by 41 Healthcare Professionals\* (n=389)

Term	Frequency of use	Recommended Term(s) or Replacement Language
Noncompliant/compliant	42	"Person with diabetes experiences side effects to taking metformin."
Nonadherence/adherence	19	Engagement, participation, medication-taking,
Control/glycemic control	82	A1C, manage, blood glucose levels, glycemic targets
Diabetic/nondiabetic/prediabetic	167	Person with diabetes
Regimen	15	Plan, choices
Test	20	Monitoring blood glucose levels, check
Prevent	31	Reduce the risk, delay
Suffer/victim	3	Diagnosed with diabetes, lives with diabetes
Fail/failure	5	"Medication was not adequate to reach A1C target"
Unmotivated	5	"Experiences barriers to performing self-care behaviors"

\*Participant ID 16 did not use any of the non-recommended terms