

CHEAT SHEET

Incorporating Inclusive Language

Put people at the center of your conversations

Published January 2021 • 10 Min read

Key takeaways

- Organizations should use inclusive language to make employees of all identities feel seen and feel safe.
- Remember to remove, reword, or rethink language that stigmatizes marginalized groups.
- Consider what existing resources you can use to implement an inclusive language policy and look for opportunities to continuously improve your organization's communication practices.



What is inclusive language?

The language we use to communicate with colleagues and patients can have an impact on how people feel and behave. For this reason, organizations are increasingly encouraging the use of **inclusive language** in the workplace.



Inclusive language "acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities."

Inclusive language practices are a product of decades of protest and advocacy work led by marginalized groups through the feminist movement, disability rights movement, transgender rights movement, and HIV/AIDS activism, among others. As a result of their activism, we use gender-neutral terms like "flight attendant" or "legislator" instead of gendered nouns like "stewardess" or "congressman." Or, instead of using terms like "handicapped" or "crippled," we use "person with a disability." What these activists have in common is a desire to transform discriminatory linguistic norms that marginalize certain identity groups.



What is inclusive language? (cont'd)

It is important to note that inclusive language is not just about learning specific words to use (for example, asking people their personal pronouns). Inclusive language also means unlearning our tendency to make snap judgements about what labels we should use to describe someone's identity in the first place. There is a natural inclination to categorize the people we interact with. However, when labels are used to describe someone's identity, people tend to make assumptions about them because of those labels. Those labels often allow us to group people into a monolithic experience that is not actually representative of their reality, ultimately perpetuating harmful stereotypes. Identity is never one-dimensional, generalizable, or static – and our language must reflect that.

Below are a few examples that illustrate what inclusive language looks like in practice.

Key questions to promote inclusive language	Sample practice
Is my language reinforcing a harmful stereotype or value judgement (whether I perceive it as a positive or harmful one)?	Avoid words like "victim" or "sufferer" when describing a physical or mental condition that someone lives with. They may not in fact see themselves as someone who suffers
Am I asking how someone wants to identify rather than assuming by looking at them?	Instead of gendering a person, ask what their personal pronouns are and what identities are relevant to their perception of care
Am I focusing on the person rather than the label?	Change "she's OCD" to "someone who <i>lives</i> with obsessive compulsive disorder"
Is this person's identity relevant to the conversation I'm having?	Do not use "male nurse" or "Black nurse" to describe coworkers if, in the same conversation, you wouldn't feel comfortable calling coworkers "female nurses" or "white nurses"

Source: "Inclusive Language," Seattle University Graduate Writing Center, https://www.seattleu.edu/education/graduate-writing-center/style-language/inclusive-language/ "Terminology Guide," Optum, 2019.



Why does it matter?

Employee engagement and wellbeing

Failure to use inclusive language in the workplace can cause employees of historically marginalized identities to feel disengaged and/or incapable of focusing on their work. For example, one study found that women expected to feel more ostracized in the work environment and reported less motivation when presented with a job description with masculine gender-exclusive language (he in the generic form to refer to both men and women) rather than gender-neutral language (one in place of he). A different study found that the "misgendering" of transgender employees is "relatively common" in the workplace. However, when transgender participants were "asked to reflect on courageous acts coworkers had performed in support of the rights of trans employees," many of them "recalled instances in which a cisgender employee guided others on proper pronoun usage." These examples show how small acts of inclusive language can speak volumes to employees of marginalized identities by demonstrating that they are seen and valued in the workplace.

Patient wellbeing and outcomes

Using inclusive language with patients (i.e., being mindful of how you label them based on their identity or diagnosis) is one step providers can take to create a safe and validating environment for all patients. One study found that 30% of transgender patients report delaying or not seeking care due to fear of discrimination, and another report found that "transgender patients whose healthcare providers were uneducated on transgender issues were four times more likely to delay needed care." Providers may be "unwittingly [creating] an atmosphere of disapproval" for transgender patients through actions such as using a patient's birth name and gender rather than their preferred name and gender. Using inclusive language may demonstrate knowledge of transgender

issues to patients.

Sources: "The use of gender-exclusive language (such as using masculine pronouns) can cause women to feel ostracized and less motivated in important professional environments," Gender Action Portal, https://gap.hks.harvard.edu/when-he-doesn%E2%80%99t-mean-you-gender-exclusive-language-ostracism, June 2011; "Creating a Trans-Inclusive Workplace," Thoroughgood, Christina N. et al., https://hbr.org/2020/03/creating-a-trans-inclusive-workplace, https://hwww.reuters.com/article/us-usa-lgbt-medicine/transgender-patients-face-fear-and-stigma-in-the-doctors-office-idUSKCN11L0AJ. September 15, 2016.



Why does it matter? (cont'd)

In another example, higher-weight patients often report unsolicited, offensive comments about their weight from providers when accessing care for conditions unrelated to their weight, such as being called "morbidly obese" or having their weight described as "unhealthy" or "excess." "Disrespectful treatment and medical fat-shaming" can cause higher-weight patients to "delay health care seeking or avoid interacting with providers." Even though these providers may not intend to provoke harm, they are using labels for patients that carry harmful biases and serve to disengage, distance, and insult those that are frequently marginalized. Inclusive language can help alleviate some of this harm by ensuring that providers are mindful of the messages behind the labels they use.

Sources: "Doc Biases Hinder Patient-Provider Communication, Outcomes," Heath, Sarah, Patient Engagement

HIT, https://patientengagementhit.com/news/doc-biases-hinder-patient-provider-communication-outcomes, August 8, 2017.



How does it work?

Inclusive language practices should be one component of your organization's overall commitment to inclusion and diversity. When beginning conversations around implementing inclusive language across your organization, consider starting out with a micro-shift that everyone can easily make. This will ease everyone into the process of creating a more inclusive workplace. Below are examples of microshifts that your organization can implement:

- Make changes in the language you use with your team. Kindly correct
 exclusionary language when you hear or read it. If an employee refers to
 someone as an "addict," remind them to use person-centric alternatives such as
 "someone living with addiction." Ask others to keep you accountable as well.
- Share resources with your team to help educate them on inclusive language
 practices. This guide from Northwestern University provides inclusive
 language recommendations and their exclusionary counterparts by topic area.
 Use these as a basis for conversation with your team about where you're doing
 well and where you could improve.
- Edit your email signature to include the <u>pronouns</u> you use to identify yourself.
 Encourage others to do the same, but don't pressure them if they would prefer not to say.

Once you have embedded these micro-shifts into the day-to-day work experience, the next step is to focus on a more comprehensive approach to using inclusive language. For example, review the language used in your organization's employee handbooks, posters, internal newsletters, and patient education materials. Remember, inclusive language is not just about memorizing the right words but also accepting peoples' differences and letting them define their own identity.



Conversations you should be having

Create policies or guidelines for use of inclusive language.

- Train managers and leaders to use inclusive language.
- Ensure internal and public-facing materials use inclusive language.

Exclusionary language negatively impacts employee engagement and patient experience. As such, it's important that inclusive language is codified by formal policies and trainings, and that these values are reflected in your organization's internal and public-facing materials. In doing so, you are signaling to both employees and patients that they are in a space that celebrates difference and does not tolerate exclusionary practices.



Related content

- CHEAT SHEET
 Inclusion: Build an inclusive culture to unlock employees' full potential
 Read now
- TED TALK
 The danger of a single story
 Listen now
- White privilege in health care: following recognition with action

 Read now
- RESOURCE LIBRARY
 Diversity, equity, and inclusion conversation starters
 Read now
- PODCAST

 NPR's Code Switch

 Listen now

ESSAY
Racism in medicine:
shifting power
Read now



Human Resources Advancement Center

Project Editors

Darby Sullivan sullivada@advisory.com 202-266-6714

Micha'le Simmons simmonsm@advisory.com 202-909-4351

Marisa Deline

Project Director

Caleigh Dwyer

Research Team

Abigail Burns Sophia Duke-Mosier Ryan Furr-Johnson Sierra Iciano

Program Leadership

Micha'le Simmons

LEGAL CAVEAT

Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable lawor appropriate for a given member's situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board or its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or curves or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

Advisory Board and the "A" logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

IMPORTANT: Please read the following.

Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the "Report") are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

- Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any
 kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the
 extent expressly authorized herein.
- Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.
- 3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.
- 4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein
- 5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.
- 6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.



655 New York Avenue NW, Washington DC 20001 202-266-5600 | advisory.com