



MGH INSTITUTE
OF HEALTH PROFESSIONS

The Use of Inclusive Language to Promote Belonging in Undergraduate Nursing Education

Rachael Salguero, PhD(c), MSN, RN-BC, CNEcl

Julika Wocial, MSN, MS, CCRN

Alex Wolf, DNP, APRN, ACHPN

Conflict of Interest

Neither the planners nor presenters have any real or perceived vested interest that relates to this presentation.

Objectives

- Participants will learn how to empower the future nursing workforce to incorporate inclusivity at the bedside
- Participants will develop an understanding of how to create a welcoming syllabus
- Participants will develop an understanding of how the thoughtful recognition of inclusive language initiates discussions that promote awareness, advocacy, and support belonging

Introductions



**Rachael Salguero, she/her
PhD(c), MSN, RN-BC, CNEcl**



**Julika Wocial, she/her
MSN, MS, CCRN**



**Alex Wolf, he/him
DNP, APRN, ACHPN**

Reflexivity Statement

All presenters invite you to "call us in" if any part of this presentation is not in alignment with inclusivity or belonging. We are still learning and are open to feedback and suggestions.

Let's Meet Three New Nursing Students

First gen student...
Single mom...
ADHD...



Rachael

Hi! I am so
excited to
start this
program!

Hi! I can't
wait to use
my new
stethoscope!

Cares for older parents...
Just had a baby...
Chronic disease...



Alex

Hi! I am looking
forward to
getting to know
you all!



Julika

Lesbian...
Has an accent...
Works part time...
Psoriasis...

Let's reflect

- First generation student
- LGBTQIA+
- Chronic disease
- Single parent
- Skin disorder
- Works part-time
- Just had baby
- Cares for older parents
- ADHD
- Has an accent



Credit: UCR

Belonging

- The concept of belonging was initially identified by Maslow (1943) while describing the Hierarchy of Needs, a framework that offers valuable insights into comprehending human behavior.



Belonging

- The desire to belong is a fundamental and inherent requirement shared by individuals and societies alike
- Experiencing acceptance and valued are crucial human necessities that bind all individuals together (Baumeister & Leary, 1995)
- Students are more motivated to learn and participate in providing care at clinical when they feel a sense of acceptance and belonging (Levett-Jones & Lathlean, 2009)



Credit: <https://tiescenter.org/>

Belongingness

- Belongingness is a deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group and (c) that their professional and/or personal values are in harmony with those of the group. The experience of belongingness may evolve passively in response to the actions of the group to which one aspires to belong and/or actively through the actions initiated by the individual (Levett-Jones & Lathlean, 2009, p. 2872).



Credit: LJ Davids for the Chronicle

Belongingness

- Educators who foster and exemplify open dialogue, all the while endorsing a variety of viewpoints, contribute to the emergence of alternative perspectives and the fostering of innovation (Aronowitz et al., 2023)
- When students feel valued and recognized, they tend to participate more actively in academic discussions and present their perspectives (Aronowitz et al., 2023)



Credit: <https://evolve.elsevier.com/>

How Does Belonging Translate to Nursing Program Classroom?

- Inclusive Language Tip
- Inclusive Syllabus
- Calling-In



Inclusive Language Tip

Inclusive Language Tip of the Day



Purpose:

- Promote student thinking and discussion about language and behaviors that promote inclusion in nursing practice
- Share our own lessons learned as nurses, students, and educators
- Cultivate inclusive learning environment, empower students to foster inclusion

Inclusive Language Tip of the Day

- The inclusive language tip is often presented at the beginning of class and can also be embedded within lectures and other learning activities
- Some tips focus on specific language to avoid or use, while other tips are more nuanced
- Inclusive language tips can be incorporated in virtual and in-person learning activities

Topic examples:

- Problematic labels: "Smoker," "Asthmatic," "Diabetic," "Obese"
- Describing communities facing inequity and exclusion
- Caution with the use of battle/war language in cancer and other serious illnesses
- Topics identified by students

Inclusive Language Tip of the Day

Example

INCLUSIVE LANGUAGE TIP

- The client is **complaining** of 10/10 pain due to a headache.
- The client's chief **complaint** is chest pain.
- The client is **reporting** 10/10 pain due to a headache.
- The client's chief **concern** is chest pain.

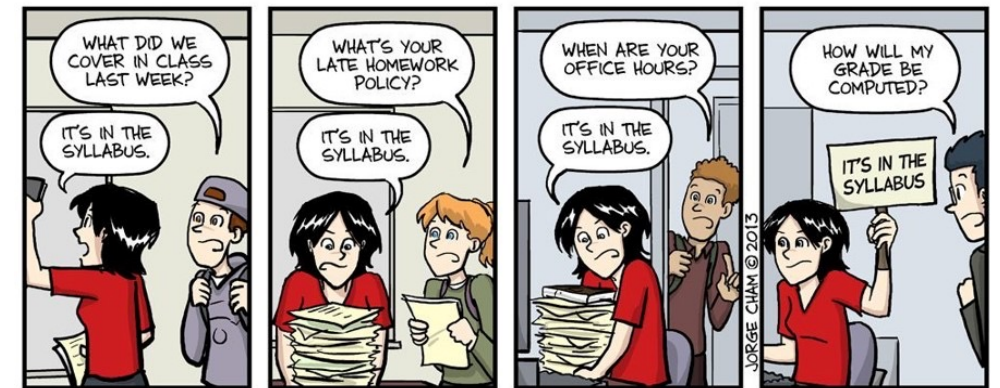


Inclusive Syllabus

Inclusive Syllabus

What is the "official" purpose of a syllabus?

- **Communication** - mechanisms/communication of content/how content is expressed
- **Planning** – tools for instructor, course plan for students
- **Pedagogical** tool/resource for student learning
- **Contract** – policies and procedures to be followed
- **Artifact** – faculty evaluations, record keeping tool
- **Socialization** – orientation for students to academic environment/class



IT'S IN THE SYLLABUS

This message brought to you by every instructor that ever lived.

WWW.PHDCOMICS.COM

Inclusive Syllabus

The syllabus:

- Is often the first item that is reviewed in class and introduces students to class
- Sets the tone for the class and the semester
- Sets expectations
- Sets boundaries



Inclusive Syllabus

What is an "unofficial" purpose of the syllabus?... Or, in other words, what can an educator achieve by making their syllabus more inclusive?

- Make students feel included and more comfortable among their peers (Metzger et al., 2020; Sommer et al. 2019)
- Increase students' sense of belonging (Moore, 2022; Singer et al. 2022)
- Enable students to freely express their thoughts and ideas (professionally)
- Promote "diversity of thought" (Aronowitz et al., 2023)
- Create an atmosphere where students feel empowered to "call others in," including the instructor (Salguero & Hunt, 2023)
- Set students up for success (Aronowitz et al., 2023)



Inclusive Syllabus

How Did We Make Our Syllabus More Inclusive?

Faculty and "setting the stage"

- Start with a "welcome message" and brief introductions
- Include a statement acknowledging instructors' identity, privilege, and background
- Share instructors' commitment to diversity, inclusivity, anti-oppression, and reducing implicit bias
- Acknowledge that the instructors will make mistakes and welcome students to "call them in"
- Set the stage for a mutual learning atmosphere

Language

- Reduce language bias by using inclusive terms
- Include pronouns with each faculty/instructors' names
- Refrain from using jargon/abbreviations
- Use positive, supportive language and welcoming fonts



NS 520: Common Problems of Adult Health and Clinical Judgment

Welcome Message

Welcome to NS 520: Common Problems of Adult Health and Clinical Judgment. We are excited to have you with us on the journey to you becoming a future nurse. Becoming a nurse was one of the best decisions that we both made many years ago. We remember what it was like to be a student and want you to know that we will support you every step of the way. Please know that this semester will be both rewarding and challenging. At times, you may feel overwhelmed. These feelings are part of the ups and downs we often experience as nurses. Our role as your course instructors is to help guide you to create a plan for success; however, it is up to you to learn how to manage the course expectations, ask for help, and create a plan that helps you be successful.

It is the expectation that *everyone*; students, teaching assistants, staff, patients, and faculty, are respected, valued, and feel welcome in our course. This is a class that is committed to bettering the health of *all* people, regardless of sex, race, ethnicity, national origin, immigration status, citizenship, age, socioeconomic background, abilities, neurodiversity, formal education, skin color, language, housing, body size, mental health, wealth, sexual orientation, gender identity or expression, and religious beliefs. As your course faculty, we both identify as cis-gender and White. We recognize that this identity has given us the opportunity to likely have an easier path than most throughout our careers as a nurse, and in our personal lives. We do our best to educate ourselves, however we are still learning, and we will likely make mistakes. We invite you to "call us in" if there is ever a time that we say something that makes you feel uncomfortable. This provides us with an opportunity to learn and grow from this experience. We equally expect you to be able to receive feedback from us and others if you happen to say something that made another person feel uncomfortable.

We are looking forward to meeting you!

Sincerely,

Professor Salguero and Dr. Wolf

Inclusive Syllabus

How Did We Make Our Syllabus More Inclusive?

Support and Success

- Highlight faculty availability to students and flexibility with meeting times; Zoom and in person
- Define office hours and the format in which they are run:
 - Structured and unstructured
 - Zoom and in person
- Provide a section on "Ways to get help"
- Outline specific steps on how to be successful in this course

Resources

- Include information on availability of hard copies of textbooks at the school's library
- Provide contact information for the Disability, Accessibility, and Accommodations offices
- Include the Institute's writing center contact information

Ways To Get Help

Please reach out to the course faculty to receive assistance in this course. Professor Salguero and Dr. Wolf are available to meet with students privately or in small groups. Students are encouraged to attend weekly office hours. Students are also encouraged to meet with academic support, utilize teaching assistants and attend Julika Wocial's weekly office hours.

Steven Ciesielski (he/him/his): Assistant Dean for Student Success: smciesielski@mghihp.edu

Karen Flaherty, MSN, MEd, APRN-BC, CBCN (she/her/hers): Academic Support: kflaherty@mghihp.edu

Julika Wocial, MSN, MS, CCRN (she/her/hers): Academic Support and weekly office hours: jwocial@mghihp.edu

Sometimes students ask the best way to study. This is what we recommend, however please remember that everyone is different and "you do you."

Step 1: Review the objectives prior to class. Use your Lewis book and read as much as you can (at least skim so you know a little bit about the topic before coming to class).

Step 2: Attend class, take notes, ask clarifying questions in class.

Step 3: Go back to your Lewis book and read/review topics discussed in class. Now that you hopefully have a good understanding of the content from class, the Lewis book will help "cement" the knowledge.

Step 4: Study your notes, attend study groups/small groups, attend office hours.

Step 5: Review the case studies in D2L, complete practice questions (remembering that understanding the rationale is the most important part). UWorld questions are very helpful. UWorld support may be contacted at: lp_support@uworld.com.

"Calling In"

"Calling In" and "Calling Out"

- Brings attention to words that are harmful, discrimination, bias, microaggressions (Harvard Diversity Inclusion and Belonging, 2023)
- Creates a compassionate space to have tough conversations (Harvard Diversity Inclusion and Belonging, 2023)
- Although calling in may be challenging at first, normalizing this practice will lead to transformative dialogue that promotes inclusivity, initiates respectful conversations, and encourages all to use equity-focused language (Salguero & Hunt, 2023)
- Aids in avoiding groupthink



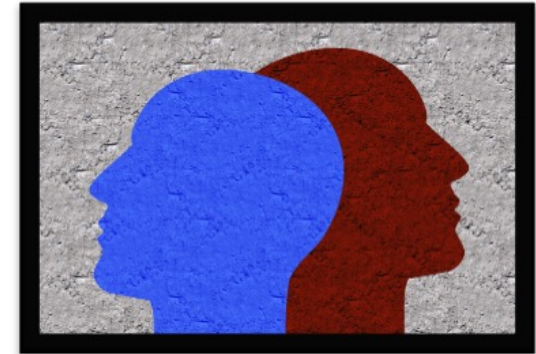
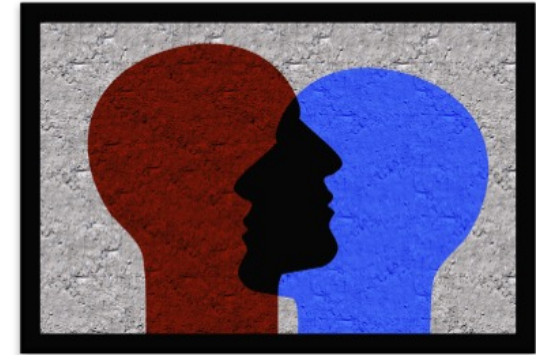
"Calling In" and "Calling Out"

Calling in

- 1:1 conversation or a small group
- Most effective when the person is receptive to learning
- Fosters belonging when educators normalize calling in

Calling out

- Large group or public attention
- Previous attempts have been unsuccessful
- Urgency or unsafe



Credit: <https://inclusion-nudges.org/>

Examples of “Calling In”

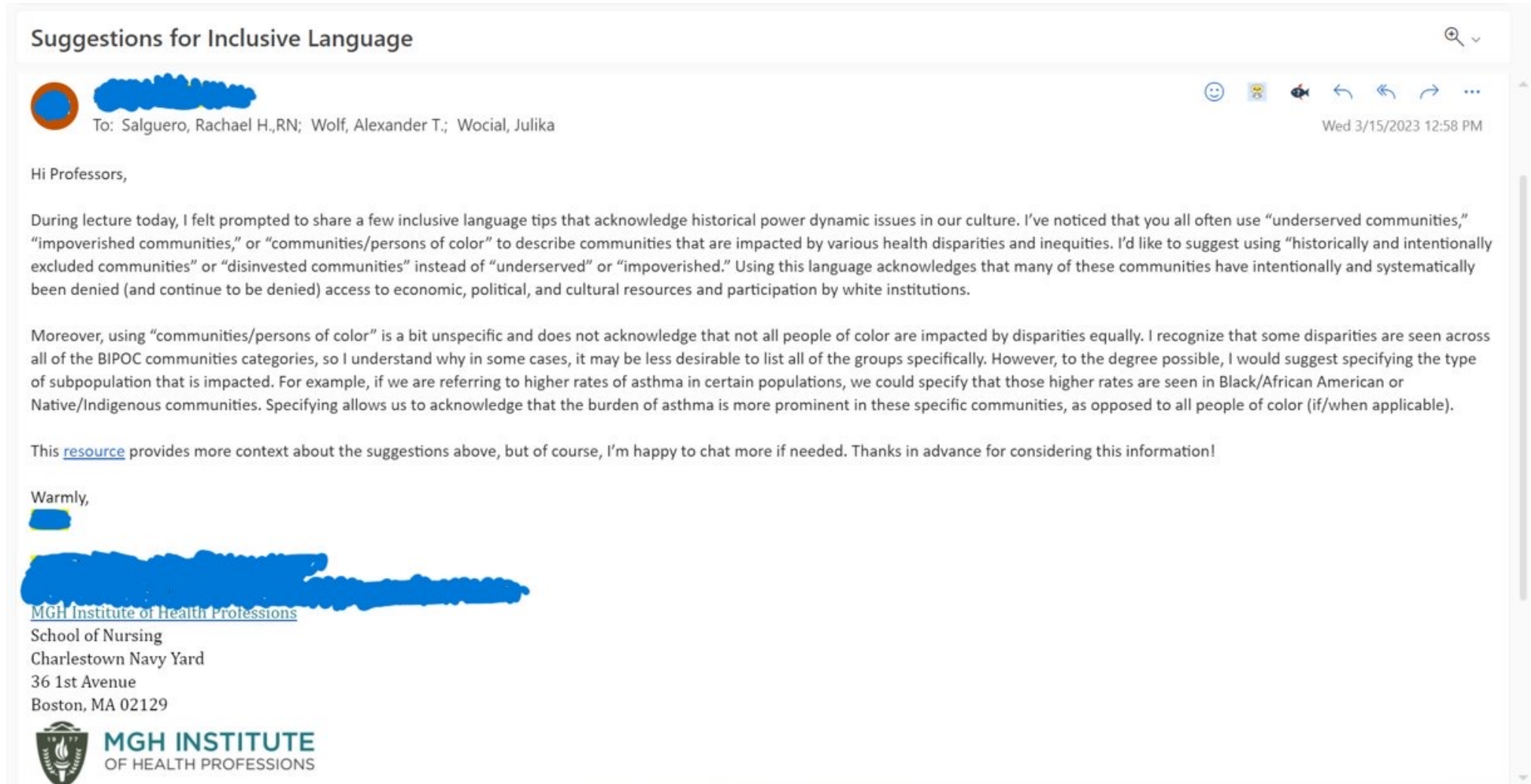
I am curious what you meant when you said that your patient's parents are illegal?

Response *after* listening. The term illegal has been embedded into our language and is degrading, and no human is illegal. An appropriate and inclusive term for illegal is undocumented.”

I heard you say that the patient is a frequent flyer to the hospital. I am wondering why you think that is the case?

Response *after* listening. An inclusive way we can describe this is by saying that the patient is at an increased risk for readmission. Hearing this term may be difficult for the patient to hear. A more inclusive way to describe this is to identify *why* they are at an increased risk for admission.

Example of “Calling In” in Our Classroom



How Does It Translate to Bedside Nursing?

How Does It Translate to Bedside Nursing?

- Passing on the sense of belonging from the classroom to the bedside.



Skit

Participant instructions:

- Listen carefully to the following two change-of-shift pass-off reports
- Focus on painting an image of the patient in your head based on what you hear in the reports



Let's Reflect

- What did you notice about the two change-of-shift pass-off reports?
- Can you recall the picture of the patient you painted in your head after each report?
- Are you able to identify any preconceived feelings and attitudes you developed towards that patient after hearing each report?
 - Are they different, or similar between the two reports?



How Does It Translate to Bedside Nursing?

- Using words and language in patient records that have a negative connotation can influence patients' clinical course and create negative implicit bias towards patients
- Park et al. (2021) found five ways of how physicians unintentionally expressed negative feelings towards patients

Ways of expressing negative feelings	Example
Questioning patient credibility	"He claims that nicotine patches don't work for him."
Expressing disapproval of patient reasoning or self-care	"She is adamant that she cannot perform any kind of exercise due to pain and will not change her diet."
Stereotyping by race or social class	"Reports she was unable to fill prescription for the “sugar pill”
Portraying the patient as difficult	"I informed her that this is unlikely to be helped by antibiotics and talked about smoking cessation with her. She said she will ask her 'sinus doctor' for antibiotics."
Emphasizing physician authority over the patient	"I have instructed him to..."

How Does It Translate to Bedside Nursing?

- What are some of the words or terms that are not inclusive?

Non-inclusive	Better choice of words
"Alcohol abuser," "Drug addict"	"Person with a substance use disorder"
"Dirty urine," "Patient is clean"	"Urine sample positive for..." "Negative test results"
"Patient complains about..."	"Patient reports..."
"Refuses to..."	Identify the reason why patient does not want something
"Crippled"	"A person with a physical disability"
"A sickler"	"A person with sickle cell disease"
"Homeless person"	"A person experiencing homelessness, or a person who is unhoused"
"Victim"	"A person who has been impacted by..."

How Does ONE TERM Influence Attitude?

"Substance Abuser"

Mr. Williams is a **substance abuser** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a **substance abuser** for the past few years. He now awaits his appointment with the judge to determine his status.

"Substance Use Disorder"

Mr. Williams has a **substance use disorder** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a **substance use disorder** for the past few years. He now awaits his appointment with the judge to determine his status.

Clinicians exposed to the "**substance abuser**" term were significantly more likely to **judge** the person as **deserving of blame and punishment** than the same individual described as "**having a substance use disorder**."

Words Do Matter...

- Using biased, or non-inclusive, language can demean or exclude people because of their age, sex, gender, race, ethnicity, national origin, religion, skin color, social class, or physical or mental traits or abilities
- Non-inclusive language is often used unintentionally and by well-meaning individuals
- Common language may contain “hidden messages” about the superiority or inferiority of various groups or types of people
- Non-inclusive language is ubiquitous in our written and spoken language and it only affects individuals to which it is applied



Where Can We Go From Here?

- Nurse educators are role models. Our students, colleagues, and patients are watching and listening!
- Review lecture content, exam questions, case studies, clinical and simulation materials (Sommer et al., 2018)
- Make a commitment to learning and growing from mistakes



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Thank you!

Rachael Salguero, rhylersalguero@mghihp.edu

Julika Wocial, jwocial@mghihp.edu

Alexander Wolf, awolf1@mghihp.edu



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