

Why Words Matter

The importance of using compassionate, respectful language as a health care provider

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From television personalities to political figures, the phrases “I didn’t mean it,” “That wasn’t my intention” and “I’m not a sexist/racist/homophobe” are all too familiar. As compassionate health care providers who interact with patients, parents, administrators and the community at large, it is important for athletic trainers to be aware of words and sayings that may be inappropriate and offensive.

Research shows that athletic trainers and athletic training students have a high level of cultural awareness, but desire more cultural skills, especially related to communication.¹⁻³ Most ATs may be aware of overtly offensive words that provoke and promote feelings of hate and intolerance. These never-to-be-used racist, homophobic or insensitive slurs are considered so offensive, they are often not said or printed in public and often referred to as the N, F and R words.

It’s more likely for an athletic trainer to unknowingly offend someone by using what they think is a seemingly benign term, slang word or colloquium in everyday talk. Usually, the last thing an AT intends to do is to insult someone. However, intent and perception are two entirely different things. Anyone who has ever sent a text or email that upset someone because they “read it wrong” or perceived it differently knows the words one chooses may cause an unintended reaction.

Intention vs. Perception

Providing culturally competent and patient-centered care includes providing care that is “respectful of and responsive to individual patient preferences, needs and values.”⁴

Words can have a profound, wide-reaching and everlasting effect, despite what was intended.⁵ It is essential to realize **intention doesn’t matter to a patient who may feel unwelcome or to a parent who may feel marginalized.** Excuses of intention take the focus off the hurt party and are often considered dismissive of the other person’s feelings.

For example, you walk up to a patient and attempt to break the ice by telling a joke you’ve been using for years, and no one has ever responded negatively. The patient, visibly upset and shocked, replies, “That was an extremely sexist joke, and I’m offended.” You are confused and embarrassed because you never intended to offend the patient. As the health care provider, your focus should now turn to how you made your patient feel, regardless of your intention. You don’t want to further marginalize your patient’s feelings by trying to justify your joke.

Practice Compassionate Language

How do you know what words are inappropriate or have negative connotations? There isn’t an exhaustive list of words considered inappropriate, offensive and potentially hurtful. It varies with views and culture, can be different depending on the audience and continues to evolve over time.

Again, there isn’t a complete list of words or sayings to memorize to ensure you will never offend someone, but there are some basic tips that can help you become more aware of your word choice, and there are specific actions ATs can take when they make a mistake.

Things to Avoid

1. Avoid gender-related and sex terms to insult someone or make a joke (i.e., “You throw like a girl” or “You did well for a chick”).
2. Don’t use words to demean, insult or ridicule religion, socioeconomic class or gender. This category includes using terms such as ghetto, paddy wagon or J.A.P (Jewish American Princess).
3. Avoid terms that insult or praise someone based on racial or ethnic stereotypes (i.e., “You dance well for a white boy,” “You speak so well” or “You must be good at math”).
4. Don’t use homophobic epithets, words or sayings that insult LGBTQ+ identities. (i.e., “That’s so gay”).
5. Don’t use insulting words or terms related to physical or mental impairments or to describe people who are differently abled. Phrases like “lame,” “slow” and “insane” can be considered offensive.
6. Avoid slang if you don’t know the meaning or the origin of the word or saying. Look up the meaning of phrases such as “hip, hip, hooray” and “sold down the river.” You may be surprised.

Respectful Regrets

What should you do if you say something that offends someone?

1. **Acknowledge** others may have a different perception of what you are saying.
2. **Be aware** of body language and facial responses to your words. If someone looks upset or offended, they probably are.

WHEN WORDS HURT

These are just a few of the words or terms with negative connotations that should be avoided when practicing compassionate speech. There is no such thing as an exhaustive list of offensive terms because terminology and phrasing are always evolving within our multicultural society.

Oriental	Jap	Ghetto	He-she, she-he	Handicapped	Bodacious	“Sold down the river”	Hysterical
Foreigner	J.A.P.	Dame	Lame	Tranny	Dim-witted	“That’s so gay”	Schizo
Mulatto	Fag	Gyp/Gip	Gimp	Pansy	Retarded, tard	“Like a girl”	Insane
Colored	Dyke	Crazy	Cripple	Hooligan	Cracker		Lazy

3. **Apologize.** Don't shy away from the situation; address it right away: "Did I say something that offended you? If so, I apologize."
4. **Listen** to his/her response and learn from it. If appropriate, engage in respectful dialogue.
5. **Learn** why the word or saying may be offensive.
6. **Reflect** on the situation. Put yourself in the other person's shoes. Why might this be offensive? Just because it's common and "everybody says it" doesn't make it right.
7. **Do better.** Now you should be more aware of the word(s) you used and should think twice before using the word again.

The chances are high that we will accidentally offend someone at some point. However, being aware that everyone has different views is the first step toward becoming more culturally competent and avoiding these hurtful and uncomfortable situations. Knowing how to respond gracefully and learning from these situations can improve patient interactions as we strive to provide competent, compassionate care to our patients.

References

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Cultural Competence Resources

Interested in learning more about cultural competence as a health care provider? Check out these related resources.

ONSITE LEARNING AT NATA 2018

The 69th Clinical Symposia & AT Expo has several sessions focused on compassionate care for the variety of patients athletic trainers care for on a regular basis.

Special Topic, Friday, June 29, 10:45-11:45 a.m. Lesbian, Gay, Bisexual, Transgender, Queer, (LGBTQ) Health Disparities: Increasing Athletic Trainers Knowledge and Communication Skills to Improve Care for LGBTQ Patients

—Kysha Harriell, PhD, ATC, LAT, University of Miami

Feature Presentation, Friday, June 29, 3:30-5:30 p.m.

The Influence of Cultural Competency on Patient-Centered Care

The Process of Cultural Competency

—Kysha Harriell, PhD, ATC, LAT, University of Miami

Providing Culturally Competent Care

—Dani Moffitt, PhD, LAT, ATC, Idaho State University

Free Communications Rapidfire Presentation, Wednesday, June 27, 11:45 a.m.-12:45 p.m.

Cultural Competence Pedagogy for Healthcare Students: Allowing the Data to Drive the Curriculum

—Gail Samdperill, EdD, ATC

AT Student Seminar, Wednesday, June 27, 10:15-11:15 a.m., 11:15 a.m.-12 p.m.

Breakout 3: Multiculturalism: Reality, Representation and Relevance

—Kysha Harriell, PhD, ATC, chair of the NATA Ethnic Diversity Advisory Committee

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Culturally Competent Care in Athletic Training

—Rene Revis Shingles, PhD, ATC, and Jeremy Marra, MS, ATC

Islam & Athletics: Providing Culturally Competent Care for Muslim Athletes

—Jennifer Dix, MS, LAT, ATC

RESEARCH IN THE JOURNAL OF ATHLETIC TRAINING

Managing Heteronormativity and Homonegativity in Athletic Training: In and Beyond the Classroom

(natajournals.org/doi/pdf/10.4085/1062-6050-43.3.326)

—Suanne S. Maurer-Starks, Heather L. Clemons, and Shannon L. Whalen (May/June 2008)

Multiculturalism and Athletic Training Education: Implications for educational and professional progress. (www.ncbi.nlm.nih.gov/pmc/articles/PMC164903/)

—Paul Geisler (April/June 2003)

Assessment of Certified Athletic Trainers' Levels of Cultural Competence in the Delivery of Health Care

(natajournals.org/doi/pdf/10.4085/1062-6050-45.4.380)

—Jeremy Marra, Tracey Covassin, René R. Shingles, Renee Branch Canady and Tom Mackowiak (July/Aug. 2010)

Athletic Trainers' Attitudes Toward Lesbian, Gay, and Bisexual National Collegiate Athletic Association Student-Athletes (natajournals.org/doi/pdf/10.4085/1062-6050-46.1.69)

Kristine A. Ensign, Athena Yiamouyiannis, Kristi —M. White and B. David Ridpath

RESEARCH IN THE ATHLETIC TRAINING EDUCATION JOURNAL

Perceived Cultural Competence Levels in Undergraduate Athletic Training Students

(natajournals.org/doi/pdf/10.4085/080366)

—Jennifer L. Volberding (July/Sept. 2013)

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