



Rancho Los Amigos National Rehabilitation Center PHYSICAL THERAPY DEPARTMENT POLICY AND PROCEDURE

USE OF NON-DISCRIMINATORY AND INCLUSIVE LANGUAGE

Policy No.: 109
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PURPOSE:

The purpose of this policy is to reflect the department's commitment to a working environment that supports respect for and the value of human diversity and social inclusion with regard to patients, staff, and students. The department's commitment to the principles of diversity and inclusion is recognized, in part, through policies and guidelines for the use of non-discriminatory and inclusive language in oral and written communications.

POLICY:

It is the policy of the Physical Therapy Department that all department oral and written communications be consistent, to the extent humanly and reasonably possible, with (a) the use of non-discriminatory language and (b) the intent to encourage respect for and the value of human diversity through inclusion in language of historically under-represented groups. Discriminatory language is that which, intentionally or unintentionally, subtly or blatantly, conveys, reinforces, or perpetuates disrespect or exclusion of individuals or groups with respect to age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status. Discriminatory and exclusive impact is considered to be in the eye (or ear) of the beholder, rather than in the intention or opinion of the author (speaker); thus language which is perceived by the reader (listener) to reflect prejudice or discrimination on the basis of one or more of the social categories above should be avoided or changed when these perceptions are identified. Perceptions of language as discriminatory or exclusive can change as a function of changing social conditions and consciousness; thus what may be perceived as acceptable in one era may be identified as unacceptable at some later time and thus require modification.

This policy recognizes that perfect performance is unlikely, but sensitive and good faith efforts are appreciated and helpful in establishing a respectful and inclusive climate over time. This policy also recognizes that language usage can be partially a function of upbringing, training, tradition, or convention; however, these and other origins do not negate the need for or capacity to change so that the environment for all patients, staff, and students is one of respect and inclusion.

EXAMPLES OF DISCRIMINATORY/EXCLUSIVE LANGUAGE AND NON-DISCRIMINATORY/INCLUSIVE ALTERNATIVES

Because discriminatory language is in the eye of the perceiver, all possibly discriminatory language cannot be identified in advance. However, some language choices have already been identified by many individuals as exclusionary or disrespectful and these should thus be avoided in department communications. Discussions of these and non-discriminatory alternatives can be found in the Publication Manual of the American Psychological Association (4th ed.) (Washington, DC: American Psychological Association, 1994), the American Medical Association Manual of Style (9th ed.) (Chicago, IL: American Medical Association, 1998), as well as Rothstein JM. Hurtful language (Editor's Note). *Physical Therapy* 1997;77:712-713.

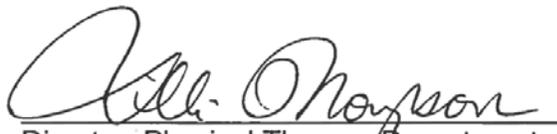
- A. Reference to Patients: Emphasis is given to the use of “people-first” language which encourages health professionals to refer to patients as people first, literally referring to the person before characterizing him or her in terms of illness or disability (e.g., “individuals with spasticity” or “patients with total hip replacements” rather “spastic patients” or “hip patients”). People-first language conveys clearer recognition for contact with the health care system. Such recognition may contribute to more evident patient-centered care and reduce the likelihood of stigmatization based upon illness or disability or health care rendered only on the basis of diagnosis or condition.

- B. Sexist language: Perhaps the most pervasive example of discriminatory language is that which can be categorized as sexist. Sexist language can include the use of masculine nouns and pronouns (e.g., he, his) in a so-called generic sense—that is when these words are used to substitute as references for both female and male genders. This practice is seen as exclusionary as well as ambiguous (i.e., does the use really imply both males and females, or males only?). Sexist language also includes that which reinforces stereotypes, minimizes, or implies that some roles and responsibilities are more appropriate for one gender or the other.

- C. Ethnic Referents: Preferred nouns or references to different ethnic or racial groups change over time. Further, members of the same group may disagree on acceptable references for their group at the same time. To avoid discriminatory and exclusive language, the writer should attempt to use the most accepted or most sensitive current terms. Consideration for the audience should also be

taken into account. Use of unnecessary or irrelevant language that compares one group against some standard (often the writer's own culture) should also be avoided (e.g., "culturally impoverished;" no substitute).

- D. Preferred Pronouns: Preferred pronouns are expected to be used whenever referring to an individual via a pronoun. If one is unsure of an individual's preferred pronouns they may use non-specific pronouns, ask the individual their preferred pronouns or if possible, refer to the specified preferred pronouns in the medical record (on the banner bar) or via the individual's written communications. Use of preferred pronouns is acknowledged as not only a sign of respect but also a validation of that individual's identity.



Director, Physical Therapy Department

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