



American University of Armenia

DISPARITY IN HEALTHCARE: THE ROLE OF DISCRIMINATORY COMMUNICATION


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16 May, 2025







INTRODUCTION



Imagine this:

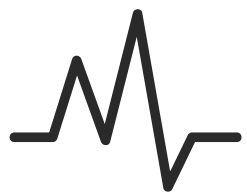
A middle-aged woman visits a Yerevan clinic after days of chest pain. The doctor dismisses her with a cold remark: “Դեմքիցդ հեշ չի երևում, որ հիվանդ ես” (“You don’t look sick”). She’s handed unaffordable test prescriptions and leaves humiliated—only to suffer a heart attack days later.



This story reflects a broader issue in Armenia's healthcare system: **discriminatory and stigmatizing communication**. Patients, especially from low-income or marginalized backgrounds, often delay or avoid care, not only due to cost, but because of cold, judgmental, or dismissive treatment.

Despite Armenia's mono-ethnic makeup, social and economic divides shape patient experiences. **Stigmatizing language** reinforces these divides, **undermining trust and worsening health outcomes**.

This research explores how language itself becomes a barrier to care, and why respectful, empathetic communication is essential for **equitable healthcare**.



LITERATURE REVIEW



1

Health Disparities: Negative attitudes harm care for racial/ethnic minorities, people with obesity, addiction, or low literacy (Park et al., 2021).

2

Weight Bias: Stigma affects patient-provider trust; over half of patients report inappropriate comments (Phelan et al., 2015).

3

Pregnancy & Disrespect: Black, Hispanic, and multiracial women report mistreatment, leading to fear, silence, and poor outcomes (CDC, 2023).

4

Language as a Tool of Bias: Terms like “sickler” or “abuser” reinforce stereotypes and affect future care decisions (Park et al., 2021; Goddu et al., 2018).

5

Training & Change: Workshops help providers recognize and reduce bias (Dirks et al., 2022). Still underused globally and in Armenia.

6

Public vs. Private: Patients in Turkey preferred private hospitals for better service and shorter waits, highlighting systemic issues in public care (Tengilimoglu et al., 1999).

RESEARCH QUESTIONS

1. What types of stigmatizing language are commonly used in Armenian healthcare settings, and how do they vary across different patient demographics (e.g., social status, gender, ethnicity)?
2. In what ways do healthcare providers' biases and communication styles influence patient trust, satisfaction, and treatment outcomes?
3. How do healthcare professionals in Armenia perceive their own use of language, and to what extent are they aware of potential biases in their communication?
4. What interventions or training programs could be implemented to reduce discriminatory communication and improve patient-provider interactions in Armenia?



METHODOLOGY

Approach:

Mixed methods – combining in-person interviews and surveys.

Participants:

Patients from diverse backgrounds (gender, ethnicity, social status) and a small number of healthcare providers.

Research Questions Addressed:

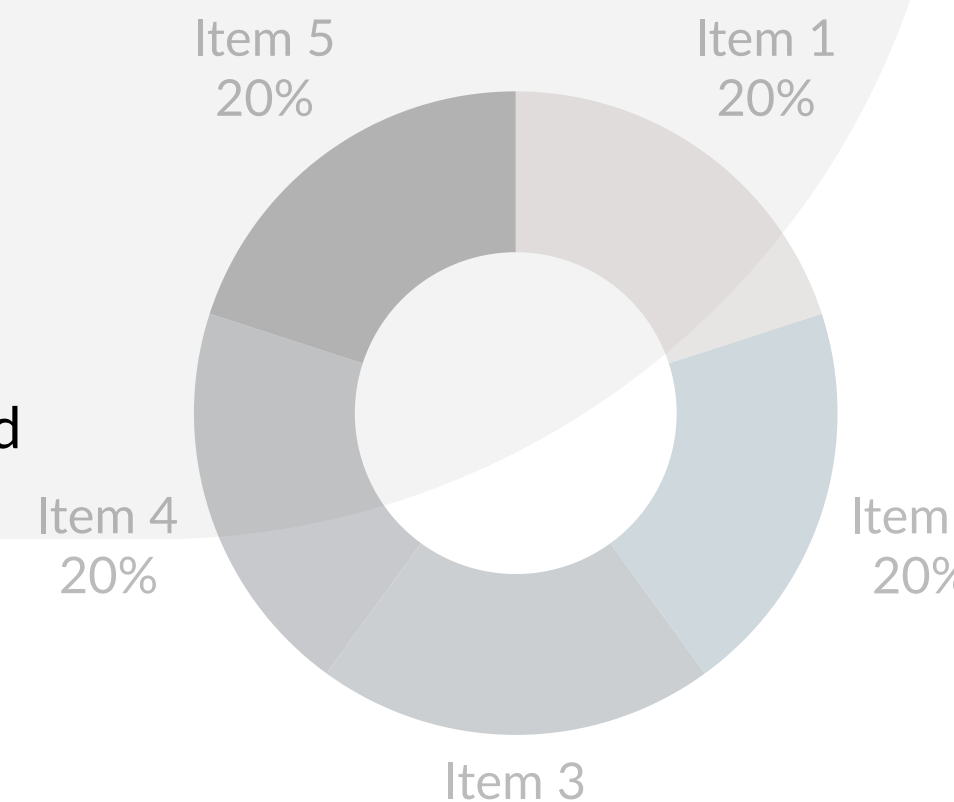
Impact of stigmatizing language on healthcare disparities → explored through patient interviews and surveys.

Types of stigmatizing language across demographics → identified through recalled phrases and survey categories.

Effect on trust and satisfaction → assessed via Likert-scale survey questions and patient narratives.

Provider Insight:

Limited interviews with healthcare professionals to understand intent and awareness behind language use.



OBSERVATIONS

1. Labelling & Stigmatizing Language

- *Examples:* Using terms like "alcoholic," "drug addict," or "hivand" ("sick person")
- *Impact:* Causes bias and stigma, reduces empathy, lowers care quality, and diminishes patient dignity.

2. Discrimination Against Minorities

- *Examples:* Healthcare workers ridicule or refuse care due to cultural differences (e.g., unfamiliar body oils of Indian patients)
- *Impact:* Increases mistrust, discourages minorities from seeking care, and fosters exclusion and unequal treatment.



OBSERVATIONS

3. Disrespectful Communication

- *Examples:* Phrases such as "Wait, we'll see you when it's convenient" or sexist remarks like "You have 3 kids, what did you expect?"
- *Impact:* Makes patients feel invalidated and disrespected, causing reluctance to seek further care and emotional harm.

4. Weight Bias (Fatphobia)

- *Examples:* Comments on weight and diet like "You've gained weight, you shouldn't be eating this."
- *Impact:* Causes shame, harms patient-provider relationship, delays treatment, and worsens health outcomes.



OBSERVATIONS

5. Unprofessional Behavior

- *Examples:* Doctors making derogatory remarks about colleagues in front of patients; taking calls on speakerphone during consultations
- *Impact:* Erodes trust, compromises patient privacy, and signals lack of professionalism.

6. Dismissal of Symptoms

- *Examples:* Statements like "Nothing's going to work for you, you're making a big deal," or sarcastic remarks about pain
- *Impact:* Risks misdiagnosis, delays treatment, worsens health outcomes, and discourages patients.



OBSERVATIONS

7. Judgmental Language in Sensitive Situations

- *Examples:* Comments during miscarriage or pregnancy about appearance or condition, e.g., "strange you got pregnant with that appearance"
- *Impact:* Causes emotional distress, alienates patients, and undermines dignity during vulnerable times.

8. Stereotyping & Infantilization

- *Examples:* Diagnosing psychological issues based on appearance without assessment; patronizing terms like "Աղջիկ ջա՛ն" ("dear girl")
- *Impact:* Leads to misdiagnosis, stigma, reduced autonomy, and feelings of belittlement.

9. Vulnerable Groups: Pregnant Women & Young Men

- *Examples:* Pregnant women face shaming about age or appearance; young men face dismissive behavior during military medical check-ups
- *Impact:* Increases stress, mistrust in healthcare, worsened health outcomes, and reluctance to seek care.



OBSERVATIONS



Key Statistics Overview

Total Participants	108	Age 18-24	65.7%	Age 25-34	25%	Female Participants	80%	Male Participants	20%
Higher Education	76.9%	Secondary Education	19.4%	Residents of Yerevan	50.9%	Residents of Other Regions	49.1%	Weight Bias by Nurses	46%
Weight Bias by Dietitians	37%	Maternity Care Mistreatment	20%	Typical Military Service	2 years	Interviewed Servicemen	3		



SOLUTIONS & RECOMMENDATIONS

- **Anti-bias & Cultural Competency Training**

Mandatory workshops for healthcare workers to raise awareness of implicit biases and practice respectful communication using real cases and role-play.

- **Integrate Training into Medical Education**

Add courses on bias-free, patient-centered communication at medical universities like YSMU to build inclusive habits early.

- **Standardize Inclusive Language Guidelines**

Develop national guidelines encouraging neutral, person-first language (e.g., “patient with diabetes” vs. “diabetic”) and remove stigmatizing terms from records.



SOLUTIONS & RECOMMENDATIONS

- **Create a Language Guide for Healthcare**

Inspired by NIDA's "Words Matter" guide, produce an Armenian version to provide clear examples of respectful vs. harmful terms.

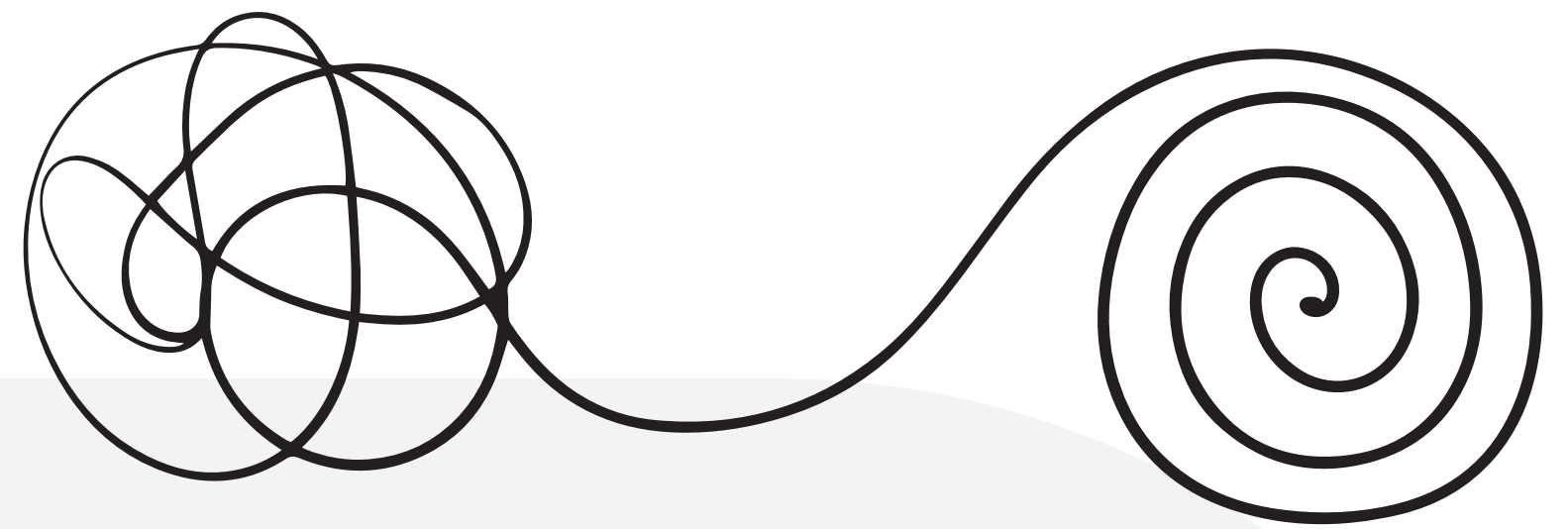
- **Patient Feedback Systems**

Use anonymous surveys and complaint channels to monitor communication quality and inform ongoing training.

- **Public Awareness Campaigns**

Promote respectful healthcare language via social media, workshops, and community outreach to change attitudes among professionals and the public.

LIMITATIONS AND AVENUES FOR FUTURE DISCUSSIONS



Sample Bias:

Mostly young (65.7% aged 18–24), female (80%), and well-educated participants. Older adults, men, rural residents, and less educated groups underrepresented.

Limited Healthcare Professional Input:

Small number (9) of providers surveyed; cultural factors may have limited honest discussion of workplace biases.

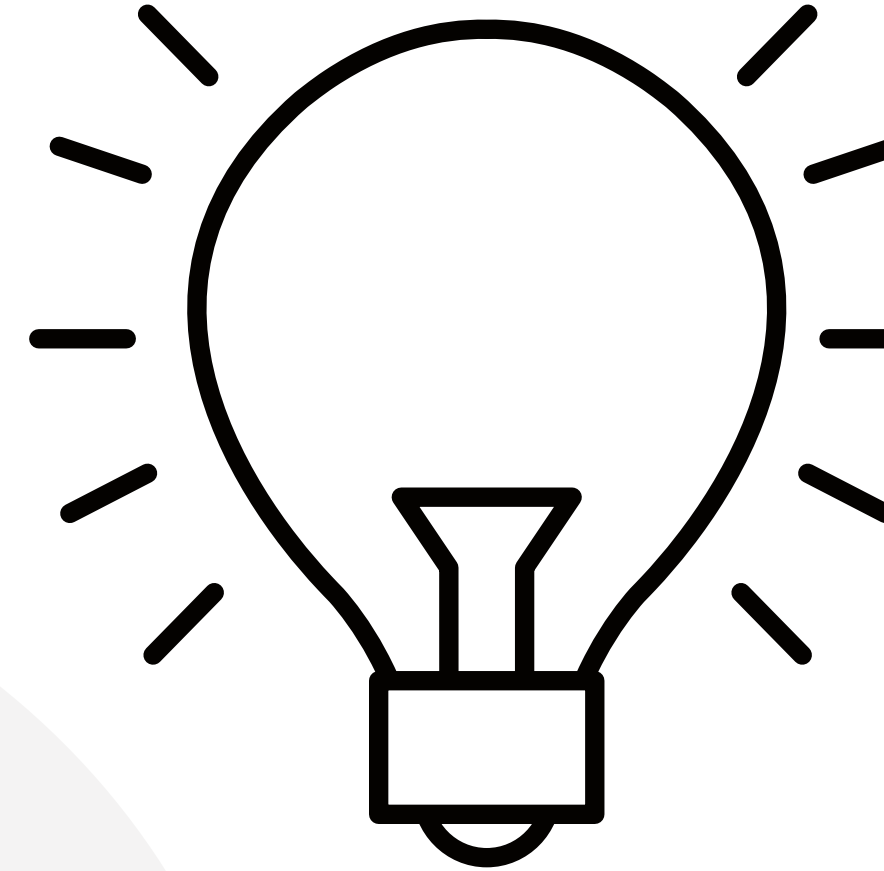
Subjective Data:

Self-reported experiences may be influenced by personal feelings and memories, making generalization difficult.

Future Research Suggestions:

- Broaden participant diversity: include more males, ethnic minorities, rural populations, and older adults.
- Use anonymous focus groups/interviews with healthcare workers to encourage openness.
- Conduct long-term patient follow-ups to assess communication impact over time.
- Consider observational studies in clinical settings to capture real interactions.

CONCLUSION



Implicit bias deeply affects healthcare experiences in Armenia, influencing who receives respectful and effective care.

Vulnerable groups often face discrimination that undermines trust and health outcomes. To create real change, it is essential to combine training, policy reforms, and everyday respectful communication. Addressing these biases intentionally will improve patient dignity and restore trust in the healthcare system.

Ultimately, healthcare must treat patients as whole people with respect, not as labels or risks, making compassionate care truly possible.



THANK YOU



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