As a profession, nursing has made great strides in becoming more culturally sensitive. We attempt to treat older adults with dignity by asking them what they would like to be called, rather than using terms such as dear, gramps, or honey. We attempt to treat people of different genders, ethnicities, sexual orientations, occupations, and cultures in ways that the individuals define for themselves. So, it is not surprising, I guess, that we constantly change how we refer to the people for whom we care. They started out as patients. A patient, according to Merriam-Webster’s Online Dictionary (Patient, n.d.), is “a sick individual” or a “client for medical services.” Although Nightingale’s Notes on Nursing (1859) referred to patients, the term was not defined. She does, however, use the term interchangeably with the sick.

Client became the next term we used because we determined that not everyone we interacted with was actually ill or sick. Client commonly referred to those people for whom we cared in community settings. A client is “a person who pays a professional person or organization for services” (Client, n.d.). This term is not, of course, limited to health care interactions; rather, it refers to a broad array of services, from attorneys to nail technicians.

Next, many long-term care facilities, assisted living facilities, and retirement homes referred to their clients as residents. A resident is defined as someone “living in a particular place, usually for a long period of time” (Resident, n.d.). This seems to be an appropriate term for those people who need longer term assistance with their health issues, but, as with the term client, resident is a broad term, which can refer to any of us (as in, we are residents of the world).

As customer service became a focus in health care, we started using the term customer, which, according to Merriam-Webster’s Online Dictionary (Customer, n.d.), means “someone who buys goods or services from a business.” This term also seems appropriate because people who seek health care, either for an illness or to maintain wellness, are buying services. However, the term also has broad meanings because few of us in this world are self-reliant, so we are all customers for some service or product.

Now, the latest “in” term is user. The primary definition of user in Merriam-Webster’s Online Dictionary is “a person or thing that uses something” (User, n.d.). Maybe it’s just me, but this term seems to separate us further from our true relationship with the people for whom we care. Even more concerning is the second definition provided: “a person who frequently uses illegal drugs” (User, n.d.). Somehow, I cannot envision most of our patients/clients/residents/customers being happy when we ask if they are one of our users!

As we struggle to find a term that we think is a culturally appropriate classification of our relationship with those for whom we provide care (could we call them people for whom we provide care (PWPC)?), the people themselves don’t seem to be put off or offended by being called patients. As an early adopter, I am quite willing to dump old terminology when the replacement term is an improvement. However, I don’t see how our shift to terms that are even more vague is useful to us or to others.

As best as I can tell, people don’t care so much about what they are called, so long as the care they receive is high quality. Rather than focusing on wordsmithing, our efforts might be better spent on making sure that we do our best to provide the care that individuals seek from us in the first place. To all of our patients/clients/residents/customers/users: No matter what we call you, know that we are dedicated to doing our best to maintain our competence so that the care you receive reflects the quality you deserve!
REFERENCES

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