



A HANDY GUIDE FOR
HEALTHCARE PROVIDERS

Supporting Growth Mindset among Patients with Diabetes

Why we need this guide

Because managing diabetes is a lifelong challenge for many individuals.

For many, the journey of diabetes management is filled with hurdles and complexities. Individuals may initially endeavour to make lifestyle modifications but **give up when they encounter repeated or multiple difficulties** in reducing their blood sugar levels.

Recurring setbacks may further discourage patients with diabetes, leading to a learned, “stuck” mentality where they may **feel nonchalant, disengaged and/or helpless** towards managing their condition. Such mindsets may also foster beliefs that achieving optimal blood sugar control is beyond their control or capability, or that efforts to improve are futile due to the seemingly minimal and short-lived results.

Because healthcare providers have a powerful voice of influence.

Healthcare providers play an influential role in how patients engage with their diabetes journey. They serve not only as medical advisors but as influential voices of support, guidance and empowerment. Healthcare providers who promote a growth mindset—by encouraging patients to view setbacks as learning opportunities and supporting them in effort-oriented vs. results-based targets—can substantially **impact how patients perceive their ability to manage diabetes**.

By instilling growth mindset in patients, healthcare providers can **encourage patients to navigate diabetes management with more resilience**, leading to improved outcomes and enhanced patient-provider interactions.

We hope that this guide will equip healthcare providers with practical strategies in navigating the complexities of diabetes care in a reader-friendly format.



How this guide came together

This guide has been thoughtfully put together by integrating insights from diverse sources to provide healthcare providers with practical information on fostering growth mindsets to improve diabetes care. Key sources that informed this guide include:



Perspectives from patients and healthcare providers

Insights on mindsets were gathered from in-depth interviews with individuals with type 2 diabetes (T2D) and healthcare providers including doctors, nurses, pharmacists and care managers. These conversations provided invaluable firsthand accounts, shedding light on the struggles, triumphs, lessons learnt and experiences in diabetes management.



Multi-domain resources on mindsets

The versatility of mindset theory is evidenced by the adaptability of mindset principles to various contexts across healthcare, education and more. Given the currently scarce literature of mindsets in diabetes management, we drew on scholarly publications and evidence-based studies in areas including weight management, smoking cessation and classroom education to shape the content of this guide. This multi-domain approach has enriched the strategies and recommendations presented here.



Sensemaking

This guide would not be usable without sensemaking. From distilling experiences shared by stakeholders to identifying and aligning key themes, connecting the dots was a pivotal process at every stage. Through careful sensemaking, we put together diverse perspectives into what we hope would be relevant, actionable insights for improved diabetes care.



Mindsets and diabetes

A fixed mindset.

Beliefs that one's diabetes cannot be easily improved, manifesting in greater resistance to change.

A growth mindset.

Beliefs that one's diabetes can be improved through persistence, views setbacks as opportunity for improvement, and learns from challenges.



Tell-tale signs of fixed vs. growth mindsets

Those with a fixed mindset tend to:

- ✗ Perceive efforts to be of little use especially when encountering limited progress
- ✗ Feel stuck and 'unable' to improve
- ✗ Be more resistant to suggestions and changes
- ✗ Have a more passive approach in diabetes management due to disengagement and/or skepticism
- ✗ Be more skeptical of the healthcare system

Those with a growth mindset tend to:

- ✓ Have greater willingness to tackle challenges
- ✓ Not be easily deterred by setbacks, viewing them as learning opportunities instead
- ✓ Have improved adaptability and greater resilience to evolving health conditions
- ✓ Be more open to new approaches and suggestions
- ✓ Be more proactive in exploring adjustments
- ✓ Have greater ownership towards self-care decisions



Contributing factors to patients' fixed mindsets

Dispensing routine, generic statements.

Statements like 'you need to lose weight' or 'your diabetes control is not good' may lead patients to tune out over time and view appointments as redundant and unhelpful.

Setting vague or unrealistic targets.

Without concrete steps, patients may feel confused, overwhelmed and/or frustrated on how to achieve targets like a certain A1c level, hence giving up easily.

Perceived condescension and lack of empathy.

Giving prescriptive instructions or scripted statements without understanding patients' individual challenges may leave them feeling talked down to and unheard.

Brushing aside patients' concerns or questions.

Dismissing patient's inputs may erode their engagement and involvement.



Say this, not that!

Instead of saying:

- ✗ Your condition will get worse if you don't try harder.
- ✗ Your blood sugar didn't improve much. When you come back next time, I'd like to see better results.
- ✗ You need to cut out sugar and carbs if you want to control your diabetes.

Say this:

- ✓ Every effort you make makes a difference—even if you don't see immediate results. Shall we try some small steps first?
- ✓ I see some improvements, which is great. Perhaps you can try exercising 1-2 times more each week, and we'll see how that helps your blood sugar?
- ✓ You can still have some sugar and carbs but let's find ways to reduce them gradually. Let's explore some options together to see what's most effective and doable for you.



Try these growth mindset strategies

Start with low hanging fruit.

Start with the area of change the patient is most willing or able to tackle.

Focus on effort rather than results.

Acknowledging effort or progress made, even if small, rather than whether they are within desired health targets.

Use growth mindset language.

Instead of, 'Your diabetes control is still not good,' say, 'Making lifestyle changes can be hard; let's explore what small adjustments we can make.'

Reframe setbacks.

Emphasise that setbacks (e.g., seemingly poor control) are not indicators of failure but stepping stones for more effective diabetes management.

Navigating this guide

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What are mindsets?

Mindset theory, pioneered by psychologist Carol Dweck, explores how individuals' beliefs about their abilities can fundamentally shape their approach to learning, improvement and resilience.

It centres on two mindsets: a **growth mindset** and a **fixed mindset**.

Understanding mindsets can help you better support patients in managing conditions like diabetes and positively influence patient outcomes and interactions.



GROWTH MINDSET

Individuals with a growth mindset believe that one's ability, attributes and/or condition **can be developed or improved through perseverance, effort and learning.**

Those with a growth mindset:

- are not easily deterred by setbacks;
- see failures as opportunities for growth;
- try different approaches to tackle challenges;
- and view feedback or criticism as stepping-stones for future improvement.

You as a healthcare provider:

You are not just treating numbers or prescribing medication. You're coaching patients to see that small changes can lead to meaningful improvements and lifestyle changes. Your guidance can shape patients' mindsets, turning setbacks into stepping stones toward better diabetes management.

FIXED MINDSET

Individuals with a fixed mindset believe that one's ability, attributes and/or condition are **static and cannot be improved** (or very little, if at all). Those with a fixed mindset are more likely to:

- avoid challenges;
- give up easily when encountering with setbacks;
- are reluctant to try new approaches to address obstacles;
- perceive effort as mostly futile; and
- view failure as a reflection of their limitations.

You as a healthcare provider:

Recognizing fixed mindsets ***within ourselves*** can be a game-changer in how we view patients. Watch for tendencies to make assumptions that limit patient possibilities. In patients, observe their reluctance toward change, reactions toward setbacks, and beliefs that things cannot be improved. Engaging in open conversations (even if short) and actively listening to their concerns on progress and limitations, and noting patterns of resistance can help uncover and address patients' fixed mindsets.



Deciphering patient mindsets

"My body is just like that; no matter what I do it wouldn't change."

Those with more of a *fixed mindset* toward their diabetes tend to...

View efforts as futile when faced with setbacks

They may perceive efforts as pointless if they encounter repeated difficulties in controlling their blood sugar. They may then become resigned or indifferent to their condition, leading to passive attitudes toward self-management.

Resist change and be less willing to seek help

They may be reluctant or even averse to trying new approaches, preferring to stick with routines, even if those routines aren't proving effective. They are usually resistant to seeking help from healthcare providers or support groups, feeling they have exhausted most options.

Avoid feedback

They may avoid or ignore feedback about their condition or lifestyle choices, preferring not to confront habitual areas as they believe there is limited value in making lifestyle changes that they are unlikely able to sustain.

"I give up... I eat or don't eat, also like that—the results still the same. So I eat... don't care, just eat."

"I do some research on my own, on how to improve my lifestyle and my health."

Those with more of a *growth mindset* toward their diabetes tend to...

View setbacks as learning opportunities

Setbacks such as poorly controlled blood glucose levels are seen as opportunities to learn. Rather than blaming themselves or other factors, they consider what went wrong and adapt their approach to see how they can improve.

Actively explore adjustments

They are curious and open-minded about how they can further improve the way they manage their diabetes. They ask questions, read up on different strategies, talk to their healthcare provider about their current efforts and are willing to try new strategies.

Display persistence

They are not easily discouraged by challenges and suboptimal results. They exhibit resilience even when efforts don't seem to translate to desired health outcomes. They seek help, review their current strategies and try again.

Benefits of a growth mindset over time



Greater resilience

Patients are motivated and willing to try again despite facing setbacks and persistent health challenges.



Greater autonomy

Patients feel more empowered to take active ownership in their health decisions and self-care routines.



Better adaptability

Patients develop flexibility to adjust to evolving health conditions and new strategies.



Not easily deterred by setbacks

Patients are not easily discouraged by seemingly slow progress, or when outcomes don't go according to plan.



Less guilt

Understanding that failures are part of the learning process reduces feelings of guilt for not meeting expected health targets.



More open to new approaches

Patients take more initiative and are more willing to explore and try new strategies and lifestyle changes.



Improved wellbeing

Consistent efforts in lifestyle changes contribute to improved wellbeing in areas including better blood glucose control and weight management.

Shaping mindsets



Practical strategies to foster patient growth mindsets

These strategies can be used in consultations to help patients develop growth mindset perspectives. They can be easily adapted to suit individual patient needs for more effective conversations.



Use **low hanging fruit strategies**.

Start with the area of change that your patient is most willing or able to tackle—invite them to first make **simple, doable changes** such as minor dietary adjustments or increasing physical activity in **manageable increments**. Experiencing early success can encourage patients by showing them the impact of small changes.



Reframe setbacks.

Guide patients to view setbacks as **part of the journey** of managing diabetes. Emphasise that setbacks (such as challenges in sustaining lifestyle changes or seemingly poor control) are not indicators of failure but **stepping stones** to improve their approach for more effective diabetes management.



Actively listen; avoid assumptions.

Listen to your patient's concerns and **avoid jumping to conclusions** about their lifestyle or self-management without understanding their circumstances or ongoing challenges. Encourage them to share primary concerns early in the consultation so you can prioritise follow-up questions to address roadblocks they are facing.



Use **growth mindset language and messaging**.

Choose words that reinforce a growth mindset during consultations. **Focus on effort, persistence and the learning process** rather than questioning why they couldn't better control their diabetes.

Share **relatable stories**.

Share stories of the struggles, learnings and successes that other patients have experienced.

Humanising the process of self-management reminds patients that they are not alone in their journey.



Focus on **effort** rather than results.

Shift the focus from outcome-based goals to **effort-oriented behaviours**. Rather than seeing whether your patient has reached a specific weight or blood glucose level, talk about lifestyle changes they have made and new habits they are forming.



Promote **peer support**.

Encourage your patient to engage in support groups or communities where they can **share experiences, learn from others** and discover helpful strategies.



Encourage **learning**.

Encourage patients to actively read up and try different strategies to **find what works best for them**. While this process may need some guidance, patients who personalize their approach to diet or exercise routines have a stronger sense of agency and ownership over their health.



Use **bite-sized advice**.

Patients often find end goals daunting. Instead, break targets into **specific, practical steps** that they can tackle and build on.



Provide **assurance**.

Remind your patient about the challenges they have overcome, the progress they have made and **how far they have come** to keep them motivated to persevere.

Shifting mindsets through dialogue

Thoughtful shifts in language can empower patients to adopt growth mindsets in how they view diabetes and self-management.

Instead of saying this...

- ✗ Your blood sugar result is not good. You're not controlling your diabetes enough.

- ✗ You need to cut out sugar and carbs if you want to control your diabetes.

- ✗ If you don't control your diet, your diabetes will get worse and there's a possibility of amputation and other serious complications.

- ✗ You need to listen to us and follow what we tell you.

- ✗ I've seen patients with your attitude and their condition got worse because they didn't listen.

Say this...

- ✓ Your blood sugar results tell us that we have opportunity to make improvements. Shall we try brisk walking just 2-3 more times each week, and we'll see how that further helps your blood sugar?

- ✓ You can eat sugar and carbs, but in moderation. Try reducing them gradually and let's see how that helps your blood sugar levels. You can still enjoy your meals, so let's explore some options together.

- ✓ Making small, healthier choices to your diet each day can make a big difference to your diabetes and reduce the risk of complications. Don't give up—let's figure out the challenges you're facing in managing your diet and review ways to make some changes.

- ✓ Let's assess what you've been doing so far and make adjustments to fit your needs and circumstances better. If you try something new, share more with me next visit so we can see how to make it work effectively in your treatment plan.

- ✓ I've seen patients who also faced many challenges in managing their diabetes, but with effort and persistence, they managed to bring their blood sugar levels down. Let's work together to find a suitable solution for you.

Challenges healthcare providers may face

You may encounter some of the following scenarios when implementing growth mindset strategies during patient consultations. Corresponding strategies are provided to help you address such situations.

Challenges

Possible manifestations

Strategies

Patient seems disengaged or disinterested

Patients may seem skeptical, disengaged and/or resistant to making further changes to their lifestyle or self-management habits, possibly due to a belief that there is little that can change. They attend appointments primarily to get their blood glucose test and medication refills.

- ✓ Ask questions that show interest in understanding your patient **where they're at** (how they are coping with lifestyle adjustments, unanswered doubts they have, etc.)
- ✓ Offer **useful information** and practical steps during consultations
- ✓ Mutually **set small, achievable goal(s)** they can work on before the next appointment (e.g., omit 1 sugary drink each day)

Patient expecting "quick fixes" or immediate results

Patients may expect quick improvements and get frustrated or discouraged when initial efforts don't seem to translate to expected results.

- ✓ **Establish realistic timelines**; remind patients that setbacks and inadequate improvements are part of the process
- ✓ Emphasise the process of **learning what works best** for their bodies rather than achieving a temporary target

Patient attributes 'blame' to external factors

Patients may be unwilling to take personal responsibility for their health outcomes, attributing poor diabetes control to external factors (e.g., work stress, limited access to healthier meals) rather than personal effort, priority and behavior change.

- ✓ **Share concrete examples** of patients who faced similar challenges but made proactive changes and experienced subsequent health improvements
- ✓ **Explore specific ways** to overcome or reduce barriers they are currently facing (e.g., pack a healthier meal to work twice weekly rather than settle for convenient food options at work)

Time constraints

Limited consultation time may hinder sufficient and necessary growth-mindset oriented interactions with patients. It's often easier and quicker to make judgments about patients' blood glucose results and give directive, generic instructions.

- ✓ Ask patients to share their main concerns **early** in the consultation
- ✓ Have a **ready list** of key questions on hand to help you query and identify causes or barriers underlying your patient's concerns
- ✓ Give your patient **1-2 specific 'action items'** to implement rather than attempt to address several issues at once

Questions to prompt dialogue among patients who seem 'stuck'

When interacting with diabetes patients who seem disengaged or who demonstrate tendencies of having a more fixed mindset, asking empathetic questions may encourage dialogue and understanding.



Toolbox of questions for patients who seem “stuck”:

1. Are there any aspects that feel difficult or overwhelming to you?
 2. Is there anything bothering you or hindering your efforts to manage your health?
 3. Are there any specific difficulties that are preventing you from taking steps to improve your diabetes control?
-
4. Is there any area that you would like to improve on specifically—for example, your diet, your physical activity, or A1c results?
 5. What can we do to help you further improve?
 6. What is the easiest thing you believe you can start working on now?
 7. If there is a small target you'd like to achieve in managing your lifestyle or diabetes, what would it be?
 8. Would you be open to making this small change (e.g., snacking less) between now and our next appointment?
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9. Were there any strategies that seemed to work well for you in the past?
 10. Are you satisfied with what you're currently doing?
 11. Is there anything about diabetes that you're unsure about or that concerns you?

Questions to encourage more engagement with 'growth mindset' patients

When interacting with diabetes patients who are receptive or who exhibit a growth mindset, using these questions may encourage reflection on progress and motivate further self-management.

Toolbox of questions for patients who seem more receptive:

1. Is there any area that you would like more support and guidance with?
 2. What support or resources do you think would be beneficial for you moving forward?
 3. How can we work together to make managing your diabetes more effective for you?
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4. What kind of changes or adjustments are you considering?
 5. Are there specific difficulties or challenges you're currently facing while managing your diabetes?
-
6. What can we do to help you further improve?
 7. How happy/satisfied are you with your current progress?
 8. Are there specific improvements you've seen that encouraged you?
 9. If you could share one advice with other patients with diabetes, what would you say?



What are patients encountering that negatively affect how they manage their diabetes?

Lessons from interviewing patients and healthcare providers.

Cause

Example

Impact



Healthcare providers **dispensing routine, generic advice** that may undermine the value of medical consultations.

A patient receives advice to 'control harder', 'eat healthier and exercise more' without specific guidance or strategies tailored to their circumstances.

This generic advice, already familiar to the patient, lacks actionable steps. Repeated similar encounters may cause the patient to feel that such visits do not provide new information or practical steps. Over time, they might mentally 'switch off', perceiving consultations as mostly unproductive and redundant.



Having **vague or unrealistic targets** that may trigger uncertainty and diminish persistence.

A patient is told that they need to 'control their blood sugar and bring it down' without further specific guidance or steps.

This vague directive leaves the patient uncertain about what changes to make to bring their blood sugar levels down or how to measure progress. Some may feel overwhelmed, reducing their motivation to actively take necessary self-care actions. Others may make initiate effort but give up due to perceived difficulty of lack of sustained progress and results.



Brushing aside patient's inputs may erode patient engagement and involvement.

A patient shares concerns and preferences that are dismissed by their healthcare provider who prefers adhering to a predetermined approach without considering the patient's input.

Feeling their input was disregarded, patients may sense that their opinions are undervalued and perceive consultations as a one-sided directive rather than collaborative discussions. Such dismissals may lead to reduced engagement as patients feel less motivated to actively participate.



Skepticism over the effectiveness of lifestyle change due to limited results may hinder continued effort.

A patient diligently makes dietary changes suggested by their healthcare provider but perceives little or almost no improvement in their health markers.

The absence of tangible improvements may leave patients discouraged and skeptical. They might wonder why their attempts haven't yielded visible result, leading to doubts about the effectiveness of the recommended changes. This skepticism might cause them to question whether such efforts are truly effective and discourage continued effort.



Perceived condescension and lack of empathy from healthcare providers may diminish patient-provider trust.

A patient feels that their healthcare provider is instructing them to achieve targets without understanding their individual challenges, leaving them feeling talked down to rather than heard and understood.

Patients perceiving a detachment and lack of empathy from healthcare providers may constrain trust and hinder open communication about symptoms, concerns or challenges. This may subsequently lead to incomplete or inaccurate information shared during consultations.

How healthcare providers might influence patients' mindsets over time

Mindsets are not instantly formed at the onset of a diabetes diagnosis. Rather, they evolve over time, shaped by personal experiences, cultural influences, perceived setbacks and achievements, encounters with health-related issues and interactions with healthcare providers and support networks (e.g., family, peers). While such experiences may not depict every patient's journey, the process below provides illustrative indications of how a patient's journey with diabetes may be influenced by interactions and experiences over time.

Diagnosis to initial consultations

Upon diagnosis, patients may feel overwhelmed, regretful and/or anxious. They are usually quite receptive at this stage, relying significantly on healthcare providers for guidance as they try to understand more about diabetes, its impact on their lives and management strategies. There's often a mix of uncertainty and determination to manage their condition.

How growth mindsets may evolve

- ✓ Providing patients with **appropriate and sufficient diabetes education and guidance** adapted to their needs and circumstances
- ✓ Setting manageable targets using **bite-sized, specific, actionable strategies**
- ✓ Encouraging proactive patient involvement by **engaging in open discussions and addressing concerns**

Impact on patients

- Setting bite-sized targets makes self-management seem more achievable and less intimidating
- Gradual lifestyle changes give patients greater confidence to explore further changes
- Patients focus on making and sustaining incremental improvements instead of expecting immediate results after short bursts of lifestyle changes

How fixed mindsets may evolve

- × Providing **generic or too little patient education** on diabetes and management strategies due to limited time and resources
- × Focused mainly on **prescribing treatments** with limited or no patient involvement
- × Giving **generic advice** (e.g., 'cut down on rice', 'exercise more') without understanding patients' circumstances or stage of readiness

Impact on patients

- Initial consultations lack active patient involvement and understanding
- Patients rely mainly on medications; may attempt to follow generic recommendations from healthcare providers
- When improvements in blood glucose control seem limited relative to their efforts, patients may struggle to sustain self-management as they doubt the effectiveness of their efforts

Longer term

At this stage, patients have become more familiar with living with diabetes. They typically would have explored several management strategies such as medication and various lifestyle changes.

How growth mindsets may evolve

- ✓ **Acknowledging patients' efforts** even when improvements seem limited or results are suboptimal
- ✓ Dialoging with patients on their ongoing efforts and new strategies attempted; **encourage learning from both successes and setbacks** by discussing what was effective vs. ineffective and why
- ✓ Reminding patients that **setbacks** (e.g., poor glucose control or inability to sustain certain lifestyle changes) **are not indicative of one's disease trajectory**
- ✓ **Being open to patients' suggestions and concerns**; avoid dismissing ideas or questions they may have

Impact on patients

- Patients return home feeling motivated to persist in efforts (whether current or new) to manage their diabetes and look forward to engaging with their HCP for more self-management strategies and feedback
- Even though they may struggle with certain lifestyle changes or find that their blood glucose are not at optimal levels, they view setbacks as opportunities for adjustments rather than an indication that things cannot improve
- They remain determined to find what works best for them, proactively seeking new information and adapting strategies because they view diabetes as a journey of continuous improvement and personal growth

How fixed mindsets may evolve

- × **Prioritising blood glucose results** rather than acknowledging patients' efforts or understanding ongoing barriers they face in making lifestyle changes
- × **Relying on medication** for diabetes control rather than exploring actual underlying barriers
- × Using a directive approach and **making quick assumptions** (e.g., about weight, lifestyle habits) with little room for patients to express concerns or suggest adaptations
- × Giving **generic recommendations** that are difficult to implement and sustain (e.g., 'you need to control your blood sugar', 'must reduce sweet drinks') because they lack actionable, intermediate steps

Impact on patients

- Without uncovering and addressing the setbacks they face, patients continue feeling 'stuck' and frustrated by seemingly poor glucose control
- Efforts are perceived to be generally ineffective unless they are substantial (which patients feel are unrealistic to sustain)
- The longer their concerns and barriers remain unresolved and dismissed, the more disengaged and resigned they get
- Patients may lose trust in their healthcare provider, attending appointments primarily for medication refills and blood tests
- They may continue following routines without seeking alternatives or attempting new strategies
- Over time, this resignation may potentially lead to poor health outcomes



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