

THE DAY

# Diabetes Showed Up

TO WORK

WHITE PAPER

Managing Diabetes at Work:  
The Hidden Stress  
You Don't See

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# Executive Summary

Managing diabetes is a full-time job — one that doesn't pause when the workday begins. For millions of people, this means navigating not only the demands of their careers but also the constant, often invisible stress of managing a complex condition in environments that aren't always designed to support them.

This white paper explores the unique stressors faced by people with diabetes in the workplace, from glucose management under pressure to the emotional toll of masking their condition. Drawing on insights from a global survey of nearly 10,000 people with diabetes, caregivers, and people without diabetes, we uncover how stress, stigma, and structural barriers intersect to shape professional lives.

The data is clear:

**79%** have faced bias or misunderstanding in the workplace due to their diabetes

**42%** of respondents living with diabetes and caregivers reported experiencing workplace-related anxiety tied to diabetes management

**25%** respondents reported fears that diabetes limits the opportunities that can be pursued

These numbers reflect more than just statistics: They represent missed opportunities, emotional strain, and a persistent culture of silence. Healthcare professionals (HCPs) play a critical role in bringing diabetes into workplace conversations.

Diabetes is not solely a medical condition, it is a lived experience that profoundly influences career trajectories, self-confidence, and overall wellbeing. By recognizing the unique challenges and persistent misconceptions surrounding diabetes management in professional settings, HCPs can help foster more inclusive workplace cultures. This shift has the potential to significantly enhance both the quality of life and career outcomes for individuals living with diabetes.

“*Having a full-time job is tough enough, but living with diabetes means you have been handed another full-time job to manage on top of that first one. The result is often a significant emotional toll, which is often overlooked. People with diabetes are expected to make hundreds of decisions a day, often while navigating fear, frustration and burnout. What’s heartbreaking is how rarely people are asked, ‘What’s this like for you?’ Healthcare professionals must step in, not just with clinical advice, but with empathy, advocacy, and tools to help people feel seen and heard. If we want to help people with diabetes to succeed, especially in the workplace, we must acknowledge the emotional burden and offer real, compassionate support.”*

**Dr. William Polonsky, PhD, CDCES**

Clinical Psychologist and Associate Clinical Professor  
at the University of California, San Diego and President  
and Co-Founder, Behavioral Diabetes Institute

# Introduction

## Why Diabetes Belongs at Work

Beyond deadlines and meetings, there’s the constant mental load of fitting glucose monitoring, device management, food planning, etc, into the workplace, while fearing being judged or misunderstood by colleagues. This diabetes-specific pressure is unique and can lead to silence, self-consciousness, and misunderstanding: both internalized and external. It’s not just about managing a chronic condition; it’s about managing it in environments that often aren’t built to accommodate it.

Many people with diabetes feel they must hide their condition to be seen as competent, capable, professional, or “normal.” They skip glucose checks, silence alarms, or avoid asking for accommodations — not because they want to, but because they fear being seen as weak, unreliable, or different. This masking not only affects mental health but also limits access to support. The result is a workplace culture where diabetes is invisible and where people with diabetes are left to navigate their condition alone.

As HCPs, understanding this hidden layer of stress is essential. **This whitepaper aims to equip HCPs with insights to better support patients in their professional lives and challenge the misconception that says diabetes doesn’t belong at work.**

# Methodology

To understand the lived experiences of people with diabetes in the workplace, a global survey was conducted by Censuswide between September 11–29, 2025. The survey gathered responses from 9,656 individuals across 11 countries, offering a diverse and representative snapshot of how diabetes intersects with professional life.

## **Who participated?**

Respondents included people living with type 1, type 2, and gestational diabetes, as well as caregivers who support someone with diabetes. This broad inclusion ensured that the survey captured a wide range of perspectives — from those managing diabetes themselves to those witnessing its impact on loved ones. The survey also included respondents without diabetes in the workforce.

## **Where were they from?**

Participants came from a mix of regions, including North America, Europe, the Middle East, and Asia-Pacific. This global reach allowed for the identification of both universal themes and regional nuances in how diabetes is perceived and managed at work.

## **What kinds of jobs did they have?**

Respondents represented a wide spectrum of industries and job roles — from entry-level positions to senior executives. Sectors included healthcare, education, finance, manufacturing, retail, hospitality, and more. This diversity helped surface how different work environments like office-based or shift-based, shape the diabetes-at-work experience.

## **How was the data collected?**

The survey was conducted online, with strict data privacy protocols in place. Questions explored experiences of stigma, emotional wellbeing, workplace accommodations, and perceptions of career limitations. Quantitative data was supplemented by open-text responses, offering rich qualitative insights into the emotional and psychological realities behind the numbers.

# The Reality of Bias and Stigma at Work

Bias in the workplace isn't always loud or obvious. Sometimes, it's a raised eyebrow when someone checks their glucose, a comment about "can you eat that?", or even a missed promotion. For people with diabetes, these moments add up, and they leave a mark. While on the surface these stresses appear mild, they can be associated with accumulating stress; build and burden or allostatic load.

According to our global survey:



These experiences aren't isolated. They reflect a broader culture of misunderstanding, one where diabetes is often seen as a limitation rather than a manageable condition.

Demographic and regional differences also emerged. **Younger respondents (ages 18-34) were more likely to report stigma**, particularly in fast-paced industries like finance, healthcare, and manufacturing. In some regions, cultural taboos around chronic illness further compounded the pressure to stay silent.

Many respondents said they **actively hide their condition (20%)** not because they want to, but because they feel they have to, driven by a fear of being seen as weak, unreliable, or "different". And the consequences are serious. Masking diabetes at work can lead to:

- Missed glucose checks or delayed treatment
- Increased stress and emotional exhaustion
- Reduced access to accommodations or support
- A sense of isolation and disconnection from colleagues

For HCPs, this is a critical insight. Bias isn't confined to the workplace. It follows people into the clinic, influencing how they talk about their condition, how much they disclose, how they advocate for themselves, and how they engage with care.

When people with diabetes downplay their struggles or avoid discussing work-related stress, it can lead to gaps in care. HCPs may miss opportunities to offer support, recommend accommodations, or refer to mental health resources. That's why it's essential to ask about work and mental health as a meaningful part of the diabetes care conversation.

# The Mental Health Toll

Managing diabetes is a 24/7 job. It doesn't pause for meetings, deadlines, or performance reviews. When layered on top of the demands of a job — especially in environments that lack understanding or flexibility — the emotional toll and the need to hide or downplay your condition can be profound.

Our survey revealed that

**43%**  
of respondents  
experience anxiety  
related to managing  
diabetes at work



This anxiety can stem from a range of factors:

- Fear of hypoglycemia during important meetings or presentations
- Stress from **concealing symptoms or skipping care to “fit in”**
- Worry about being **judged for taking breaks or using medical devices**
- **Pressure to perform at the same level** while managing unpredictable glucose levels

In addition, **1 in 3 reported feelings a lack of confidence and self-esteem**, and **1 in 4 said they avoid talking about their condition with colleagues or managers** altogether. These numbers reflect a troubling reality for many employees.

The emotional burden is especially heavy for those in non-office-based roles such as shift workers, frontline staff, or those in physically demanding jobs where flexibility is limited and privacy is scarce. Many respondents described emotional strain ranging from frustration and mood swings to isolation. One person from Sweden shared they **“can never be calm and are constantly worried about what to eat and what not to eat,”** while others noted being worried about hypoglycemia during meetings. These experiences aren't just emotionally draining — they have real physiological consequences.

Persistent stress can disrupt glucose regulation, impair decision-making, and diminish self-care. Over time, this can contribute to elevated glucose levels, poor sleep, and increased risk of complications and burnout. The psychological toll of managing diabetes in the workplace also reflects broader challenges in chronic condition management, underscoring the need for more holistic support systems.

Mental health and diabetes are deeply intertwined, and the workplace is a major source of stress. Yet, conversations about work-related emotional strain are often missing from clinical care. By asking about work, validating emotional experiences, and referring patients to mental health or occupational health resources, HCPs can play a pivotal role in reducing this burden. Managing A1C is only one part of the equation: supporting the whole person across all aspects of life is essential.

# Structural and Cultural Barriers

Even in workplaces where overt bias is less visible, the structure and culture of the environment can create significant barriers for people with diabetes. These barriers are often unintentional, but their impact is real.

Respondents identified multiple structural challenges that make managing diabetes at work harder than it needs to be:

- 26% Lack of flexibility and inadequate breaks for glucose checks, or meals
- 29% Inaccessible food options in cafeterias or vending machines
- 25% Limited privacy for administering insulin or using diabetes devices
- 47% Generic wellness programs that don't address chronic conditions

These issues were especially pronounced in sectors like retail, hospitality, manufacturing, and transport, where employees often have little control over their schedules or physical environment. For people with diabetes, these barriers aren't just an inconvenience. In some cases, they can be dangerous, forcing them to choose between managing their health and their job.

Even in office-based roles, challenges persist. Some may feel uncomfortable checking glucose or using devices in open plan offices or might be discouraged from taking breaks during long meetings. A respondent from Denmark shared they "failed to take medication due to pressure at work."

These experiences point to a deeper issue: **a lack of diabetes literacy in the workplace**. While many companies offer wellness programs or health initiatives, these are often generic and fail to address the specific needs of people with chronic conditions.

In fact, when asked about workplace health programs, **86% experience barriers at work due to their diabetes** and **more than half (52%) reported that their workplace lacks adequate resources for managing their diabetes**.

This disconnect between what's offered and what's needed creates a gap that leaves people with diabetes feeling unsupported, misunderstood, and sometimes even penalized for advocating for their health. For healthcare professionals, this is a key opportunity to intervene. By helping patients understand their rights, providing documentation for accommodations, and offering language to use in conversations with employers, HCPs can empower people with diabetes to navigate these structural barriers more confidently.






Moreover, clinicians can play a direct and indirect role in educating employers by sharing resources, participating in workplace health panels, or collaborating with occupational health teams. Ultimately, structural and cultural barriers create obstacles to health, productivity, and inclusion. They can be dismantled, but only if they're first acknowledged.

# Perceived Limitations

## What Jobs Can't People with Diabetes Do?

When asked: “What roles or jobs do you think people with diabetes aren’t able to do?” **64% of participants don’t believe people with diabetes can do any job.** The percentage was even **higher from respondents with diabetes (73%).**

The most common professions that respondents believed people with diabetes couldn’t do include:

-  Pilot
-  Firefighter
-  Police Officer
-  Surgeon
-  Military personnel

These perceptions reflect a deep-rooted and damaging misconception: that diabetes inherently limits a person’s ability to perform in high stakes, physically demanding, or leadership roles. In reality, people with diabetes can and do thrive in all these professions – but stigma, outdated policies, and misinformation often stand in the way.

Some of these beliefs stem from historical restrictions. For example, certain aviation or military roles once excluded people with insulin-treated diabetes. While many of these policies have since evolved, the perception of limitation lingers – both in the minds of employers and individuals with diabetes. This internalized stigma can be just as limiting as external bias. When people believe they’re not “allowed” to pursue certain careers, they may self-select out of opportunities long before an employer ever sees their résumé.

HCPs are often among the first people someone turns to after a diagnosis. The words HCPs use and the expectations they set can shape how a person with diabetes sees their future. Clinicians can help by challenging myths, presenting a new narrative, sharing success stories, and providing documentation when needed.

It’s also important to recognize that some roles may require additional planning, monitoring, or accommodations, but that doesn’t mean they’re off-limits. With the right support, people with diabetes can safely and successfully pursue careers in any field.

This section of the survey highlights a critical truth: the greatest limitation isn’t diabetes, it’s the belief that diabetes is a limitation. For HCPs, this is a call to action: help patients challenge these narratives. Encourage ambition. Provide documentation when needed. And remind people that diabetes is not a limitation, it’s a condition they can manage successfully and live healthy fulfilled lives with.

# Career Impact and Lost Potential

Diabetes doesn't just affect health — it affects careers, confidence, and long-term potential. For many people, the condition becomes an invisible barrier that shapes professional decisions in ways that are rarely acknowledged.

According to our survey:

**34%** said the overall mental strain of managing diabetes has made their jobs more difficult

**25%** respondents said their diabetes has held them back from their full potential at work

**27%** said they are constantly dealing with burnout at work and in their personal life because of their diabetes

These numbers tell a story of lost potential. Not because people with diabetes are less capable, but because they're navigating systems that don't fully support them.

These impacts were more common among those with type 1 diabetes, and among respondents in high-stress or physically demanding roles. This dynamic is particularly damaging for younger professionals, who may internalize these limitations early in their careers. It also disproportionately affects people with type 1 diabetes, who often face more intensive management demands and stigma related to insulin use or devices.

For healthcare professionals, this is a critical area of intervention. By asking about career goals and offering workplace-specific guidance, HCPs can help patients navigate these challenges more confidently.

This might include:

- Providing documentation for **accommodations that enable career advancement**
- Referring to **occupational health or legal resources** when needed
- Helping patients **prepare for conversations with HR or managers**
- **Encouraging patients to pursue roles they're passionate about** — not just roles that feel "safe"

When people with diabetes are supported, they thrive. And when workplaces recognize and accommodate their needs, everyone benefits.

# What HCPs Can Do

“Diabetes distress is a reflection of the relentless demands of the condition itself. When people with diabetes enter the workplace, they don’t leave their condition at the door. They carry the emotional weight of constant decision-making, fear of hypoglycemia, and the pressure to appear ‘normal’ in environments that often lack understanding. What we see in clinical practice is that this distress is amplified when people feel judged, unsupported, or forced to mask their needs. Healthcare providers can improve patient centered care and self-management by recognizing that the workplace is a major source of emotional strain and that supporting patients means understanding their lived experience, not just their A1C. We need to ask about work, validate their stress, and help dismantle the stigma that keeps diabetes invisible.”

**Dr. Michael Vallis**  
Registered Health Psychologist,  
Associate Professor at Dalhousie University

Healthcare professionals are uniquely positioned to bridge the gap between clinical care and workplace equity. While employers, policymakers, and advocacy groups all have roles to play, HCPs are often the first and most trusted source of guidance for people navigating life with diabetes, including life at work.

The survey findings make one thing clear: **people with diabetes are not just managing a medical condition — they’re managing it in environments that often don’t understand or support them. And that’s where HCPs can make a tangible difference.**

## Here's how:

### 1 Ask about work — and listen

Start by making work a routine part of the consultation. Ask open-ended questions like:

- **“How does your job affect your diabetes management?”**
- **“Are there any challenges you face at work because of your condition?”**
- **“Do you feel comfortable managing your diabetes during the workday?”**

These questions open the door to conversations that patients may not initiate themselves, especially if they've internalized shame or fear around their condition. It's important to understand the patient's job demands and how diabetes fits in.

### 2 Validate the emotional toll

Acknowledge that managing diabetes at work is hard. Recognize the stress, the masking, the fear of judgment. Let patients know that their feelings are valid and that they're not alone. This kind of validation can be deeply empowering and can reduce the sense of isolation many respondents described. Research is clear; when a person experiencing uncontrollable stress receive support from an HCP, it is support and validation is a credible intervention supporting diabetes self-management.

### 3 Provide documentation for accommodations

Whether it's a letter for HR, a note for a manager, or a formal request for flexible breaks or remote work, HCPs can help patients access the accommodations they need. This support can be the difference between staying in a job and having to leave it

### 4 Refer to mental health or occupational health resources when needed

If a patient is experiencing burnout, anxiety, or depression related to work, connect them with appropriate support. This might include a mental health professional, an occupational therapist, or a diabetes educator with workplace experience.

### 6 Empower patients to advocate for themselves

Encourage patients to speak up about their needs and equip them with the language and confidence to do so. Share resources, role-play conversations, or point them to advocacy organizations that can help, and remind them that they don't have to hide.

### 6 Challenge limiting beliefs

If a patient says, “I can't do that job because of my diabetes,” ask why. Explore whether the limitation is real or rooted in stigma and help them reframe what's possible.

Diabetes extends into every part of a person's life, including their career. By recognizing the workplace as a key context for care, HCPs can help patients not just survive but thrive. Diabetes doesn't stop at the clinic door. And neither should care.

# Conclusion & Call to Action

The data is clear: people with diabetes face a complex web of challenges in the workplace — from stigma and bias to emotional strain and structural barriers. These challenges don't just affect health outcomes; they shape careers, limit potential, and erode confidence. But it doesn't have to be this way.

Healthcare professionals have a powerful role to play in changing this narrative. This isn't just about clinical metrics. It's about human outcomes, and helping people with diabetes live fully, work freely, and advocate for themselves without shame.

## Here's what you can do



Start the conversation about work in your clinic/practice



Share this whitepaper with colleagues and employers



Use your voice to challenge stigma and support equity

Because when diabetes shows up to work, it deserves understanding, not judgment.