

The Effects of Implicit Bias and Strategies to reduce it

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It is essential for all to receive satisfactory medical care. If an individual believes they received a lower standard of care it may negatively affect their view of healthcare. Implicit biases are attitudes and beliefs about race, ethnicity, age, ability, gender, or other characteristics that operate outside our conscious awareness and can be measured only indirectly (Janice A. Sabin, 2017). Implicit bias is of concern to healthcare due to those that receive care are typically already vulnerable. Some vulnerable examples may be minorities, immigrants, sexual minorities, children, women, the mentally ill, the overweight and disabled along with anyone rendered vulnerable (Fitzgerald & Hurst, 2017). A systematic review of 25 assumption studies twenty had some kind of bias evident by the diagnosis, treatment recommendations, the number of questions asked of the patient, the number of tests ordered, or responses indicating bias against the characteristic of the patient under examination (Fitzgerald & Hurst, 2017). The following review indicates a negative correlation between implicit bias and clinical interaction.

Implicit bias is of concern to those who are already vulnerable because it leads to the further disadvantage of poor health. Low-income minorities with a need to receive healthcare can at times follow the philosophy concept “corrosive disadvantage”; it is signifying that a disadvantage is likely to lead to further disadvantages (Fitzgerald & Hurst, 2017). The systematic review points out a correlation in Switzerland where individuals with low income typically have healthcare insurance as mandated by the government but those with low-income have insurance that requires a high deductible. So in turn, low income individuals will refuse to go to the doctor for regular checkups due to the high deductible premiums, which in turn could lead to a serious diagnosis due to delayed healthcare (Fitzgerald & Hurst, 2017).

While delaying care is problematic, females may be less likely to receive adequate care. A study indicates female patients were less likely than males to receive 4 of 5 types of physical examination along with older patients not receiving education to stop smoking (Fitzgerald & Hurst, 2017). The lack of consistent care across the board indicates an implicit bias. Both female and older patients may have benefited from the proper standard care. There are many stereotypes that are used to reinforce an individual's bias. For example, in a study done 48.7% of U.S. medical students surveyed reported exposure to negative comments about Black patients by attending or resident physicians. Those same students later demonstrated significant implicit racial bias 4 years later (Janice A. Sabin, 2017).

A study illustrated that bias-reducing interventions are important but the longer term effects are not as conclusive. The effects of reducing bias were gone 24 hours later. The effect could be that it was using a single dose. It indicates that once the participants returned to their normal environment they likely continue to experience exposure to the same stereotypes (Spencer et al., 2016). These indications point to switching tactics. For example, in careers where leaders attempt to address racially disproportionate outcomes, the agency's interventions aim to remove the discriminatory behaviors rather than aim at the individual level to reduce bias (Spencer et al., 2016).

Many different approaches and strategies revealed methods using counter-stereotypical exemplars, understanding others' perspectives, and appeals to egalitarian values have not reduced the implicit bias (Janice A. Sabin, 2017). Instead of attempting to reduce implicit bias, it is vital to focus on eliminating the discriminatory behavior. Implicit bias is a difficult issue to reduce and difficult to recognize. It is important to combat attitudes and behaviors that stem from a healthcare professional's implicit bias.

These biases are difficult to remove, however, the ways to prevent the actions caused by them are vital for patient acceptance. Some healthcare organizations have developed bias reporting systems. They have implemented a system to report a biased incident. The incidents are then evaluated by a skilled incident-response team that will gather the needed information and direct the concern to HR or follow up appropriately. The key for implicit bias is transparency. According to UW Medicine, they now have four high-priority areas for immediate institutional intervention (Janice A. Sabin, 2022). The reporting systems allow for a bias management action plan. Increasing workforce diversity could also help with anti-bias management. Recognizing the workforce for anti-bias education and professionalism during the hiring, review, and promotion will help give a more diverse and inclusive workforce (Janice A. Sabin, 2022).

As technology advances, there is promising research to reduce pain subjectivity. Researchers at Indiana University are developing blood biomarkers of pain severity for precise pain management. The purpose of these is to reduce the subjective nature of pain management and also reduce the possibility of implicit bias in pain assessment (Janice A. Sabin, 2022). Reducing any subjectivity improves overall healthcare as it reduces the possibility of any implicit bias and also the patient receives the adequate care needed for pain. There is current research developing at UCSD for tracking implicit bias in clinical care. The technology detects nonverbal social signals detecting real-time implicit bias (Janice A. Sabin, 2022).

As technology advances, there will be an automatic reduction in implicit bias. The standardization of care will allow for better patient outcomes. While we get there, it is vital to keep implicit bias in check by reducing actions done in response to an individual's implicit bias. Although, Bias control strategies have had a short term effect on individuals. It is believed that longer exposure to Bias control strategies could stop automatic discriminatory responses before

they occur (Werezak, 2021). Vulnerable communities should feel welcome to receive the care they deserve.

References

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