Health.edu
Texas Tech University Health Sciences Center

Implicit Bias: How Does it Affect Healthcare?

Charleen Huffhines, BA
Interim Managing Director
Health.edu
Texas Tech University Health Sciences Center
Lubbock, Texas

Objectives

Identify what implicit bias is and how it develops.

Recognize the negative effect of implicit bias on patients.

Indicate how to recognize implicit bias and strategies to manage implicit bias.

What is implicit bias?

Implicit attitudes are **thoughts and feelings that often exist outside of conscious awareness**, and thus are difficult to consciously acknowledge and control. (Hall et al., 2015).

Implicit (subconscious) bias refers to the **attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner**. These biases, which encompass **both favorable and unfavorable assessments**, are activated **involuntarily** and **without an individual's awareness or intentional control**. (The Joint Commission, 2016).

Implicit biases **affect behavior** through a two-phase process: biases are activated in the presence of a member of a social group and then are applied so that they affect the individual's behavior related to that group member. In the healthcare context, for instance, **implicit biases may be activated** when a provider is interacting with an African American patient, **particularly under conditions that tax** her **cognitive capacity (e.g., stress, time-pressure, fatigue, competing demands), and can** then **influence how she communicates with and makes decisions about her patient**. (Burgess et al, 2017).

Why does implicit bias matter?

Implicit (unconscious) biases can **create gaps between good intentions and good outcomes** in the health care field. (The Ohio State University, 2020.)

Based on the available evidence, physicians and nurses manifest implicit biases to a similar degree as the general population. The following characteristics are at issue: race/ethnicity, gender, socio-economic status (SES), age, mental illness, weight, having AIDS, brain injured patients perceived to have contributed to their injury, intravenous drug users, disability, and social circumstances. (FitzGerald & Hurst, 2017).

The implicit biases of concern to health care professionals are those that operate to the disadvantage of those who are already vulnerable. Examples include minority ethnic populations, immigrants, the poor, low health-literacy individuals, sexual minorities, children, women, the elderly, the mentally ill, the overweight and the disabled, but anyone may be rendered vulnerable given a certain context. (FitzGerald & Hurst, 2017).

Why does implicit bias matter?

Implicit biases among health care providers are associated with the following **negative effects** on **patient care**:

- **inadequate patient assessments**
- **inappropriate diagnoses** and **treatment decisions**
- **less time** involved **in patient care**
- patient **discharges with insufficient follow-up**

The terms "health care disparities" and "health care inequities" refer to the poorer health outcomes observed in minority and other vulnerable patient groups compared with those observed in majority or dominant patient populations. Disparate patient outcomes are associated with age, sex, religion, socioeconomic status, sexual orientation, gender identification, disability, and stigmatized diagnoses (for example, HIV, obesity, mental illness, and substance abuse). (Narayan, 2019.)

Why does implicit bias matter?

Implicit bias **isn't limited to race**. The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.

For example, when the IAT was administered at an obesity conference, participants implicitly associated obese people with negative cultural stereotypes, such as "bad, stupid, lazy and worthless."

Implicit gender bias also may unknowingly sway treatment decisions.

Women are three times less likely than men to receive knee arthroplasty when clinically appropriate. One of the stereotypical reasons for this inequity and underuse problem is that men are viewed as being more stoic and more inclined to participate in strenuous or rigorous activity.

(The Joint Commission, 2016).

Why does implicit bias matter?

The Joint Commission (2016) provides some other examples of how implicit bias plays out in health care:

- Non-white patients receive fewer cardiovascular interventions and fewer renal transplants
- Black women are more likely to die after being diagnosed with breast cancer
- Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic)
- Black men are less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed
- Patients of color are more likely to be blamed for being too passive about their health care

Implicit bias is not isolated to adult care. At a well-known academic medical center, a child presented with difficulty breathing that baffled the care team. The team of physicians were agonizing over a light box, reviewing the patient's X-rays, puzzled because they couldn't determine a diagnosis. Another physician just passing through looked at the X-rays and immediately said, "cystic fibrosis." The team was tripped up by the patient's race, which was Black, and that the patient had a "White disease."

Why does implicit bias matter?

Physicians in a certain geographic area may equate certain races and ethnicities with specific health beliefs and behaviors (e.g., “these patients” engage in risky behaviors, or “those patients” tend to be noncompliant) that are more associated with the social environment (like poverty) than a patient’s racial/ethnic background or cultural traditions.

(Stanford University, 2020).

How does implicit bias develop?

The **ability to distinguish friend from foe helped early humans survive**, and the **ability to quickly and automatically categorize people is a fundamental quality of the human mind**. Categories give order to life, and every day, we group other people into categories based on social and other characteristics.

This is the foundation of stereotypes, prejudice and, ultimately, discrimination.

Social scientists believe children begin to acquire prejudices and stereotypes as toddlers.

Once learned, stereotypes and prejudices resist change, even when evidence fails to support them or points to the contrary.

People will embrace anecdotes that reinforce their biases, but disregard experience that contradicts them. The statement "Some of my best friends are _____" captures this tendency to allow some exceptions without changing our bias. (Teaching Tolerance, 2020).

How does implicit bias develop?

Scientific research has demonstrated that biases thought to be absent or extinguished remain as "mental residue" in most of us. Studies show **people can be consciously committed to egalitarianism, and deliberately work to behave without prejudice, yet still possess hidden negative prejudices or stereotypes**.

A growing number of studies show a link between hidden biases and actual behavior. In other words, hidden biases can reveal themselves in action, especially when a person's efforts to control behavior consciously flags under stress, distraction, relaxation or competition. (Teaching Tolerance, 2020).

Research has frequently focused on the amygdala, a structure in the medial temporal lobes. The amygdala receives direct input from all sensory organs, enabling it to respond rapidly to immediate threats in advance of more elaborative cognitive processing. It plays a central role in arousal, attentiveness and triggering the flight-or-fight response, reacting to social threats in exactly the same way it reacts to physical ones. Unconscious bias, then, is the immediate, reflexive, defensive reaction to the “other.” (Korn Ferry Institute, 2015).

How do I recognize implicit biases?

One way to discover implicit biases is to **pay attention to gut feelings**.

Nurses can ask themselves if they anticipate unpleasant experiences when caring for any particular group of patients, or if any particular group of patients makes them feel uncomfortable, anxious, or fearful.

Such feelings may indicate implicit bias and prompt self-reflection. Thoughtfully reflecting on the meaning and origin of such feelings and whether they influence the quality of relationships with patients can help nurses acknowledge and control previously unrecognized biases. (Narayan, 2019).

How do I recognize implicit biases?

Take one or more of the free **Implicit Association Tests** (IATs) available at Project Implicit (https://implicit.harvard.edu/implicit/education.html).

Developed by Harvard, there are 14 instruments for measuring some of the **most prevalent biases**—those related to race, ethnicity, skin color, religion, age, gender, overweight or obesity, sexual orientation, or disability.

Learning about potential biases can **enable people to employ strategies to reduce them or mitigate their effects on future interactions**. The IATs are reliable and valid research instruments, and should not be used to diagnose bias but rather as educational tools.

Implicit bias is different from prejudice. Implicit bias means we have the instinctive tendency to evaluate other groups against the norms of our own groups. Prejudice, on the other hand, means that one feels consciously and overtly that some groups are inferior, an attitude that can be used to justify discriminatory actions. (Narayan, 2019).

But I really don't think I'm biased

There's a reason it's called unconscious bias.

It's because hard-wired biases operate at a level that is beneath our conscious awareness. Even if we sincerely believe we're being fair and objective, stereotypes may still be influencing our opinions - without us being aware of it. (Stanford University, 2020).

We may consciously reject negative images and ideas associated with disadvantaged groups (and may belong to these groups ourselves), but we have all been immersed in cultures where these groups are constantly depicted in stereotyped and pejorative [derogatory] ways. (FitzGerald & Hurst, 2017).

Challenges in reducing implicit biases

Some types of interventions focus more on declarative knowledge – what you know – than on procedural knowledge – knowing how to do something.

Understanding implicit bias as a score on the IAT also may engender the view of implicit bias as a fixed trait that one can do little about.

Issues of race and racism are emotionally fraught and politically charged. The idea that healthcare providers may contribute to racial disparities may contradict their core beliefs and values, including beliefs that they treat everyone equally and that racial inequality is a thing of the past. Burgess, 2017.

Strategies to reduce implicit bias

1. Stereotype replacement — Recognizing that a response is based on stereotype and **consciously adjusting the response.**

The research of Devine (2016) recommends using this strategy when you detect stereotypic portrayals of a person in your environment, and when you detect a stereotypic response within yourself. It involves

- labeling the response or portrayal as stereotypical,
- evaluating the situation to determine how the response or portrayal occurred and how it might be prevented in the future, and
- replacing the stereotypical response or portrayal with one that is non-stereotypical.

For example, consider news reports following Hurricane Katrina. Similar actions related to obtaining food were described as “looting” food, and “finding” food. The actions were the same, but different words were used for different races.

Strategies to reduce implicit bias

2. Counter-stereotypic imaging — Imagining the individual as the opposite of the stereotype.

Think of examples of either famous or personally known people that show the stereotype to be inaccurate. For example, while watching a movie that portrays an overweight person as lazy, you could think of personally known friends or acquaintances, or famous people, that are overweight and not lazy. Thinking of counter-stereotypic people provides concrete examples that demonstrate the inaccuracy of stereotypes. (Devine, 2016.)

Counter negative stereotypes by exposing yourself to positive images. Our implicit biases reflect ideas repeated in the larger society. One way to reduce our own biases is to expose ourselves to images that differ from what we commonly see. Studies have shown that exposure to admired African Americans and to images of African Americans in positive settings reduced negative implicit bias on the part of Whites. (van Ryn, 2016.)

Strategies to reduce implicit bias

2. Counter-stereotypic imaging —

Steps you can take:

Seek out entertainment that portrays racial and ethnic minorities in positive roles; women as likeable, competent leaders; obese people as active and intelligent; and elderly people as intellectually sharp and productive.

Display artwork that portrays members of various groups in a positive light. Having artwork in waiting rooms, hallways and exam rooms that counters stereotypes may both reduce negative bias and make diverse patients feel valued. Even engaging in mental imagery that involves counter-stereotypical representations has shown benefit.

Bring groups of diverse people together to work toward a common goal. A meta-analysis of 515 studies concluded that intergroup contact typically reduces intergroup bias and anxiety. (van Ryn, 2016.)

Strategies to reduce implicit bias

3. Individuation — Seeing the person as an individual rather than a stereotype (e.g., learning about their personal history and the context that brought them to the doctor's office or health center).

Devine (2016) states that **using a stereotype involves generalizing a set of characteristics to all members of a particular group**. This leads people to ignore the individual characteristics of each person within that group, leading to inaccurate and faulty conclusions. Individuating involves going beyond categories by attending to the individual characteristics of others. Gathering this individual information allows you to get to know others on a personal basis and thus make judgments on the basis of their personal, rather than group, characteristics. Individuating does not involve [for example] ignoring race or being "color blind." Being color blind ignores and denies the importance of racial identity and culture. Individuating involves recognizing that race, as well as other characteristics, is just one facet of other people that makes each person unique.

For example, one workshop on implicit bias uses the strategy of individualizing patients to encourage healthcare students to question stereotypes about a patient's ethnic group, such as the notion that Hispanics don't adhere to medical advice. Instead, a student may be told to ask all patients specific questions about adherence, like whether they have finished all of their medications or have made an appointment for a referral. (American Psychological Association, 2019).

Strategies to reduce implicit bias

4. Perspective taking — Putting yourself in the other person's shoes. Think of it as walking in their world or seeing the world through their eyes.

Check in with your patient by saying something like: "I am wondering how I might see the situation if I were looking through your eyes…" or "I was imagining being in your shoes, and it occurred to me that I might (feel/think/be) …. Am I close?"

Read essays, narratives and fiction that provide the point of view of others who differ from you in terms of culture, race/ethnicity, socioeconomic status or another characteristic. (van Ryn, 2016).

You can use this strategy either proactively without any prompting from outside sources, or reactively after a stereotypic response or portrayal has been detected. Perspective taking occurring after the detection of a stereotypic response or portrayal is very useful in assessing the emotional impact of stereotyping on others. (Devine, 2016).

Use this strategy to imagine how it would feel to be viewed, for example, as a violent person on the basis of your housing status with the following scenario.

Strategies to reduce implicit bias

4. Perspective taking —

Imagine that you are a homeless person who visits a clinic for wound care on your hand. The clinic also has a place you can sleep, since lack of adequate sleep is a chronic problem on the street. You go to sleep on the floor since this is what you prefer. The clinic later calls EMS for transport to the hospital, and informs them that the patient needs treatment for the infection and is a veteran with PTSD. Upon arrival, the EMT is instructed by clinic staff to gently wake up the patient. Instead, the EMT believes that all homeless people with mental health issues are violent, so she wants to make sure she has the upper hand with the patient. She rushes into the room, flips on the lights, and aggressively shakes the patient.

The patient is terrified when he is woken up suddenly and punches the EMT. The EMT wants to file charges because she has been assaulted and calls the police.

How would the outcome be different if the EMT had taken the perspective of an exhausted, sick patient who was asleep, with PTSD? How did her actions in assuming him to be violent and acting aggressively affect the patient?

Strategies to reduce implicit bias

5. Increasing opportunities for contact with individuals from different groups — Expanding your network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present. (The Institute for Healthcare Improvement, 2017)

6. Partnership building — Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status person and a low-status person. (The Institute for Healthcare Improvement, 2017).

Cultivate a sense that you and your patient (and perhaps his or her family) are on the same team, working toward shared goals. Being in partnership with patients creates a sense of a common in-group identity and reduces the likelihood of being "hijacked" by implicit biases. Research has shown that we like, trust and are more motivated to help people in our "in group"—those we believe to be like us. (van Ryn, 2016).

Strategies to reduce implicit bias

6. Partnership building —

We tend to attribute the problematic behavior of members of our in-group to situational factors (e.g., he was confused by the instructions), whereas we tend to attribute such behaviors among those who are not members of our in-group to an individual's intelligence or personality.

For example, a White healthcare provider may describe an African-American patient who failed to take her medications as instructed as "non-adherent," yet that same provider might say a White patient who didn't follow her instructions for taking the medication "forgot the timing" or "needs additional instruction." Such attributions may cumulatively affect future encounters with those patients. Thus, the value of developing a partnership with patients and creating a sense of the patient being a member of ones' in-group can reduce categorization and associated implicit bias. Partnership-building also promotes rapport and patient trust, potentially improving adherence and outcomes. (van Ryn, 2016).

Strategies to reduce implicit bias

6. Partnership building —

Steps you can take:

Use the terms “we” and “us” instead of “I” and “you” to make it feel as if you’re all members of the same team. For example, instead of “I am going to order X test,” try “We should probably use X test so we can find out…” or “Let’s use X test.” Instead of “I am going to prescribe Y” try “Our best course of action might be to try Y.” Rather than say “If you have these side effects…” try “If we find that these side effects are a problem…”

Focus on your common goals. It can help to articulate them by saying: “It seems as if our most important goal is to… (reduce symptoms, cure X, prevent Y, etc.).” This also helps prevent misunderstandings by allowing the patient to clarify or discuss them.

Listen attentively and responsively, invite patients to participate in clinical decision-making, focus on the patient’s strengths (and help that patient focus on their strengths), validate the patient’s perspectives and concerns, and respect and honor their values. (van Ryn, 2016).

Strategies to reduce implicit bias

7. Emotional regulation — People who have good emotional regulation skills (a person's ability to effectively manage and respond to an emotional experience) **and experience positive emotion during clinical encounters may be less likely to categorize patients in terms of their racial, ethnic, or cultural group and more likely to view patients in terms of their individual attributes**.

They also use more inclusive social categories, so that people are more likely to view themselves as being part of a larger group.

This can facilitate empathy and increase the capacity to see others as members of a common "in group" as opposed to "outgroup." (van Ryn, 2011; The Joint Commission, 2016)

Strategies to reduce implicit bias

8. Mindfulness — A "**mode of awareness**" that can be enacted in different situations, including those which are emotionally challenging. (Burgess, 2017).

The term mindfulness refers to a quality of awareness that includes the **ability to pay attention in a particular way: on purpose, in the present moment, and nonjudgmentally**. Mindfulness includes

- the capacity for lowering one's own reactivity to challenging experiences;
- the ability to notice, observe, and experience bodily sensations, thoughts, and feelings even though they may be unpleasant;
- acting with awareness and attention (not being on autopilot); and
- focusing on experience, not on the labels or judgments applied to them. (Krasner et al, 2009).

9. Habit replacement — Implicit bias is like a habit that can be broken through a combination of awareness of implicit bias, concern about the effects of that bias, and the application of strategies to reduce bias. (Devine et al, 2012).

Strategies to reduce implicit bias

10. Take care of yourself — Protect your mental resources.

Self-care and emotional regulation skills are crucial to providing high-quality, unbiased care. When people have sufficient motivation, resources, information, time and awareness to be mindful, their judgement, behavior and decision-making are much less likely to be undermined by implicit biases. When illness, fatigue, stress, anxiety or competing demands command more of their mental resources, their cognitive processing capacity may be compromised, allowing implicit biases and attitudes to hijack perceptions, expectations and evaluations of patients. Competing demands, distractions, heavy workloads and time pressure—all of which can increase stress and fatigue and decrease cognitive capacity — are all too common in clinical settings.

Do things to protect your mental energy, such as getting sufficient sleep, finding ways to reduce stress and taking mental breaks throughout the day to refocus on being present with your patients. (van Ryn, 2016.)

Effect on providers and patient care

Implicit biases affects Interprofessional communication and patient care.

The **recognition of implicit bias** in healthcare practice **is critical**, not only **to improve health outcomes for patients**, but also **to improve communication within the healthcare team**.

The **effect of implicit gender bias on interprofessional communication in a crisis** was studied by Pattni et al. Given a scripted simulated scenario of anesthetists making clearly incorrect medical decisions, respiratory therapists were more likely to challenge a decision of a female anesthetist than one made by a male anesthetist. In debriefing sessions, the respiratory therapists reported that they immediately realized that patient safety could be compromised by the inappropriate medical management of the anesthetists; and yet their responses were different based on the gender of the anesthetist involved. This suggests that gender influences communication in part due to perceived power imbalances.

(Sanchez et al, 2020.)

Effect on providers and patient care

Implicit biases can result in long-lasting effects on provider well-being through several secondary effects.

1. **"Second victim" effect** - An unanticipated emotional impact a medical error can have on healthcare professionals involved. Second victims can feel personally responsible for the error and can develop dysfunctional coping mechanisms that can contribute to burnout.

2. **Imposter Syndrome** - When successful people have a persistent belief in their lack of intelligence or competence despite many worthy accomplishments.
   - Affects both men and women
   - Women are more likely to be affected
   - Symptoms have been closely linked to burnout
   - Chronic doubt is common

(Sanchez et al, 2020.)

Effect on providers and patient care

Implicit biases can result in long-lasting effects on provider well-being —

3. Stereotype Threat - The risk of conforming to a negative stereotype about an individual's race, ethnic, gender, or cultural group. Gender stereotypes in that adversely affect women include:

- Occupying subordinate roles
- Lacking confidence in leadership abilities
- Not exhibiting ambition, assertiveness, or competitiveness

Women who violate these stereotypes may incur negative reactions, such as derogation and dislike, from their colleagues.

Women who suffer from stereotype threat may perform below their actual abilities when group membership is emphasized.

(Sanchez et al, 2020.)

Effect on providers and patient care

Failures in interprofessional teamwork and communication **can lead directly to compromised patient care**, staff **distress**, **tension**, **inefficiency**, and **adverse events**.

Failures in interprofessional teamwork were found to be a contributory factor in 61% of **sentinel events**.

Strategies to improve communication:

1. **Use interdisciplinary healthcare delivery models:**
    - Interdisciplinary team rounds
    - Accountable Care Units (ACUs): A hospital care model designed to organize physicians, nurses, and allied health professionals into high-functioning unit-based teams

(Sanchez et al, 2020.)

Effect on providers and patient care

2. **Use standardized communication models such as SBAR.** This can encourage a more collaborative approach among healthcare teams and improve interprofessional communication.

    S = Situation – a concise statement of the problem)
    B = Background – pertinent and brief information related to the situation
    A = Assessment – analysis and considerations of options – what you found/think
    R = Recommendation – action requested/recommended – what you want

3. **Use conflict negotiation strategies**

- Start by defining a mutual goal
- Identify and expand on small agreements
- Avoid negative personal comments and interjections

4. **Escalate concerns through proper channels**

(Sanchez et al, 2020.)

More tips to reduce implicit bias

The Institute for Healthcare Improvement (2017) also offers practical tips to combat implicit bias in healthcare, drawn from the book Seeing Patients: Unconscious Bias in Health Care, by Dr. Augustus White.

1. Have a **basic understanding** of the **cultures** your patients come from.
2. Don't stereotype your patients; **individuate them**.
3. Understand and respect the tremendous **power of unconscious bias**.
4. Recognize **situations** that **magnify stereotyping and bias**.

More tips to reduce implicit bias

5. Know the **National Culturally and Linguistically Appropriate Services (CLAS) Standards**. (Available at https://thinkculturalhealth.hhs.gov/clas/standards) . The principal standard of CLAS is to "Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."

6. Do a "**Teach Back**." Teach Back is a method **to confirm patient understanding** of **health care instructions** that is associated with **improved adherence, quality, and patient safety**. AHRQ offers free materials on using Teach Back at https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html

7. Assiduously **practice evidence-based medicine**.

8. Use **techniques to de-bias patient care**, which include training, intergroup contact, perspective-taking, emotional expression, and counter-stereotypical exemplars.

Organizational safety actions and implicit bias

The Joint Commission (2016) offers these safety actions to consider in regards to implicit bias:

In order to ensure best outcomes and zero harm for all patients, implicit bias and racial discrimination in health and health care should be better understood, assessed and corrected. The following recommendations (from van Ryn et al., 2011) should be understood by hospital administrators and clinicians, as well as medical educators and policymakers. In order to begin to address the impact of implicit bias on clinical care decisions, health care organizations should:

1. Evaluate the racial climate by evaluating employees' shared perceptions of the policies and practices that communicate the extent to which fostering diversity and eliminating discrimination are priorities in the organization.
2. Investigate reports of subtle or overt discrimination and unfair treatment.
3. Identify and work to transform formal and informal norms that ignore and/or support racism.

Organizational safety actions and implicit bias

4. Establish monitoring systems in which processes and outcomes of care can be compared by patient race. Collecting data on race and other indicators of social position can be used to self-assess, monitor and evaluate the effectiveness of the organization's strategies for eradicating inequities in care.

5. Implement work policies and clinical procedures that protect clinicians from high cognitive load and promote positive emotions. When clinicians' cognitive capacity is low or overtaxed, memory is biased toward information that is consistent with stereotypes. High cognitive load can be created by: productivity pressures, time pressure, high noise levels, inadequate staffing, poor feedback, inadequate supervision, inadequate training, high communication load, and overcrowding.

Organizational safety actions and implicit bias

6. Promote racial diversity at all levels of the organizational hierarchy and support positive intergroup contact. Intergroup contact can reduce intergroup prejudice and help reduce feelings of interracial anxiety. Additionally, institutional support for interaction can increase the benefits of intergroup contact.
7. Implement and evaluate training that ensures that clinicians have the knowledge and skills needed to prevent racial biases from affecting the quality of care they provide. The training should cover self-awareness regarding implicit biases, and skills related to perspective-taking, emotional regulation, and partnership-building.

(The Joint Commission, 2016).

Recommended viewing

Institute for Healthcare Improvement. (2020).

How Does Implicit Bias Affect Health Care?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-How-Does-Implicit-Bias-Affect-Health-Care.aspx

What Are the Harms of Not Addressing Bias in Health Care?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-What-Are-the-Harms-of-Not-Addressing-Bias-in-Health-Care.aspx

What Is Bias, and What Can Medical Professionals Do to Address It?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-What-Is-Bias,-and-What-Can-Medical-Professionals-Do-to-Address-It.aspx

Why Shouldn't Providers Judge Patients' Choices?
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Nia-Zalamea-Why-Shouldnt-Providers-Judge-Patients-Choices.aspx

References

American Psychological Association. (2019). How does implicit bias by physicians affect patients' health care? https://www.apa.org/monitor/2019/03/ce-corner

Burgess, D. J., Beach, M. C., & Saha, S. (2017). Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. *Patient education and counseling*, *100*(2), 372-376. https://doi.org/10.1016/j.pec.2016.09.005

Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of experimental social psychology*, *48*(6), 1267-1278. https://doi.org/10.1016/j.jesp.2012.06.003

Devine, P. (2016). Prejudice habit-breaking intervention (Version: 1). https://mfr.osf.io/render?url=https://osf.io/gkjxs/?direct%26mode=render%26action=download%26mode=render

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics*, *18*(1), 19. https://doi.org/10.1186/s12910-017-0179-8

Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., ... & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. American journal of public health, 105(12), e60-e76. https://doi.org/10.2105/AJPH.2015.302903

Institute for Healthcare Improvement (2017). How to Reduce Implicit Bias. http://www.ihi.org/communities/blogs/how-to-reduce-implicit-bias

Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., & Quill, T. E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Jama*, *302*(12), 1284-1293. doi:10.1001/jama.2009.1384

References

Korn Ferry Institute. (2015). Understanding Bias and the Brain. https://www.kornferry.com/insights/articles/understanding-bias-and-brain

Narayan, M. C. (2019). Addressing implicit bias in nursing: a review. *AJN The American Journal of Nursing*, *119*(7), 36-43. doi: 10.1097/01.NAJ.0000569340.27659.5a

Sanchez, E., Tran-Reina, M., Ackerman-Barger, K., Phung, K., Molla, M., & Ton, H. (2020). Implicit Biases, Interprofessional Communication, and Power Dynamics. Patient Safety Network. https://psnet.ahrq.gov/web-mm/implicit-biases-interprofessional-communication-and-power-dynamics

Stanford University. (2020). Unconscious Bias in Medicine. https://online.stanford.edu/courses/som-ycme0027-unconscious-bias-medicine-cme

Teaching Tolerance. (2020). Test Yourself for Hidden Bias. https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias

The Joint Commission. (2016, April). Implicit bias in health care. https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/joint-commission-online/quick_safety_issue_23_apr_2016pdf.pdf?db=web&hash=A5852411BCA02D1A918284EBAA775988

The Ohio State University. (2020). Mitigating Implicit Bias In Health Care: Aligning Outcomes With Intentions. https://u.osu.edu/breakingbias/

Van Ryn M. (2016). Avoiding Unintended Bias: Strategies for Providing More Equitable Health Care. *Minnesota medicine*, *99*(2), 40–46. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5476527/

Van Ryn, M., Burgess, D. J., Dovidio, J. F., Phelan, S. M., Saha, S., Malat, J., ... & Perry, S. (2011). The impact of racism on clinician cognition, behavior, and clinical decision making. Du Bois review: social science research on race, 8(1), 199. doi: 10.1017/S1742058X11000191

Implicit Bias: How Does it Affect Healthcare?

If you have any questions about the program you have just watched, you may call us at: (800) 424-4888 or fax (806) 743-2233.

Direct your inquiries to Customer Service.

Be sure to include the program number, title and speaker.

Health.edu
Texas Tech University Health Sciences Center