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### Diversity and Inclusion: Promoting Health Equity by Understanding Unconscious Bias

Webinar Summary

July 26, 2017

#### Presenters:

**Winifred Quinn, PhD** Director, Advocacy & Consumer Affairs  
*Center to Champion Nursing in America*



**Carmen Alvarez, PhD, RN, CRNP, CNM** Assistant Professor  
Department of Community-Public Health Johns Hopkins  
School of Nursing



**Adriana Perez, PhD, ANP-BC, FAAN** Assistant Professor  
University of Pennsylvania Diversity Consultant, Center to  
Champion Nursing in America (CCNA) at AARP

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* field-based teams, the [Action Coalitions](#) (ACs), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.

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**Piri Ackerman-Barger**, PhD, RN, *Campaign for Action* Diversity Adviser and University of California-Davis Professor Assistant Clinical Professor, Betty Irene Moore School of Nursing Consultant



**Minjon Tholen**, MA, Cook Ross Senior Consultant Diversity and Inclusion Strategist



### **Webinar Goals:**

- Define unconscious bias
- Explore the neuroscience of unconscious bias
- Explore phenomena related to unconscious bias such as: microaggressions
- Determine how unconscious bias impacts health outcomes
- Differentiate types of unconscious bias
- Strategies for mitigating the impact of one's own unconscious bias
- Strategies for institutions to minimize the impact of unconscious bias on operations

### **Participants**

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In this webinar, we will consider the question -- **What is unconscious bias and how does it influence nurses and others?**

Learn about the neuroscience behind unconscious bias and how these subtle beliefs and behaviors can have large impacts.

Understand how nurses can recognize and handle unconscious bias at the individual, organizational, and institutional level so as to minimize the impact.

#### **Raising Awareness = Reducing Bias**

Workshops and learning for medical professionals that focus on the science and research of bias can reduce its impact.



What are your associations with bias?

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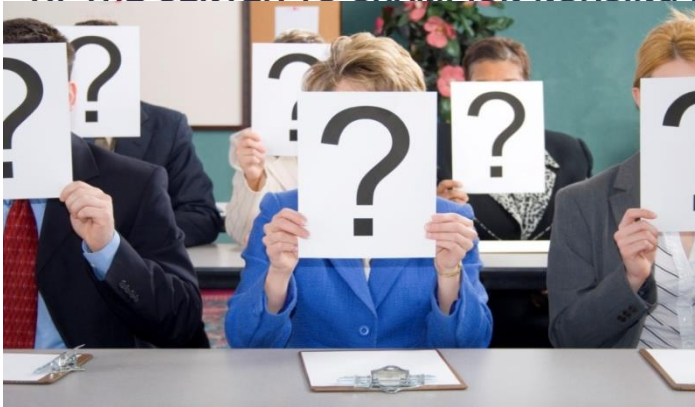
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## What is bias?

A tendency or inclination that results in judgment without question.

An automatic  
response

A shortcut to interact with our world



What is unconscious bias?

Mental associations  
without:

- Awareness

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- Intention
- Control

**These often conflict with our conscious attitudes, behaviors, and intentions.**



Often, our unconscious biases conflict with our conscious attitudes, intentions, and behaviors. We all consider ourselves to be fair and equitable people, correct? So consciously, we might have all the best intentions, but we're unaware of our unconscious biases that might impact our way of thinking, interpreting and behaving. This is why our transformational model is so important: to explore what is underneath our thought process and behavior

**What function does bias serve?**



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<b>SLB</b>	<b>CFLT</b>	<b>CFLT</b>
<b>SPRND</b>	<b>HLMG</b>	<b>CFLT</b>
<b>SLB</b>	<b>SPRND</b>	<b>SLB</b>
<b>SPRND</b>	<b>HLMG</b>	<b>CFLT</b>

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HLMG

SPRND

CFLTK

System One  
Thinking  
“Fast Brain”

System Two  
Thinking  
“Slow Brain”



When do you use your fast brain?

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When might it serve you to slow down?



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**From Fast to Slow**

**From Background to Bias to Impact**

**Background**

**Bias**

**Micro-behaviors  
Micro-messages**

**Advantages  
Disadvantages**

**Inequities/exclusion  
Equity/inclusion**



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### Unconscious Bias and Microaggression

- One of the outputs of unconscious bias can be microaggressions or micro-behaviors.
- Microaggressions are defined by as “the brief and commonplace daily or verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group”
- Perpetrators of microaggressions are usually unaware that they have engaged in a demeaning exchange. When there are overt acts of prejudice and discrimination we can be clear about what happened and what was



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meant. Because microaggressions are often subtle and intangible the recipient is simultaneously feeling a negative emotion, trying to figure out what was meant, and how to respond. Yosso, Smith, Ceja, Solorzano (2009) explain that recipients of microaggressions “must decipher the insult and then decide whether and how to respond. If they confront their assailants, victims of micro-aggressions often expend additional energy and time defending themselves against accusations of being “too sensitive” (p. 660).

#### General Examples of Microaggressions

- *Ascription of intelligence based on race or gender*

*Ascription of intelligence based on race or gender:* the assumption that when people of color hired or admitted to schools it is because of affirmative action rather than their qualifications

- *Alien in one's own land*

*Alien in one's own land:* when Asian-American and Latino Americans are assumed to be foreign born

- *Heteronormative language*

*Heteronormative language:* assuming that individuals are in opposite sex relationships

- *Color-blindness*

*Color-blindness:* “I don't see color”; “I don't think of you as Black”.

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### Microaggressions

Examples of microaggressions that have been subsumed into healthcare culture are:

- **Said to an obese patient:** “If you just worked a little harder to change your lifestyle, you wouldn’t be in the hospital.”
- **Said to a person in pain:** “You are not

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#### Unconscious Bias and Health Outcomes

Lack of Trust in the healthcare system, means that people are less likely to seek preventive care and tend to wait until later in their illness to seek care



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### Unconscious



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- **Black patients less likely to receive analgesia than White patients.(This was**



**true for children as well!)**

- **Hispanics 7 times less likely to receive analgesia than non-Hispanic patients.**
- **Black patients less likely to receive treatment for acute coronary syndromes.**

**Women less likely than men to get knee surgery when it is clinically appropriate**

### Types of Unconscious Bias

**Selection Attention (Intentional Blindness) is a mental process through which we selectively see some things but not others**

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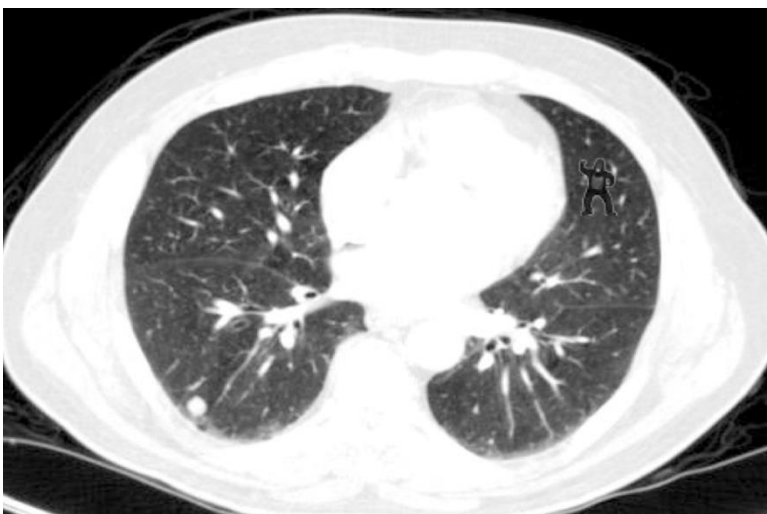


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**When we as health care providers are skeptical that health disparities exist among racial groups, this can only be selective attention. The scientific data is robust and we see patients everyday who tell us and who show the outward signs of disparate health, yet we are often able to convince ourselves that it is not true. We select what information to retain and what to discard. We tend to discard information that complicates our individual views of the world.**





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83% of radiologists who were asked to search for anything unusual, did not notice the gorilla in the top right hand portion of this image

### Types of Unconscious Bias

Diagnosis Bias is the propensity to label people, ideas, or things based on our initial opinions or first impressions

I worked with an esteemed physician, Dr. G. who suffered spinal abnormalities and chronic pain. He looked older than he was and had a gruff demeanor. He confided to me once, "It is hard to be polite all the time when your spine is disintegrating." One day when he was limping through the emergency room while caring for patients a well-meaning elderly patient gave me \$5 and asked me to give it to the "poor homeless man" and pointed to Dr. G. She had made a diagnosis based on her first impression of Dr. G.



### Types of Unconscious Bias

Pattern Recognition is the tendency to sort and identify information based on prior experience or habit

This is a common tendency among healthcare providers. "If you have seen one drug-seeker, you have seen them all".

We remember the patient who complained of back pain and was treated generously with opioids only to discover, he did not really have back pain, but was addicted to pain killers. Now, every time someone complains of back pain, we think we recognize a pattern and are determined not be tricked again!

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However, we are not always correct in pattern recognition. And when we are wrong we risk undertreating patients who are indeed experiencing excruciating pain. Interestingly, the data indicates this happens more frequently with Black patients than White patients, even Black children.

- ✓ **Value Attribution is the inclination to imbue a person or thing with certain qualities based on initial perceived value.**

Although nurses are highly educated and skilled healthcare providers, many nurses have experienced a time when they have explained a procedure or condition to a patient or family, only to have them respond with doubt or skepticism.

However, when the physician explains the exact same information, the patient and family believe the physician. This is related to a perception that the information provided by the physician is more credible and therefore more valuable

- ✓ **Confirmation Bias: a tendency to gather information or respond to a circumstance in a way that confirms an already established belief or idea.**
- ✓ **The rates of sexual assault of women in the U.S. are unacceptably high. However, when we hear court cases about the sexual assault the perpetrator often states, “She wanted it” or “She said no, but she meant yes”. Could confirmation bias be at play? Could it be that the perpetrator wants this to be true and despite rebukes and statements of “no”, they only gather information that confirms their belief that the woman is “into them?”**
- ✓ **Concepts like she only said no once or she didn’t fight back become confirmations in the perpetrators mind that it is okay to continue. This example may seem extreme, but it illustrates that biases can be more than social faux pas, but dangerous and life threatening.**

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- ✓ **Commitment Confirmation:** Our minds become attached to particular points of view, even when they are wrong, and can lead to a form of confidence bias or self-motivated reasoning.

Despite overwhelming data that indicate that disparities exist in healthcare related to diagnosis based on race, gender etc. healthcare providers overwhelmingly deny that they may have unconscious bias that perpetuates health disparities



- ✓ **Anchoring Bias:** a tendency to rely too heavily on one trait or piece of information when making decisions.



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**Example:** Transgendered folks often experience anchoring bias when healthcare providers are too focused on their gender rather than their reason for entering the health care system. For example, a common story from transgendered patients, is receiving a genital exam when they have come in for a cough or respiratory issue (in other words, a condition for which cis-gendered people do not generally receive a genital exam).

- **Group Think:**

Take a P.A.U.S.E

A quick way to check your reaction:

**P**

- Pay attention to what's actually happening, beneath the judgments and assessments

**A**

- Acknowledge your own reactions, interpretations and judgments

**U**

- Understand the other possible reactions, interpretations and judgments that may be

**S**

- Search for the most empowering, productive way to deal with the situation

**E**

- Execute your action plan

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### Strategies for Mitigating Unconscious



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Education

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**Priming**

**Systems and  
Structures**

**Accountability**

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**Despite overwhelming data that indicate that disparities exist in healthcare related to diagnosis based on race, gender etc. healthcare providers overwhelmingly deny that they may have unconscious bias that perpetuates health disparities**



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- **Anchoring Bias:** a tendency to rely too heavily on one trait or piece of information when making decisions.

**Example:** Transgendered folks often experience anchoring bias when healthcare providers are too focused on their gender rather than their reason for entering the health care system. For example, a common story from transgendered patients, is receiving a genital exam when they have come in for a cough or respiratory issue (in other words, a condition for which cis-gendered people do not generally receive a genital exam).



- **Group Think:**

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Take a P.A.U.S.E.  
A quick way to check your reaction

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- Acknowledge your own reactions, interpretations and judgments

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- Understand the other possible reactions,



interpretations and judgments that may be possible

- Search for the most empowering, productive way to deal with the situation



- Execute your action plan

**Strategies for Mitigating Unconscious Bias:  
Institutions**



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**Priming**

**Systems and  
Structures**

**Accountability**

**Strategies on an institutional level**

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<http://campaignforaction.org/resources>

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

For more information from the Center to Champion Nursing in America about this webinar, technical assistance or other questions related to the Future of Nursing, Campaign for Action contact Madeline O'Brien at [mobrien@arp.org](mailto:mobrien@arp.org)

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