# Unconscious bias: Is it impacting your nursing care?

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Have you ever walked into a patient room with a preconceived picture based on socio-economic status or ethnicity? Have you feared taking care of someone because he or she is homeless or has opioid use disorder? Although we're caregivers and have devoted our lives to helping people, we sometimes display unintentional biases toward others.

Everyone has a cultural lens through which we view the world, which can sometimes create biases. Often, the decisions we make are directly influenced by those biases, even when we espouse other beliefs. The influence occurs without our knowledge because unconscious bias is just that—unconscious—and research has revealed that we all harbor unconscious biases.

# What's unconscious bias?

Unconscious, or implicit, bias is defined as stereotypes or cultural concepts that influence decisions and behaviors. These biases started forming when you were very young and were shaped as you matured into who you are today. Investigations of unconscious bias show that people of all backgrounds, despite claims against partialities, have unconscious preferences based on gender, race, sexual orientation, or other aspects of identity. We also classify people according to educational level, disability, sexuality, accent, social status, and job title, automatically assigning presumed traits to anyone we subconsciously put in those groups.

Further research supports that our unconscious biases, and the decisions they cause us to make, may contribute to healthcare disparities (see *What does healthcare disparity mean?*). Despite our strong ethical and moral commitment to others,

our biases have a significant impact on nursing practice and the nation's health. Even if you're aware of unconscious bias, your reaction to your patient sets the tone for his or her care. Your body language, focused attention, or level of care can be directly impacted by your feelings toward the patient. Understanding what may trigger your reactions to people and what makes you act differently can improve the way you provide care.

# **Identifying our biases**

No one wants to feel like they make decisions based on unconscious bias. In fact, most of us get very defensive if someone accuses us of stereotyping or making a



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biased comment. However, we must accept that we all have a different lens to view the world, and that lens impacts how we see each other and, ultimately, how we care for others. Making decisions based on prejudices can have devastating impacts on nursing care. The first step in addressing the impact of unconscious bias is identifying your own biases.

The process begins with recognizing that words and feelings can cause uncomfortable feelings toward others. You need to be honest with yourself about the stereotypes that affect you. For example, you may consciously think that men and women are equally effective leaders but, as a woman, you believe that men perhaps don't have the same level of empathy as women. As we've seen, people may unwittingly tend to favor physicians or nurses from their own backgrounds. Likewise, you may favor caring for someone from your own familiar background.

Neurologic tests and exercises, such as the Implicit Association Test (IAT), which was introduced in 1998 and has now been used by more than 15 million participants, can help you identify your unconscious biases and reduce their influence. The test measures the time it takes to match representatives of social groups to particular attributes. There are more than a dozen

# What does healthcare disparity mean?

Healthcare disparity is defined as a particular type of health difference that's closely linked with social, economic, and/or environmental disadvantage and adversely effects different groups. People who experience the greatest disparities include those who've incurred obstacles at the system level based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion

Examples of healthcare disparities include:

- Rates of premature death from stroke and coronary heart disease are higher among nonHispanic Black individuals when compared with White individuals.
- The infant mortality rate for nonHispanic Black women is more than double the rate for nonHispanic White women.

IATs that you can take online to gauge your perceptions of ethnicity, gender, sexual identity, disability, skin tone, weight, religion, and more. Once you've identified your biases, you're prepared to move to the next step: acknowledging unconscious bias.

# **Acknowledging unconscious bias**

Do you know how your unconscious biases affect your nursing care? Acknowledging your biases can be done individually or in a group. You can choose the most comfortable way to approach this step. However, make sure you're in a safe place if you're doing this with someone else. To begin, we must eliminate the stigma around talking about biases. Doing so may seem like common sense, but it can be difficult if you don't have the tools or desire to acknowledge that we all have biases.

Part of making a concerted effort to eliminate prevailing bias is working together. Leaders and coworkers must feel empowered to call out or interrupt bias language. For example, when a nurse says, "I don't want to take care of that nagging, old lady," fellow coworkers should interrupt the conversation and state, "You mean Mrs. Smith." Many times, we don't realize the bias in our language.

Nursing is considered one of the most trusted professions, and the last thing you want to do is allow biases to impact your patient. Remember that every action you take and decision you make also creates a stigma about yourself in the patient's eyes.

#### Strategies to disengage biases

The next question you should ask yourself is: Do I want to honestly address my biases? As nurses, we hope the answer is "yes!" It's important to remember that you aren't trying to change your unconscious bias, but rather disengage it while caring for patients. Biased decisions often occur under stressful situations, which

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is most of our bedside nursing careers. Disengaging your unconscious bias takes honesty, practice, and intentional thought.

First, write down your commitment to the action you'll take to disengage a specific bias you've identified. For example, "I won't address the new graduate nurses as 'baby' nurses." Next, you must unpack your level of consciousness. The honest conversation with ourselves must include a shift from feeling like we're very tolerant to a focus on being the nurse we mean to be. You can start by challenging yourself to stop using a few common biased words, such as frequent flyer, bossy, baby nurses, old nurses, or any other words that don't tastefully describe your coworkers or patients. Another way to identify your bias is to ask yourself this question: "Would I address my patient by this name or description to their face?" If the answer is "no," you're probably using biased language.

As healthcare professionals, we must be able to empathize with our patients and their circumstances to fully disengage our biases. You can develop empathy by making a conscious effort to understand the patient's situation. Try to imagine walking in the patient's footsteps. Some biases are more difficult to disengage than others, and this takes intentional practice. However, remember that your biases can raise a barrier to empathy.

For example, caring for patients who participate in risk-taking behaviors can make it more difficult for you to be empathetic. To overcome these barriers, you must consciously make an effort to recognize and acknowledge that the barriers exist and deliberately implement a practice that aligns with unbiased patient care.

Another strategy to overcome our unconscious bias is mindfulness—the ability to empty the mind of distracting thoughts so that we can focus on the present moment. When we're being mindful, we free ourselves of the distraction of



#### **National Institutes of Health:**

https://diversity.nih.gov/sociocultural-factors/implicit-bias

#### **Project Implicit:**

https://implicit.harvard.edu/implicit/takeatest.

**re:Work:** https://rework.withgoogle.com/subjects/unbiasing

**Very Well Mind:** www.verywellmind.com/negative-bias-4589618

assumptions. Your patients should be able to sense that you intend to do what's best for them to provide safe outcomes.

Educating yourself, aside from this article, is essential to changing your bias. Many educational opportunities exist, such as implicit bias webinars, diversity training in your facility, or formal courses on diversity in healthcare.

#### Be the change

Although many healthcare professionals don't see themselves as being biased, our patients may be negatively impacted because of our unconscious bias. Education can be introduced in the formal curriculum for healthcare providers and nurses. However, change starts with us—the front line of care for our patients.

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