Unconscious Bias in Health Care Setting

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Learning Objectives

• **Define** unconscious bias and commonly used terms relating to diversity
• **Interact** more authentically with peers and patients
• **Determine** patterns of bias
• **Practice** strategies and tools to mitigate the impact of unconscious bias
Why is this important?

- Self-reflection
- Effective Communication
- Positive learning and working environments
- Quality patient care
Terminology

Diversity

Bias

Ableism
More about bias...

Rest in the subconscious

Mental associations so well-established as to operate without awareness, attention, or control

Inflexible, + or -, conscious or unconscious belief about a particular category of people

A response that is hidden, automatic, and natural
Forms of bias against people:

- Racism
- Sexism
- Classism
- Homophobia
- Ethnicity
- Religion
- Weight
- Ability
- Disability
- Documented status
- Language or accents
- Geography
https://implicit.harvard.edu/implicit/

Weight • Asian American • Race • Religion • Arab-Muslim • Sexuality • Presidents • Gender – Science • Skin-tone • Age • Disability • Gender – Career • Native American • Weapons
Images from an implicit-bias test at Project Implicit.
Example of IAT Results

You have completed the Young - Old IAT.

Your Result

Your data suggest a moderate automatic preference for Young compared to Old.

Thank you for your participation. Just below is a breakdown of the scores generated by others. Most respondents, even the elderly, find it easier to associate Old people with Bad and Young people with Good compared to the reverse.

Many of the questions that you answered on the previous page have been addressed in research over the last 10 years. For example, the order that you performed the response pairing is influential, but procedural corrections largely eliminate that influence (see FAQ #1). Each visitor to the site completes the task in a randomized order. If you would like to learn more about the IAT, please visit the FAQs and background information section.

Percent of web respondents with each score

<table>
<thead>
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<th>Percent</th>
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<tr>
<td>Strong automatic preference for Young people compared to Old people</td>
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<tr>
<td>Moderate automatic preference for Young people compared to Old people</td>
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<tr>
<td>Slight automatic preference for Young people compared to Old people</td>
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<td>Little to no automatic preference between Young and Old people</td>
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<tr>
<td>Slight automatic preference for Old people compared to Young people</td>
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Click for detailed summary

You are welcome to try additional demonstration tasks, and we encourage you to register (easy) for the research site where you will gain access to studies about more than 100 topics about social groups, personality, pop culture, and more.
Where does **unconscious bias** come from?

- Life experiences
- Socialization
- Personal attitudes
- Beliefs
- Environment
- Media and news
Potential Impact of Bias

- Decision-making
- Delivery of care
- Patient Satisfaction
- QUALITY CARE
What’s really going on?

Employee sues Kroger over pharmacist’s alleged use of N-word, discrimination

Pharmacy tech with cerebral palsy sues CVS, claims discrimination
“where a person’s impression of another can substantially influence one’s thoughts and feelings about that person; flaws or distortions in judgement and decision-making”

COGNITIVE BIASES
Common biases

• **Racial bias**
  – affect clinicians’ behavior and decisions and in turn, patient behavior and decisions (*e.g.*, higher treatment dropout, lower participation in screening, avoidance of health care, delays in seeking help and filling prescriptions, and lower ratings of health care quality)

• **Some examples from research include:**
  – 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
  – Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.
  – Patients of color are more likely to be blamed for being too passive about their health care
Common biases

• Gender bias
  – In health care, the literature related to gender bias primarily refers to instances in which female patients are assessed, diagnosed, referred, and treated not only differently but at a lower level of quality or to a lesser degree of adherence to established standards of care than men with comparable health problems.

• Not to be confused with gender disparity (e.g., innate differences between the sexes in anatomic and physiologic attributes result in unique exposures, risks, or benefits).

• Some examples from research include:
  – Women presenting with cardiac heart disease symptoms are significantly less likely than men to receive diagnosis, referral and treatment, due to misdiagnosis of stress/anxiety.
Common biases

• Weight bias

• Obesity is a commonly and strongly stigmatized characteristic

• There is substantial empirical evidence that people with obesity:
  – elicit negative feelings such as disgust, anger, blame and dislike in others
  – are frequently the targets of prejudice, derogatory comments and other poor treatment in a variety of settings, including health care

• Furthermore, there is a growing body of evidence that physicians and other healthcare professionals hold strong negative opinions about people with obesity.
Common biases

• **Socio-economic status**
  – Family income, occupational prestige, and educational attainment are measures of SES that have been found to influence an individual’s life opportunities.

• **Some examples from research include:**
  – Systemic barriers, persons who lack insurance receive less medical care, including screening and treatment, than those who are covered and may receive poorer-quality care
  – Pregnant women face discrimination from healthcare providers on the basis of their ethnicity and socioeconomic background.

• **Activated prejudices about a social group may cause subtle changes in provider behaviors** (e.g., reduced eye contact, shortened consults, decreased probability in referrals)
EXERCISE

IMPLICIT OR EXPLICIT
Implicit or Explicit

Congratulations, you’re pregnant with your first child! Aside from the obvious questions like “is it a boy or a girl?” or “when’s the baby shower?” you keep being asked the same question again and again – “are you planning on coming back after you’ve had the baby?”
The patient says, “When I got my new prescription I saw the word Tegretol but I didn’t see 400, you see, so I took too much . . . there’s really nothing wrong with my eyes, I get nervous and can’t read as good sometimes.” The provider responds and says, “Not today. You people just don’t listen. I’ve got other patients to see.”
The hiring manager has narrowed down the search to two people, a male and a female colleague. Both are equally matched in every area, so it’s just coming down to the personality. A decision has been made. The manager chooses the woman and states her reasoning – “She’ll have more empathy and people skills than the man. After all, those traits are more common in women.”
Adam, a 3rd-year resident has recently come out as gay. Most, of the time he has felt supported by in both his professional development and personal choices. One day, the preceptor calls him “Miss Adam” then chuckles. Adam ignored it but it bothered him. One day, as Adam and his fellow students were eating lunch, the preceptor walked by and said “Look at the Godmother and her fairies!”
Confirmation bias

- It is the tendency to process information by looking for, or interpreting, information that is consistent with one’s existing beliefs.

- **Why is this a common bias in workplace settings?**
  - Individuals must process information quickly and it is adaptive to rely on instinct or information that is automatic
  - Individuals want to be perceived as intelligent, and information that suggests one holds an inaccurate belief or made a poor decision suggests one is lacking intelligence
Confirmation bias in health care

• Research has shown that health professionals are just as likely to have confirmation biases as everyone else.

• Providers often have a preliminary “hunch” regarding the diagnosis of a medical condition early in the treatment process.

• This “hunch” can interfere with considering information that may indicate an alternative diagnosis is more likely.

• Another related outcome is how patients react to diagnoses.

• Patients are more likely to agree with a diagnosis that supports their preferred outcome than a diagnosis that goes against it.

• Both of these examples demonstrate that confirmation bias has implications for individuals’ health and well-being.
Cognitive biases in healthcare settings

Factors that can predispose or increase likelihood of cognitive biases:

• **Individual Factors**
  – Cognitive loading
  – Fatigue
  – Affective considerations (feelings)

• **Patient Factors**
  – Complex patient presentation, number of co-morbidities
  – Lack of complete history

• **System Factors**
  – Workflow design
  – Insufficient time to gather, integrate, interpret information
  – Inadequate processes to acquire information
  – Poorly designed/integrated or inaccessible health IT
  – Poorly designed environment
  – Poor teamwork, collaboration, communication
  – Inadequate culture to support decision-making
When the provider is the target of the bias

Disrespectful Behavior

- negatively impacts communication and collaboration
- undercuts individual
- contributions to care
- undermines staff morale
- increases staff resignations and absenteeism
- creates an unhealthy or hostile work environment
- causes some to abandon their profession,
- and ultimately harms patients
Being proactive

• Set the stage
  – Articulate respect as a core value

• Establish a code of conduct and adhere to it
  – Articulate desired and undesirable behaviors

• Establish a communication strategy

• Manage conflict

• Establish interventions

• Encourage reporting disruptive behavior

• Create a positive and inclusive climate
Skills-building

Interventions to combat unintentional bias among health care providers:

1. enhance internal motivation to reduce bias, while avoiding external pressure;
2. increase understanding about the psychological basis of bias;
3. enhance providers’ confidence in their ability to successfully interact with socially dissimilar patients;
4. enhance emotional regulation skills; and
5. improve the ability to build partnerships with patients.

Create nonthreatening environments to practice new skills and to avoid making providers ashamed of having racial, ethnic, or cultural stereotypes.
**Preceptors**

A preceptor is a *teacher* and mentor who guides students through their introductory and advanced pharmacy practice experiences.

**MODELING THE WAY**
Teaching Strategies

• Structure the learning experience to include real stories, standardized patients or case studies

• Walk through culturally-relevant cases to determine what factors potentially lead to biases, perceptions, or erroneous documentation of a patient

• Discuss how biases or stereotypes may be carried forward in the treatment and how they may influence treatment decisions

• Discuss the events that can lead staff to correct errors and what could be done in the future to correct errors sooner or prevent it from occurring (or reoccurring)
Teaching Strategies

• Perform a thought exercise, varying personal characteristics of patient and provider, and discuss how stereotypes can influence our assumptions and actions as providers.
  – Use stereotype replacing techniques
• Discuss the literature on racial/ethnic disparities.
  – A start could be a focus on post-surgical pain management. Racial bias in pain perception and in treatment is a well-researched topic in the literature.
• Assess communication skills and provide useful feedback
• Discuss follow-up information about the patient such as desired patient behaviors and health outcomes.
Conclusion

• Awareness and education
• Constant self-reflection
• Take your time
• Counter behaviors
• Engage with those you see as “others”
• Encourage feedback
• Take responsibility for unintended consequences
THANK YOU!

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