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The Role of Implicit Bias on Racial/Ethnic Health Disparities and Its

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The Role of Implicit Bias in Creating Racial Health Disparities

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Introduction
Health disparities between groups of people exist for a variety of factors-access to care, socioeconomic factors, and genetics to name a few. But do disparities between racial/ethnic groups exist because of factors in the individual clinical encounter such as clinician prejudice and discrimination? The 2002 report by the Institute of Medicine (IOM) found that health disparities between racial/ethnic groups exist even when insurance status, income, age and severity of conditions are controlled for.

Background
Implicit or unconscious bias is a preference for or aversion to a group that may not align with declared beliefs but will influence behavior. These associations are developed from a very young age, and even people who have egalitarian intentions have implicit cognitions. In the health field, these automatic categorizations become convenient in stressful situations, but clinical decision making based on stereotypes and assumptions rather than complete information tend to harm minority patients.

Purpose of study
The purpose of this integrative literature review is to describe if implicit bias based on race/ethnicity is found among health care professionals and its impact on health outcomes.

Methods
An integrative literature review was conducted using CINAHL Complete, using the keywords implicit bias OR unconscious bias AND health disparity*. Inclusion criteria were: 1) original study published after 2006 2) measured implicit bias in a health profession 3) disparities related to race/ethnicity. 6 articles met the inclusion criteria

Results
The Implicit Association Test was used in all studies to measure implicit bias, and many articles included self-reported explicit attitudes towards different ethnicities. Every article found an implicit preference for non-Hispanic Whites, ranging from weak to moderate to strong. These implicit measures were stronger than the explicit measures in all articles that included it. Effect of implicit bias on treatment outcomes were mixed. Schaa et al (2009) found higher levels of implicit bias were correlated with lower levels of positive affect, less emotionally responsive communication, and higher levels of verbal dominance towards Black and Hispanic patients than Whites. Sabin et al found that vignettes of cases given to physicians did not produce a correlation between implicit bias and treatment recommendations.

Figure 1. Conceptual Framework: Process of Implicit Bias (Moskowitz & Stone, 2011)

<table>
<thead>
<tr>
<th>Media/News</th>
<th>Politics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socialization</td>
<td>History</td>
</tr>
<tr>
<td>Communication</td>
<td>Interactions</td>
</tr>
<tr>
<td>Categorization</td>
<td>Activation</td>
</tr>
</tbody>
</table>

Table 1. Summary of Studies

<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Title</th>
<th>Study Descriptions</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schae, Roll, Alexander, Cooper</td>
<td>2013</td>
<td>Implicit Bias and Health Care Provider Interaction</td>
<td>Qualitative study, half genders conscious and unconscious naming Black and White patients on pre-selected cases</td>
<td>Implicit bias showed association to coding and White bias, and increase for White bias after implicit bias was accounted for. &quot;Minority patients interacted more emotionally with Black patients and less emotionally with White patients.&quot;</td>
</tr>
<tr>
<td>Schae, Book, Greenberg, Moore</td>
<td>2009</td>
<td>Physician Implicit Bias and Patients’ Health Outcomes</td>
<td>Quantitative study, analysis of 5000 patients, gave half the patients Black and half the patients White</td>
<td>Implicit bias was not significant for patients, but is associated with less positive affect and more negative affect in minority patients.</td>
</tr>
<tr>
<td>Schae, Book, Greenberg</td>
<td>2008</td>
<td>Physician Implicit Bias and Patients’ Health Outcomes</td>
<td>Qualitative study, 500 patients at University, gave half a survey, Black and White</td>
<td>Physicians show higher levels of negative affect for White patients and positive affect for Black patients.</td>
</tr>
<tr>
<td>Schae, Greenberg</td>
<td>2008</td>
<td>Cultural Competency, Race, and Gender Among Inpatient, Urgent Care, and Urban Students</td>
<td>Qualitative study, do not have systematic accuracy for students, but medical students given a survey</td>
<td>White students were more likely to have higher levels of implicit bias.</td>
</tr>
<tr>
<td>Schae, Greenberg, Moore</td>
<td>2014</td>
<td>An Investigation of Implicit Bias Toward Black and Hispanic Patients Among a Total of 20 Medical Faculty Members</td>
<td>Quantitative study, 20 medical faculty members, gave survey</td>
<td>Nearly 75% showed moderate or strong Black and Hispanic patients, not significantly different from White students.</td>
</tr>
<tr>
<td>Schae, Greenberg, Moore</td>
<td>2016</td>
<td>The Role of Race in Emergency Department Presentation in English and Spanish Speaking Children</td>
<td>Qualitative study, 1200 patients, gave survey to sample patients, no racial differences identified in gender and ethnicity</td>
<td>Implicit preference for non-Hispanic Whites, and represented majority group.</td>
</tr>
</tbody>
</table>


Recommendations for Practice & Research

- Combat implicit bias being passed on to students through a “hidden curriculum” of offended and stereotypical comments from faculty or preceptors;
- Assess implicit bias in pre-professional students as well as faculty members;
- Include quality articles and training in curriculum for perspective taking and individualizing, and reflecting on clinical situations where activation of bias may have occurred;
- Conduct more research on the impact of implicit bias on direct treatment outcomes;
- Conduct more research on the effectiveness of strategies to combat implicit bias in educational settings as well as clinical practice.

Conclusion
The existence of unconscious presumptions that influence the way that providers treat patients have implications for clinical practice and particularly education of pre-professionals. We cannot ignore the role that systemic discrimination plays in individual encounters, and we must be willing to admit that unconscious categorizations occur. When nurses claim beneficence as a guiding ethical principle yet see patients being treated differently without a basis in patient data, they are claiming a role in racial health disparities instead. As nurses we must look for the root causes of racial health disparities, because this phenomenon reflects the bias that some racial groups’ lives are less valuable than others. The future of nursing as a noble profession will require a diverse, intentional, and brutally honest population to be truly patient-centered.