IMPLICIT BIAS IN HEALTH CARE

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WHAT IS BIAS?

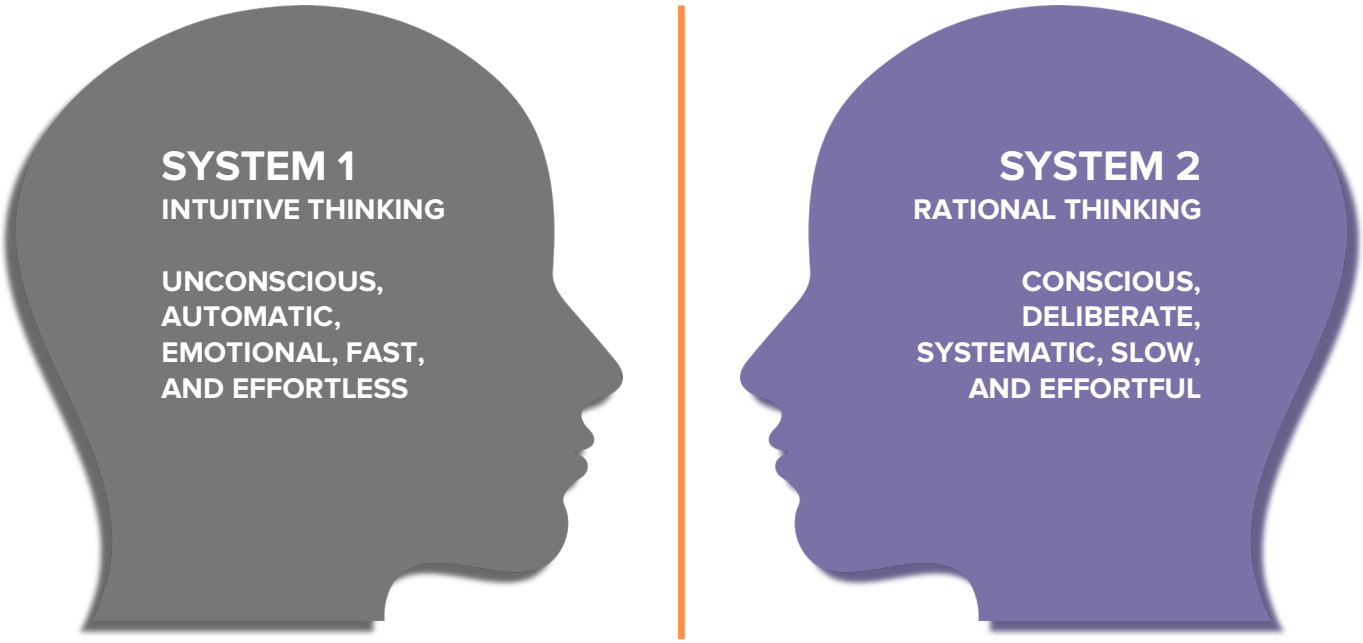
EXPLICIT BIAS is attitudes and beliefs we have about a person or group on a conscious level.

UNCONSCIOUS/IMPLICIT BIAS is subtle and subconscious thoughts that happen to all of us, all of the time.

> *No one is immune to having implicit biases, including healthcare professionals. The evidence indicates that healthcare professionals exhibit the same level of implicit bias as the wider population.*
>
> **– JOINT COMMISSION, QUICK SAFETY ISSUE 23, 2020**

Author and Nobel Prize winner Daniel Kahneman researched the ways we make decisions with both our intuitive thinking (System 1), and rational thinking (System 2). When we think of ourselves, we believe we are rational beings much of the time (System 2). In reality, most of the time we make decisions from System 1.

System 1 comes "naturally" to us—it is fast, emotional, automatic, and effortless. It is where our biases come from. To manage our biases, we need to operate out of System 2.



Kahneman, D. (2011). Thinking Fast and Slow. Farrah, Straus and Giroux, New York.

CULTURAL INTELLIGENCE AND BIAS

CULTURAL INTELLIGENCE (CQ®) is the ability to work effectively across various cultural contexts (e.g., national, ethnic, organizational, generational, etc.).

With high CQ we are less likely to act on our biases, particularly when it comes to decision-making. Bias may be activated mentally (System 1), but we can control the application of bias. We can consciously choose NOT to behave in biased ways.

CQ helps minimize the application of bias by applying our motivation, knowledge, strategy, and intentional actions. Does this happen automatically? Is it easy? NO. As we build our CQ, we learn to move from reacting unconsciously, to taking more conscious, intentional actions. Just like when we learn any new skill, at first this may take a bit more time and effort. But, over time and with practice, it gets easier and feels more natural.

- **GOAL:** Develop strategies to avoid acting on biases in healthcare settings.
- **HOW:** By applying the CQ Framework—CQ Drive, CQ Knowledge, CQ Strategy, and CQ Action—to manage unconscious bias.

CQ DRIVE is the starting point for addressing bias because it helps you to consider the impact of bias on yourself and others.

CQ KNOWLEDGE is understanding cultural differences and how biases influence interactions and performance.

CQ STRATEGY is the use of specific, intentional, and practical strategies to manage unconscious bias.

CQ ACTION is the behavioral flexibility necessary to stop the application of bias in relationships and work.

NOTES

CQ STRATEGIES: EVERYDAY INFLUENCES

In addition to the threat of System 1 Thinking, three important everyday influences increase the potential of acting on our biases on a daily basis: Time Pressure, Fatigue, and Distractions. Be aware that when you are under time pressure, tired, or distracted, you are more likely to act on your biases. This table provides some helpful strategies that you can use to reduce the likelihood of acting on your biases.

TIME PRESSURE	FATIGUE	DISTRACTIONS
INDIVIDUAL STRATEGIES	**INDIVIDUAL STRATEGIES**	**INDIVIDUAL STRATEGIES**
Review your priorities and clarify the importance and urgency of tasks.	Eat well, sleep, and exercise regularly. Repeat.	Accept the reality that the human brain cannot multi-task.
Set aside 20 minutes at the end of the day to reflect on lessons learned and plan key actions for the next day.	Are you a lark, owl, or hummingbird? ▪ **Lark:** morning person ▪ **Owl:** night person ▪ **Hummingbird:** in between Schedule your most cognitively demanding tasks during your peak performance time as much as possible.	▪ Close your email and put your phone on silent when faced with cognitively or emotionally challenging tasks. ▪ Practice mindfulness (pay attention to the present moment). Seek to act intentionally, not judgmentally.
Take a deep breath before responding to difficult situations.	Avoid difficult tasks during the "nap zone" of mid-afternoon (and take a nap during that time if you can! A 15-minute nap provides a six-hour cognitive boost) for many people.	Clarify the difference between busyness and productivity.
If you need more time, say: "Can we talk more in five minutes? I want to be able to focus on this and can meet with you _____ to talk."	Manage your sleep deficit. Sleep loss hurts attention, working memory, mood, quantitative skills, and logical reasoning–all System 2 attributes that help minimize the application of bias.	Manage your emotions. The brain pays attention to emotion. Strong emotions can be distracting if they are counter to the task at hand. Work to manage the stress of strong emotions (i.e., exercise, sleep, deep breathing, reflection, etc.) then return to your work.

TIME PRESSURE	FATIGUE	DISTRACTIONS
ORGANIZATIONAL STRATEGIES	**ORGANIZATIONAL STRATEGIES**	**ORGANIZATIONAL STRATEGIES**
▪ Clarify priorities with others and develop routines for coordinating priorities. ▪ Identify non-urgent tasks to minimize unnecessary time pressure. ▪ Review protocols, streamline procedures, and minimize lengthy methods.	Use retreat time to strategically. Present a key problem and then have the group sleep on it before sharing ideas the next day.	Create “zones” for different work styles—some quiet, some with music, some chatty/open work space, etc.
▪ Build relationships across the organization. Focus on building trust with patients and peers to enhance efficiency and minimize unnecessary time pressure. Lack of trust creates stress and wastes time. ▪ Explain your intentions and ask others to share theirs. ▪ Encourage everyone to enhance their listening skills. ▪ Review expectations and workloads and help people understand the long-term value of setting reasonable expectations to avoid burn out due to ongoing time pressure.	▪ Use standing desks, exercise facilities, and standing or walking meetings as tools to contribute to a culture of clear thinking, thoughtful actions, and good health. ▪ Offer voluntary exercise challenges where peers encourage each other to be more active.	▪ Create mechanisms to encourage peer support and a culture where people avoid unnecessary interruptions. ▪ Offer specific opportunities when people can socialize (i.e., monthly birthday celebrations, welcome coffees for new hires, ugly sweater contests, potluck lunches with food themes, etc.) and then return to their work.

NOTES

ACTIVITY: WHAT IS YOUR CULTURAL IDENTITY?

Consider different parts of your cultural identity and reflect on the level of importance each part has for how you go about your work and how you interact with patients and peers who have different cultural backgrounds.

Not Important / Not Safely ⟷ Very Important / Very Safely

CATEGORY	DESCRIBE	IMPORTANCE TO YOU	HOW SAFELY CAN YOU EXPRESS THIS AT WORK
NATIONALITY (E.G., BRAZIL, CHINA, U.S.)			
RACE OR ETHNICITY			
GENDER OR GENDER IDENTITY			
AGE			
MARITAL/FAMILY STATUS			
DISABILITY (E.G., PHYSICAL, COGNITIVE)			
SEXUAL ORIENTATION			
RELIGION			
POLITICAL AFFILIATION			
SOCIO-ECONOMIC STATUS			
FUNCTION (E.G., MEDICAL, NURSING)			
EDUCATION LEVEL (E.G., GRADUATE)			
HEALTH STATUS (E.G., CANCER)			
CARE RESPONSIBILITIES (E.G. PARENT)			
HOBBIES (E.G., SPORTS, ART, TRAVEL)			
OTHER			

CQ STRATEGIES: MINIMIZE COVERING

One of the consequences of unconscious bias is “covering”, the tendency to tone down a disfavored part of identity to fit into the mainstream culture. Covering can include downplaying your gender, religion, parental status, age, education, political affiliation, etc. The following strategies can help you and your healthcare organization apply CQ to minimize covering.

STRATEGY	EXAMPLES OF WHAT THIS LOOKS LIKE	WHAT ACTIONS STEPS CAN YOU OR YOUR HEALTHCARE ORGANIZATION TAKE?
Create new language	Introduce the concept and language of covering. Since most people have hidden some of their characteristics at times, they will relate and feel somewhat relieved just by the acknowledgement that covering is a real phenomenon.	
Create a safe space for crucial and uncomfortable conversations	Offer/participate in unconscious bias training sessions.	
Tell stories	Share your personal stories of when you’ve covered or how you’ve seen others, including patients, cover.	
Track data	Develop an Inclusion Index. Track data around hiring and promotion practices across several specific areas of diversity. Hold departments and leaders accountable for their actions when it comes to inclusion.	
Look beyond visible or obvious diversity	Help employees and patients “uncover” by intentionally referring to invisible forms of diversity (i.e., cultural values, cognitive capabilities, sexual orientation, gender identity, prior experience, etc.) and make sure everyone is included in conversations and decision-making.	

TYPES OF BIAS

There are numerous biases that we experience in our everyday behaviors and interactions, particularly with patients. You may recognize some of the more common types of bias listed below. The good news is that, regardless of the type of bias, you can apply CQ to prevent yourself from acting on your biases.

AFFINITY BIAS: The tendency for a person to be attracted to or give preference to others who are similar to themself. This is sometimes called "similarity-attraction" bias.

ATTRACTIVENESS BIAS: The tendency to assume people who are more physically attractive according to our cultural norms are more talented, effective, and successful.

AVAILABILITY BIAS: The tendency to think that examples of things that come readily to mind are more common than in actuality.

CONFIRMATION BIAS: The tendency to look for pieces of information that support our pre-existing views and ignore data that contradicts our views.

CONFORMITY BIAS: The tendency to let the views of others from our in-group change our mind (such as going along with peer pressure instead of getting involved).

HALO EFFECT: The tendency to assume that someone who possesses one or more wonderful attributes is wonderful in all respects.

HORNS EFFECT: The tendency to focus on one negative aspect of a person and assume that everything about them is negative. Note: this is the opposite of the halo effect.

PERFORMANCE ATTRIBUTION BIAS: The tendency to attribute our successes to our skills and talents and our failures to things outside of our control. We may also tend to attribute the successes of others to luck (such as things outside of their control) rather than skill.

PERFORMANCE BIAS: The tendency to overestimate abilities and performance of individuals from high-status groups and underestimate attributes of those from low-status groups.

NOTES

CQ STRATEGIES: ADDRESS MICROAGGRESSIONS AND OFFER MICROAFFIRMATIONS

Microaggressions are subtle slights and snubs that devalue patients and peers. You can use the following strategies to address microaggressions. Remember to adapt the strategies so they are appropriate for the specific cultural context.

COMMON HEALTHCARE MICROAGGRESSIONS	HOW IT SHOWS UP	HIDDEN MESSAGE	HOW TO RESPOND
Assuming your cultural group only holds certain positions in the organization	You walk into a meeting with a team of physicians and someone says to you, "Excuse me, I think you might be in the wrong room."	You don't belong here.	Say: "I'm Dr. X and am here for the meeting so I believe I'm in the right place. What made you assume I was in the wrong place?"
Referring to a patient with English as a second language as a second class citizen	Someone calls a patient "those people."	We don't respect you and we view you as inferior.	Say: "I'm sure you don't mean any harm but referring to patients with English as a second language in that way feels degrading. If you were in another country and that happened to you, I'm sure it would feel offensive."

Microaffirmations are small, intentional acts that occur when people show they want another person to succeed. As an ally, you can use the following strategies to respond to a microaggression with a microaffirmation.

COMMON HEALTHCARE MICROAGGRESSIONS	HOW IT SHOWS UP	HIDDEN MESSAGE	RESPOND WITH MICROAFFIRMATIONS
Assuming the wrong role	A patient assumes a female physician is the nurse.	Only males are physicians. Female physicians are not valued.	Say: "I understand that your experiences may have only been with male doctors but there are many highly qualified female doctors, including Dr. Y, here. She is highly skilled and will be happy to help you get better."
Interruptions	A physician talks over and interrupts a patient; they do not give the patient an opportunity to share their feelings and concerns about their health.	The patient's feelings and thoughts are not viewed as important.	Say: "I notice that the doctor keeps interrupting you. Can we pause for a minute and listen to your concerns about your health?"

CQ STRATEGIES: DAY-TO-DAY RESPONSES TO SYSTEMIC BIAS

CQ STRATEGY	CHECKLIST	AREAS FOR IMPROVEMENT
Use your knowledge about cultural differences to anticipate potential misunderstandings with patients based on differences in cultural values	✓ To what degree do team members understand their similarities and differences in cultural values, especially with patients? ✓ What trigger language should be avoided (i.e., "How are you gals doing?")? ✓ Does your team welcome and consider different viewpoints when making decisions?	
Actively create an environment that encourages perspective-taking	✓ How well do you understand the perspectives and experiences of patients, those on your team, and those you manage? ✓ How can everyone be empowered to call out bias in day-to-day interactions, meetings, and decision-making (i.e., bystanders, advocates, etc.)? ✓ How can you make sure your management systems and norms include accountability for a bias-free culture? ✓ Does management ask for feedback from patients, peers, and employees?	
Require an explicit decision-making process for all projects	✓ Do you document decision-making processes and are they followed? ✓ Has the team accounted for the possibility of biased decision-making? ✓ Does the team consider other perspectives and alternatives? ✓ Is self-interest influencing the decision-making process? ✓ Has the team used diversity to develop stronger decisions?	

NOTES

CQ STRATEGIES: MANAGE DECISION-MAKING BIAS IN HEALTHCARE

STRATEGY 1 | Require an explicit decision-making process for all practices and system changes

Critical Questions:

- How will decisions be made and what communication practices will be used?
- What biases do we bring that may lead to poor decision-making?
- Are credible alternatives being considered?
- How is self-interest influencing the process?

Listen for decision-making bias warning words:

LEADERSHIP

- "The CEO needs to validate it first"
- "Our physicians won't let that fly"
- "I've been in healthcare a long time – I know what works"

PROCESSES AND PRACTICES

- "How do we know it would even work?"
- "We don't have time to make changes to our systems – we're too busy serving patients"

CUSTOMERS

- "We know what our patients want"
- "Our older patients wouldn't go for that"

CULTURE

- "That's the way we've always done it"
- "We tried that years ago and it didn't work"
- "Not everybody is committed to diversity"

STRATEGY 2 | Practice opposite thinking

Write a list of thoughts, ideas, and/or assumptions on a whiteboard/flip chart. For every idea/assumption, write down the opposite idea. Challenge them to figure out ways the opposite might be true/feasible. For example:

- **THOUGHT:** They can't work in that hospital unit.
- **OPPOSITE:** They should be the one to work in that hospital unit.
- **ASK:** Why might they be the best person to work in that hospital unit?

- **THOUGHT:** We have to deliver the project in 3 months.
- **OPPOSITE:** We could deliver the project in 5 months.
- **ASK:** What would need to happen to make a 5-month delivery successful?

- **THOUGHT:** We can't change that policy.
- **OPPOSITE:** We have to change that policy.
- **ASK:** What will it take to change that policy?

- **THOUGHT:** We can't do a good job unless we hire more therapists.
- **OPPOSITE:** We can do a good job with the team we have.
- **ASK:** What tasks need to shift priorities to make this project a success with the team we have?

NOTES

STRATEGY 3 | List pros and cons, then seek a third way

	OPTION 1	OPTION 2
PROS	▪	▪
CONS	▪	▪

REFRAME

Reframe arguments into team-based attempts to identify a third way.

SAY

Say: "Rather than choosing between one or the other, let's list the positive attributes of both approaches and see if we can identify another option that preserves these attributes."

ASK

Ask: "What options might we be completely missing?" (and move to opposite thinking)

ASK

Ask: "How can we more effectively leverage the diversity of this group to identify new solutions or missing perspectives?"

STRATEGY 4 | Utilize a priority matrix (Eisenhower Box) to clarify the urgent and the important

THE EISENHOWER BOX

	URGENT	NOT URGENT
IMPORTANT	**DO** **Do it now.** ▪ Review and study patient files ▪ See patients	**DECIDE** **Schedule a time to do it.** ▪ Exercise ▪ Call family and friends ▪ Read medical journal articles
NOT IMPORTANT	**DELEGATE** **Who can do it for you?** ▪ Schedule interviews ▪ Call in prescriptions ▪ Approve comments ▪ Share medical journal articles	**DELETE** **Eliminate it.** ▪ Watch television ▪ Check social media ▪ Sort through junk mail

> *What is important is seldom urgent and what is urgent is seldom important.*
>
> **– DWIGHT EISENHOWER, 34TH PRESIDENT OF THE UNITED STATES**

NOTES

STRATEGY 5 | Minimize bias in meetings

Pay attention to pronouns—don't assume everyone uses he/she.

Rotate who leads the meetings.

Review all work documentation and communication for biased language and assumptions.

Ask people how they are at the beginning of meetings—give just a few minutes to connect. Explain the goal of building trust and to share the "why" behind the practice.

Consider having everyone participate via same format (i.e., in-seat, conference call, web meeting, etc.) to minimize 1-2 people being "left out."

Rotate locations/formats (i.e., online, in-seat, etc.) to create equity in participation across geographically dispersed teams.

Raise the flashlight by asking people to imagine a longer time frame (perspective-taking), larger audience (what would patients think, what do we have in common), etc. Consider the perspectives of the diversity of your patients.

Notice who gets interrupted and by whom. Speak to the person who interrupts others and call the behavior to their attention. Be an advocate for people who get interrupted. Say, "Excuse me, but I don't think Kevin was finished. I'd like to hear what he has to say."

Consider different behavioral styles—create opportunities for contributions in multiple ways. For example:

- Have everyone write down a question, concern, and/or idea and place their contribution in the middle of the table.
- Send out the agenda in advance to give people time to prepare.
- Intentionally invite participation from all team members. Explain that the "why" is because you value their insights.

BIAS-BUSTING ACTION PLAN

STEP 1

Write down 2 CQ strategies you will apply to manage/disrupt bias in your healthcare setting in the next 1-3 months.

- **CQ Strategy 1:**

- **CQ Strategy 2:**

STEP 2

How will these strategies support your individual and organizational goals/success?

- **CQ Strategy 1** Support of **Individual** Goals:

  CQ Strategy 1 Support of **Organizational** Goals:

- **CQ Strategy 2** Support of **Individual** Goals:

  CQ Strategy 2 Support of **Organizational** Goals:

STEP 3

How will you measure the impact on patients?

- Will measure impact of **CQ Strategy 1** by:

- Will measure impact of **CQ Strategy 2** by:

STEP 4

Who will hold you accountable to these goals?

ACTIVITY: WHO ARE YOUR TRUSTED FIVE?

Write down the name or initials of five non-family members who you trust. Then, fill in the rest of the table by describing the different parts of cultural identity for each these five trusted people.

NAME OR INITIALS	1.	2.	3.	4.	5.
RACE OR ETHNICITY					
GENDER OR GENDER IDENTITY					
AGE					
MARITAL/FAMILY STATUS					
DISABILITY (E.G., PHYSICAL, COGNITIVE)					
SEXUAL ORIENTATION					
EDUCATION LEVEL (E.G., GRADUATE)					
OTHER					

What do you notice about the people in your trusted five?