

Integrating Implicit Bias Education via a Portable Web Page

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Abstract

Implicit bias impacts healthcare access and treatment by coloring decisions and judgements unconsciously. Enhancing awareness of implicit bias required acquiring self-awareness and awareness of others. The addition of implicit bias education to the cultural diversity annual required education at New Hampshire Hospital for nursing staff using a portable web page added to the range of inclusiveness within the organizational culture. The web page's variety of subject matter offered narratives, explanatory tools, free test sites to examine individual biases, and videos to exemplify why implicit bias education is relevant. Examination of unconscious biases are recommended by the Joint Commission to investigate health care disparities, safety issues, patient/provider communication, and subsequent treatment engagement and collaboration. By widening the doors for inclusion, participation and performance was refined. As presence of inclusion assists the population of the hospital staff to more closely mirror the population of the community, the strategies of implicit bias demonstrate success.

Integrating implicit Bias Education via a Portable Web Page

Implicit bias is described as “an unconscious form of prejudice or negative attitude about someone or something” (Brownstein, 2019, p.1). At New Hampshire Hospital (NHH), current, mandatory cultural diversity training does not include concepts specific to implicit bias. Cultural diversity training involved a conscious acceptance and celebration of differences. Fundamentals of implicit bias involve gaining an awareness of our unconscious biases, and the effects these biases have on our perceptions, beliefs, decisions, and actions. The mission statement of the NHH Nursing Department includes concepts of health equity and excellence in nursing care. It cites the provision of psychiatric nursing care meeting immediate patient needs using a process that reflects excellence in each nurse-patient interaction (New Hampshire Department of Health and Human Services, 2016). Unconscious or implicit biases interfere with inclusion and parity secondary to unintentional barriers created by preconceived notions. Intrinsic to nursing practice is the concept of establishing therapeutic relationships with patients. An essential component of this relationship is trust and transparency. Implicit biases impede this essential nursing practice (McDowell et al., 2020).

Amodio and Cikara (2021) described how our brains catalog ideas in terms of visual social categorization, inferred social group cues, and beliefs within the primitive part of the brain. Housed in the limbic system of the brain is the amygdala, where the survivalist response of fight, flight, freeze, or faint exists. Visual social categorization and inferred social beliefs are intertwined with memories that invoke the fight, flight, freeze, or faint response. These cognitive short cuts are intrinsic to unconscious

prejudices and implicit biases that foster danger and warning responses that repetitiously fortify implicit biases (Puddifoot, 2019). A learned or perceived threat initiates an immediate, and unaware response. These unconscious responses enable implicit bias and necessitate examination on a conscious level.

In healthcare, nurses are consistently seen as “the most trusted profession” for the last twenty years, according to Gallop polls (Logan, 2022). Nurses owe it to those they care for to examine their own thoughts and feelings to offer best practice and optimal patient outcomes. Ethical responsibilities are engrained into this profession. Standards set by the American Nurses Association, emphasize the concepts of social justice and reducing health disparities Gaines (2021). At New Hampshire Hospital, the focus for the nurse–patient rapport is based in relationship building. Relationship based nursing includes concepts of trauma informed care and Orlando Nursing theory practices. These modalities call for meeting the patient in the moment, to meet their needs and alleviate their immediate distress. Checking in with the person to validate what the patient believes their issue is, as opposed to what we believe or perceive it is, is crucial. Collaborative resolution is the goal. This demands one has a clear understanding of their own feelings and thoughts to promote optimal outcomes for the patient. Subjective assumptions are neutralized with validation and collaboration.

Martin and colleagues referred to relationship-based leadership as a “successful strategy for workplace achievement” (2019, p. 466). They further described that “changes in social conventions and technological advances flatter organizational structures, ...and lead to different leader–follower contexts that necessitate greater flexibility, co-operation, and interdependence,” when referencing transformative trends

(2019, p. 466). The use of a portable web page was a novel idea for New Hampshire Hospital education and required a shift from traditional learning to a more autonomous, self-directed effort on the part of the learner.

Traditional or social learning is considered two-sided, involving two-person communication. Intended as a costless resource and based on the para social or one-sided learning style indigenous to a younger work force, the page use involved a change in practice. “New technologies and didactic tools are instruments that have the advantage of fostering professional development, cross-curricular links, and more active engagement in learning” (Marcin et al., 2020, p. 67). The theory of social cognition includes the subcategory of para social cognitive learning. Madison and Porter (2015) outlined how increased exposure to media in our country correlated to an increase in one sided, para social learning. As technology evolved and unveiled new business objectives and practices, leaders are called upon to function in evolving roles. As the value of every employee is recognized, empathetic leadership focuses on growth and empowerment (Forbes Coaches Council, 2018). This is accompanied by a greater sense of responsibility personally and socially, as businesses transform towards more consumer orientated practices.

Objective

Expanding diversity training to include implicit bias concepts promoted a more inclusive work culture and organizational ethos. By augmenting awareness of individualized unconscious bias, diversity and inclusion were enhanced. By identifying prejudices and stereotypes which lead to discrimination and micro-aggressions in interpersonal behaviors, a sensitivity to others' feelings and development of empathy

arose. The use of a portable web page allowed the viewer to engage in tests to reveal implicit biases of which they were unaware. The videos selected for the page offered additional insights, trainings, and strategies available to gain enhanced awareness to the individual viewers. The knowledge obtained offered perceptions necessary for sustaining a more diverse and inclusive work force and work culture.

The Healthy People 2030 initiative involving population health care carried forward the Healthy People 2020 initiative of eliminating health care disparities and achieving health equity. Per the National Center for Health Statistics National Center for Health Statistics (2022) increasing public awareness for discerning ways to enrich understanding of health determinants is a focal target for improvement. Uncovered predispositions and predilections towards systemic prejudices were addressed with implicit bias education.

The Joint Commission (The Joint Commission [TJC], 2016) has emphasized the necessity of addressing implicit bias in healthcare. The TJC reported implicit bias as a cardinal factor in health care disparities, ineffective treatment engagement, and therapeutic offerings. Thus, the intentional integration of implicit bias into the current cultural diversity education at New Hampshire Hospital was deemed critical for better patient outcomes. Expanding diversity training to include implicit bias concepts promoted a more inclusive work culture and organizational ethos. By augmenting awareness of individual unconscious, implicit bias diversity and inclusion was enhanced. By identifying prejudices and stereotypes which lead to discrimination and micro-aggressions in interpersonal behaviors, a sensitivity to others' feelings and development of empathy unfolded on individual and organizational stages.

Implementation

Collaborative, interprofessional efforts involved meetings with New Hampshire Hospital Professional Development Staff, which included the Nurse Educator, the Program Director, the Staff Engagement Partner, and the Administrative Director to discuss the viability of the proposed web-based tool and reasons to add this educational resource to the current cultural diversity training offered. Revisions to the web page were based on the requests and preferences of the department members.

The PICO Question

P= In nursing staff at New Hampshire Hospital

I= Does education on implicit bias

C=Compared to cultural diversity training

O= Offer better patient outcomes secondary to enhanced self-awareness?

The question was: will implicit bias training verses cultural diversity training enhance staff self-awareness and other awareness of unconscious partiality and preferences that affect parity and equality in work culture and practices?

Collaboration for Leadership Support

The planned incorporation of the implicit bias information into the cultural diversity training included lengthening the time of the cultural diversity training to allot time for the Harvard Implicit Association Test and discussion of the results. The Administrative Director also requested a printable web page add-on for strategies to sustain awareness of individual unconscious bias. This was accommodated as it was

understood that the newly added components would ensure regulatory compliance and departmental requirement outcomes. The exact specifications for the implicit bias training remain in discussion and review. The department heads requested that staff try the Implicit Association Tests before the page roll out. This was suggested because it involved a culture change in both teaching and in approaches to patient care.

Vuletich and Payne (2019) cited social contexts and environments as paramount factors in maintaining changes in implicit biases. Their research added to existing studies affirming the sustention of individual changes in attitudes are reliant on changes in social climates. A successful examination of the web page and use of the Implicit Association Testing trial positively impacted staff support of the rollout of the portable web page into cultural diversity training. This transition in the work ethos and climate will solidify inter-professional collaboration needed to incorporate it into work culture and practices.

In order to embrace cultural diversity, a working knowledge of self and a refined sense of self-awareness must exist. Evidence supported the need to develop self-awareness to hinder our biases from interfering with how we interact with multicultural people and factions within the work environment (Wilkins-Yel, et al., 2019). Although the intention of the web page was to enhance employee education at New Hampshire Hospital, it could be used by other state agencies in the future. Like other aspects of culture change, there must be a top-down approach to self-awareness and implicit bias, involving leadership support from the highest levels in the organization.

A final promising feature in the acceptance of the Implicit Bias portable web page was a request from a nursing administrator for pages for additional topics, like suicide

awareness and medical tasks like catheter care. This opened a door to enhancing nursing education towards a more self-directed, autonomous manner. It also presented an opportunity to educate others how to author the pages, offering another collaborative approach to education for nursing and other disciplines. It also will allow a venue to keep the information on the pages updated as the science evolves.

Conclusion

Implicit Bias education is an evidence-based tool to enhance awareness of hidden predispositions and preconceptions in individuals. These social cognitions are a result of individual learning by watching and listening to others, modeling their behaviors, secondary to the motivation to be part of your group. We all learn by imitating those around us. These types of social mores are often unspoken and reinforced by being a member of that group. It separates individuals from others who are different, secondary to their group cultures. Cultural diversity training is focused on inclusion and diversity. Incorporation of inclusion and diversity principles necessitates the self-reflection afforded by uncovering and examining our individual, unconscious biases.

The implicit bias web page offers information on micro-aggressions in behavioral exchanges. Micro-aggressions occur due to unconscious discomforts that are a result of ingrained beliefs and biases. These subtle actions reinforce inequities and social injustices. Future endeavors on measuring these types of unpleasant interactions might reveal information about tenuous changes in the established work culture. This could involve collaborating with the Human Resources department for this kind of data collection, which was not done in this project. It might reveal how well the implicit bias training is affecting performance.

The success of the implementation of the educational web page required there is continued support of the inter-professional team bringing it forward. The team's incorporation of the different department's contributions and expertise was the most salient revelation. This project overlapped the two usually distinct categories of quantitative and qualitative information. This overlap made the measurable outcomes difficult to define. Because the education is individualized, it is colored by qualitative factors that influence receptivity and sustainability in the individual. This is why it is paramount that the organizational culture champion the practice of utilizing implicit bias education to shift the work cultural thinking. It is not difficult to track how many people take the training, or how many pre- versus post-tests show improved scores. It is more difficult to determine if the training is accepted and used in the individual's work performance. With is the use of implicit bias practices, individual workers will model the behaviors that fit in with the transformed organizational work culture.

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