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Podcast Transcript

What Lies Beneath: Implicit Bias in Healthcare

This course was originally published by Elite Learning in video format. The following transcript of the podcast has been lightly edited for length and clarity.

Episode 2 – The Impact of Implicit Bias?

Guest

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- More than 50 years' experience working on issues of race, diversity, and implicit bias
- President and CEO of BenReese, LLC, a global diversity, inclusion, and anti-racism company
- Former Vice President for Institutional Equity and Chief Diversity Officer, Duke University and Duke University Health System

Host

Juliette Blount, MSN, ANP

- Experienced speaker and educator in the areas of racial health disparities and health equity
- Adult nurse practitioner with more than 30 years of clinical experience
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Reviewer

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Transcript

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BENJAMIN D. REESE, JR., GUEST: Pausing for a few seconds to try to realize the kind of thoughts you're having when this patient, who might be dressed a certain way, might be a certain weight, certain race, might be male or female, pausing for a few seconds and trying to reflect on the kind of associations that you may be making. May seem like a simple skill, but one in which you can get better at if you practice. And it is actually an important skill in managing, reducing implicit bias.

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JULIETTE BLOUNT, HOST: That was Dr. Benjamin D. Reese, Jr., a clinical psychologist referring to things we as healthcare professionals can do to be conscious of and eliminate or reduce our implicit biases when we interact with patients.

I'm Juliette Blunt, a certified adult nurse practitioner in New York City. Like Dr. Reese, I have worked for many years to educate healthcare professionals and the general public about implicit bias and racial disparities in healthcare.

If you joined us in episode one of this podcast series, you'll have learned from Dr. Reese what implicit bias is, how it fits into our history as a country, and how none of us are immune to having deeply embedded preconceptions about others.

In this episode, Dr. Reese, who heads a global company that works with organizations to promote diversity, inclusion, and anti-racism, helps us understand how our unconscious biases can affect patient care and things we can do to lessen those effects. Here's Dr. Reese.

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REESE: So the real foundation for the examination in a systemic way and in a structured way of implicit bias in healthcare really began to get some traction after the 2003 report by the Institute of Medicine, this report called Unequal Treatment. In that report, there was this connection between implicit bias related to race, cultural differences, and actual outcomes in healthcare.

And so there was a recognition that insurance is important in terms of outcomes, where a hospital is located, socioeconomic status, etc., etc. But this report said that in addition to those factors, implicit bias is one of the factors that influences differential outcomes, disparities.

And so when we look at the many studies that have been done of implicit bias, in this particular research, they looked at 42 peer-reviewed articles. They found out that implicit bias operates for everyone, including healthcare professionals. Powerful notion, because we know that providers are generally well trained, take an oath, consciously work to treat every patient equitably and fair. Important, important motivation. I don't want to diminish that at all.

But this peer-reviewed review of articles made it clear that even providers have implicit bias, just the way it shows up in the general population. It might be at a lower level. But it exists for providers because they are human with the potential of the impact on the decision-making process.

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BLOUNT: OK. We may make a conscious effort to treat all patients equally with sensitivity and respect. However, are we communicating something else perhaps with our body language? Here Dr. Reese provides evidence-based examples.

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REESE: We can see this disparity in pain management related to race and how the chances of getting any pain medication or a particular type of pain medication or at a certain level is influenced by implicit bias about race, not determined. It's not a one-to-one correspondence. It's an influence that shows up when you closely examine the disparity in who gets medication and to what degree. The power of implicit bias.

It's not only in what we say, the kinds of decisions that we make to give medication or not; but implicit bias shows up in subtle and insidious ways in our nonverbal communication. So, for example, in this research, they

had emergency medicine physicians, hospitalists going into a room where a patient, really an actor, was complaining of pain and various symptoms.

Sometimes when they walked into the room, the patient – the actor – was in the bed, was White. Sometimes he'd walk in and the patient, really an actor, was African American. And the physician, the provider was told, just interact with the patient in the bed. Whether the patient was Black or White, the provider said caring and sensitive things.

But they didn't know they were being filmed. And the film was then being rated in terms of the nonverbal behavior of the provider. And so what they discovered, while providers were saying sensitive and caring things to patients whether they're Black or White, that in terms of nonverbal behavior, there was a difference.

There was less touching of the patient, touching their arm, touching their shoulder, when the patient was Black. And they tended to stand further away from the bed. Patient in the bed is Black and the standing further away, not touching the arm or shoulder. When the patient in the bed is White, standing closer.

We know that we're all socialized in the same society. And if you've been in the United States for a significant amount of time or you've been born and raised in the United States, you will take in these biases to a lesser or greater extent, depending on your own life experiences. But none of us are free of implicit bias because it's part of the way we're constructed as people.

So when we look at prenatal care, we look at pregnancy, we look at postpartum treatment, it's one of the powerful areas where we see implicit bias showing up, not only in terms of the things that a provider might say, but also, again, in terms of their nonverbal behavior. And as we examine disparities, we see that they're not only related to insurance, socioeconomic status, etc., but related to the subtle ways in which communication, decision making, can vary related to weight, perceived race, height, etc.

And so we can see the powerful differences in deliveries of premature babies related in part to race, which, as we deconstruct it, it's not only socioeconomic status, state of the hospital that's in the community, but subtle, but subtle implicit bias. And so studies have deconstructed and accounted for socioeconomic status, and implicit bias of race shows up even when you account for socioeconomic status.

And sometimes you see this in the popular media where tennis stars will get a different response to their health condition, their pain, the things that they say related in part to subtle or implicit bias. And we see it showing up in postpartum care, where Black women, are three to four times more likely to die while giving birth.

And it's not that any provider is consciously depriving a woman of appropriate postpartum care. It's that subtle 2%, 3%, 4% of their behavior is influenced by unconscious processes, implicit processes, which, by the way, show up to a lesser degree in Native Americans and certain groups of Asians, Latinx women.

And, again, I want to emphasize it's not that providers are consciously trying to give inferior care. It's that they've internalized the subtle biases that exist in our society.

And so you can see this powerful difference in deaths of women in childbirth related to race. And it's been so clear that implicit bias is one of the factors in some cases at the same rate and in some cases at a greater rate of disparity than in the 1800s. Again, not because of any conscious differential behavior; but it's about the extent to which implicit bias is ingrained in our behavior.

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BLOUNT: Dr. Reese's examples of implicit bias and maternal care and outcomes are particularly timely. A number of studies and reports have uncovered a maternal health crisis among Black, Native American, and Alaska Native women, who are two to three times more likely than White women to die giving birth in the United States. Dr. Reese reinforces the point of being aware of our implicit biases with a related case study, along with a personal story, when he found himself in the midst of an implicit bias moment.

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REESE: So let me give you this case study, and I'll read it to you.

So John is a White nurse caring for a Black pregnant woman in an obstetrics unit in a hospital. The patient is a lesbian and had an in vitro fertilization. Her partner is White and asks to speak to you, the case manager, in private and not in the patient's room, stepping outside. And the partner mentions that she recently saw a news story about how Black women are treated unfairly in comparison to White women.

So think. As a healthcare professional, you're sure that her partner will be given the same highest level of care as other patients. And you give this reassurance consciously in a deliberate way. But we know that there's a parallel process. So reflect for a moment. As a healthcare professional, in addition to this conscious process, what are some potential areas of implicit bias that might occur, both in the kind of decision making that's resulting from a communication, what ways in which implicit bias might show up in the communication in what's said, how it's said, verbally, non-verbally?

And then think. And I'll give you some suggestions in a moment. Just think. So given that implicit bias exists and shows up in this case study, how might you manage it? How might you try to reduce implicit bias? So take a moment and think about this case. And think about how implicit bias might show up and how you might manage it.

And as you reflect on this case, recall some of the research that shows the powerful difference in death rate related during pregnancy. In this case, think about the potential for bias related to sexual orientation. And it's really not about your own beliefs about sexual orientation. It's about working to consciously and unconsciously treat someone in a fair and equitable way.

So when you reflect on this case, think about not only how implicit bias shows up and can result in this kind of disparity, but also begin to think about how might you manage, reduce implicit bias. And I want to call your attention to some conditions that might influence or encourage implicit bias showing up.

So one is when you're rushing. You're under tight time constraints. You're cutting corners. That's fertile ground for implicit bias. And you're relying on these kind of snap judgments, these associations, and without stopping, pausing, thinking about your behavior, taking a few seconds to think about how it might be – your behavior might be influenced by the way this person looks, the way they speak, etc.

So we know in the kind of rushed way in which so many of us have to work, fertile ground for implicit bias. We also know when the situation is ambiguous and we have a lot of discretion in the way we can respond – again, fertile ground for implicit bias. When we're tired, we're overload, we're stressed, fertile ground for implicit bias.

Let me share a personal example. I had several years ago a family member, serious accident, was hospitalized, having an operation. The family showed up at the hospital, myself included. We were all up all night and stressed, so concerned, standing outside the room where he will be brought to after the operation, standing in the hallway, anxious, exhausted.

Long hallway. Every once in a while, the elevator door would open at the end of the hall. Someone would come out, hoping it's the doctor telling us how the operation went. I found myself, when a man came out of the elevator, looking carefully to see if it was the doctor. When a woman came out of the elevator, I found myself not looking for the doctor.

Wait a minute. I've been doing this work for more than 50 years. How come I'm just falling prey to this kind of implicit bias? It's in part because it's so well ingrained in our society around gender and competence, gender and high level of skills. And I was under high stress, exhausted. Some of my cognitive brain executive functions were not working well.

And I was allowing this implicit bias not only to show up but to influence my expectations. The power of situations that encourage or increase the probability that implicit bias would show up. And then lastly, if you're not focusing carefully on the situation, you just tend to make these kind of associations unconsciously. Again, fertile ground for implicit bias.

And so when we examine implicit bias, it's important to understand that it's not about someone being sexist, homophobic, racist. It's about being human. And to understand the historical, cultural, racial context in America, understanding the historical context related to race, gender, sexual orientation, ways in which those factors can get ingrained and show up in the media, show up in the ways in which we behave. The ways in which we model behavior for children, for colleagues, the ways in which implicit bias is this parallel process that operates for all of us, having real important implications for healthcare while we're trying to consciously provide the most equitable and fair care. And, again, it's not because we're bad providers; but it's because we're human. And so our goal – one of our important goals in healthcare – is to try to identify how it shows up potentially for each one of us and then to really be diligent in deliberately trying to reduce it.

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BLOUNT: If we're honest with ourselves, we can identify with the kind of circumstances Dr. Reese describes. But what do we do to consciously address our unconscious biases? Dr. Reese offers a few ideas.

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REESE: So let me give you some suggestions about how one might work to reduce implicit bias. And when I give you these suggestions, it's not like there's one thing you can do and you won't be exuding any biases. These are strategies that I would encourage you to use in conjunction with each other, trying to use more than one strategy at a time, trying to over time have those strategies get more deeply ingrained in your behavior, the ways in which you interact so that they become as strong habits as the habit of implicit bias.

So one of the strategies – and I've tried to model that for you in this course – is to work to understand how implicit bias develops, how it shows up, how it operates in virtually every decision-making interaction that we have in healthcare, understanding that in terms of the historical context of race and gender, sexual orientation.

So that understanding part, that education part, often done through workshops, and hopefully workshops for healthcare providers, administrators, at every level of an organization. But I think we probably all know, and research shows, that education alone, as critical as it is, is not going to replace the kind of diligent and deliberate ways in which we should be working to manage our implicit bias. So education, critically important foundation for us to then utilize other strategies in addition to education.

So the strategy of self-awareness. You might not think of this as a strategy. But being increasingly reflective about our cognitions, our perceptions about someone, the kind of thoughts that are running through our mind when we first see someone.

And pausing for a few seconds to try to realize the kind of thoughts you're having when this patient, who might be dressed a certain way, might be a certain weight, certain race, might be male or female, pausing for a few seconds and trying to reflect on the kind of associations that you may be making. May seem like a simple skill, but one in which you can get better at if you practice. And it is actually an important skill in managing, reducing implicit bias.

And then building structures, systems, protocols so that you can operate in a less-discretion kind of way and operate more in a structured, objective way. And so there are ways in which aspects of the healthcare system can be structured in a way that it reduces discretion. Recognizing that there's a degree of discretion that is part of healthcare and an important part of healthcare. But you want to manage that in relationship to its potential for promulgating a disparity in healthcare outcomes.

And then recognizing that it's not only, it's not only about your individual implicit bias. But if we are to manage implicit bias in systems within a hospital, within broader healthcare systems, then it's not only our individual self-reflection, our individual education, but we all have responsibility to contribute to the healthcare system and our colleagues.

And so giving respectful, sensitive feedback to colleagues when you see them engaged in a behavior, maybe implicit or unconscious, that you think may be promulgating a disparity or an inequity. And I want to underline respectful feedback, because you want to acknowledge to someone that you suspect, you sense their behavior, not deliberately, might be experienced by someone as being a negative.

Because it's really not so much about your intention, but it's the kind of impact that your behavior, your perceptions, can have on someone. The whole area of microaggressions, which is a kind of unconscious bias – it's not about your conscious intention. But these subtle behaviors, these microaggressions are really about the impact that it can have on someone.

And then the last strategy I want to share is the importance of creating reminders. By that, I mean after any educational intervention, after any workshop, days, weeks, month pass, and so much occurs in your professional, personal life that you might not recall, remember what took place in that workshop. You might be so busy in your work that you don't – or it's difficult to find time to think about and reflect.

So I think the importance of creating reminders to stimulate recall is important. A couple of examples. And so my cell phone, picking up my cell phone, looking at it, is a high-frequency behavior. So my screensaver on my cell phone is a picture of a brain and the letters IB for implicit bias.

Every time I pick up my phone and look at it, I'm reminded of implicit bias. And, by the way, I changed that screen about every two or three months, so I don't become habituated to it and not pay attention to it. But it's one of the strategies of reminding or recalling information about implicit bias.

I've been on many search committees. And the committees might meet for weeks, might meet for months regularly in the search committee meetings. We typically have a folder with CVs in it and other information. I've created folders that when you open it up, on the left-hand side, the inside cover of the folder are some prompts about implicit bias, some words, concepts, two liners, two sentences about a particular piece of research. Again, trying to help increase the recall of information about implicit bias at this critical stage when you're part of a search committee screening someone.

Some colleagues will create reminders, which are words on a wall, on a poster. I've worked with some physicians who were screening applicants to the medical school. And so after an implicit bias workshop, I handed out a piece of paper. It had about 15 words and concepts I used in a workshop.

And I ask each person to circle on this piece of paper I gave them, what are the three words or concepts that they think would stimulate recall of the workshop 90 days in the future? They each circle three things. I collected all the paper, did a frequency analysis, came up with the five things they said would stimulate recall.

And I made them into a poster, put them on the wall of the room where they gathered just before they went in to do the individual interviews. And using that poster as a stimulus to try to stimulate recall of the things they said would be important in reminding them about the implicit bias workshop.

I've had a colleague, when she does interviews, she has a book that she typically puts her on her desk during the interview, which is a book about implicit bias; and it kind of stimulates the recall.

You can do something as easy as talking about implicit bias just before you do the interviews for a prospective candidate or employee, again, having that brief conversation being a reminder about implicit bias. Because we're all busy, and we're all doing lots of things in our life. And we might not be thinking about the workshop that we took, the course that we were part of a week ago, a month ago, a year ago.

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BLOUNT: After listening to Dr. Reese, we should feel empowered and fully capable of consciously doing small things to make a big impact on how we communicate with and care for our patients. He reminds us that we can do better by acknowledging the unconscious biases we carry. Taking these steps to reduce them will ultimately help us provide better care and achieve better outcomes for our patients.

REESE: Implicit bias, part of the human condition. It can have a powerful, powerful impact on healthcare and healthcare decisions. It's a process that operates parallel to our conscious process of deliberately wanting to do the best things for our patients.

Implicit bias has nothing to do with being a bad person, being sexist or racist. It's about being human and recognizing that with practice and monitoring, being aware of our implicit biases, with a deeper understanding of the historical contexts, the ways in which implicit bias operates, we can all, all move along the continuum to greater self-awareness of our implicit biases and importantly, most importantly, reducing them in the healthcare process so that we reduce the kind of health disparities that mitigate against equitable and fair treatment, a goal that we all have.

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BLOUNT: Our thanks to Dr. Reese and to you for listening and learning about this vital topic. Take your learning even further by listening to a question-and-answer session with Dr. Reese in the third and final episode in this podcast series.

This is Juliette Blount for Elite Learning.

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