Implicit Bias:

The Detrimental Effects of Ignorance and Inaction, and Strategies for Improvement

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Introduction to Implicit Bias

Implicit biases, or unconscious biases, refer to **implicit or unconscious attitudes and stereotypes held towards individuals or groups based on social group membership, categories or traits**, such as race or ethnicity.[1] **Everyone** possesses implicit biases on the individual level, some stronger than others.[2] All are greatly influenced by society through cognitive associations resulting from an individual's direct interactions and indirect exposure to other individuals or groups.[2] It should be noted that implicit biases do not *necessarily* reflect explicit biases, beliefs, or feelings.[2] However, implicit biases, both **positive and negative**, can unintentionally influence our actions, interactions and decision-making processes.[2]

Implicit Bias in Healthcare

Research shows that implicit racial/ethnic biases exist among healthcare providers, at rates similar to the general population, generally with low to moderate levels of bias against people of color.[3] In healthcare, implicit racial/ethnic biases have been found to significantly impede[3,4]:

- **patient-provider interactions**
  - patient-provider communication, including verbal dominance by providers
  - patients' perceptions of receiving of patient-centered, collaborative care
  - patients' perceptions of the providers' friendliness and mutual respect
- **clinical decision-making**
  - prescribing the optimal treatment for the patients' diagnoses and/or clinical presentation, or treatment(s) similar to what white patients receive
- **patient adherence to treatment**
- **patient health outcomes**
  - psychosocial outcomes, including satisfaction with life, social participation, and anxiety/depression disorders

Implicit biases are potentially dangerous for **perpetuating healthcare disparities** among already marginalized groups during vulnerable periods of illness or injury. In addition to racial/ethnic minorities, the Institute of Medicine has also identified other subgroups of the U.S. population *at risk of receiving suboptimal healthcare* including[5]:

- individuals with disabilities
- individuals identifying as non-heterosexual and/or non-cisgender
- individuals/families with low-income
- the elderly
- women and girls
- obese individuals
- refugees and immigrants

The **intersectionality** of patient characteristics (e.g. a black female or low-income Latino/a) can have compounding effects of healthcare providers' implicit biases and subsequent patient diagnosis and treatment.

Implicit Association Test

The Implicit Association Test (IAT) was developed by Greenwald, McGhee, and Schwartz in 1998 to measure implicit cognition and, consequently, implicit bias.[6] The IAT, which is administered electronically, presents two concepts—one image (target) to which the test taker must associate one of two words (stereotypical attribute).[6] Reaction times (RTs) for pairing concepts (target-stereotypical attribute) are measured under the premise that faster RTs reflect readily accepted automatic associations while slower RTs suggest that inhibitory cognitive processes are occurring to override automatic associations that may be considered unfavorable.[6] The IAT has been validated, and additional research shows that

even statistically small effects of implicit bias measured by the IAT can have great consequences on individuals with repeated exposure or affect many individuals simultaneously.[7] The IAT remains one of the most popular measures of implicit bias to date but is not without its critics citing the influence of personal factors (e.g. cognitive fluency, generally slow RTs) and test design (e.g. Hawthorne and practice effects).[8,9]

The IAT and its subtests are available online free of charge through Project Implicit® via Harvard University at:

https://implicit.harvard.edu/implicit/takeatest.html

Strategies to Reduce Implicit Bias

- ✓ **Increase awareness** of your own implicit biases by: taking the IAT and its subtests, reflecting on your own skills providing care to patients from marginalized groups and other interactions with people different than you.[10,11] Remember to keep an open mind even if you feel that your IAT results do not align with your explicit beliefs or feelings.[11]
- ✓ **Resolve** to think and act in a more *egalitarian*-like manner once aware of any implicit biases you may harbor.[11,12] Research shows that stereotype inhibition is often beyond conscious control but may be protected by goal-shielding. Goal-shielding occurs when an individual focuses on an established goal (e.g. viewing and treating all patients equally to reduce implicit bias), thereby minimizing distractions and external influences.[12] Egalitarian goal-setting must be an on-going, progressive process to maintain stereotype inhibition.[12]
- ✓ **Practice** *individuating* and *perspective-taking* which also facilitate stereotype inhibition and ultimately aid healthcare providers in treating patients based on individual rather than social group characteristics.[13]
- ✓ **Increase exposure** to patients from marginalized groups in order to practice bias reduction strategies, but do not allow unfavorable personal experiences with individual patients or unfavorable accounts from other healthcare providers to solidify your view about a whole group.[10,11]
- ✓ **Participate** in any organizational cultural competency and diversity interventions offered by employers, which have been shown to significantly reduce healthcare providers' implicit racial/ethnic biases when coupled with structured individual-level interventions.[14]

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