

Prevalence of Implicit Biases in Practicing Physical Therapists Bria Dunn, SPT, Jennell McIntosh, SPT, Dana McCarty, PT, DPT, PCS, C/NDT

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Table 1. Demographic characteristics of participants

- Implicit biases (IBs) reflect unconscious attitudes and stereotypes held towards individuals or groups based on social group membership, categories, or traits.1
- Most research to date about IB in healthcare providers pertains to physicians and nurses, and finds similar rates of IBs towards racial minorities and/or individuals with disabilities as the general population.^{2,3}
- In healthcare, IBs negatively impact⁴:
- patient-provider interactions,
- clinical decision-making,
- patient adherence to treatment,
- and patient health outcomes.

Objectives

Introduction

To determine the difference, if any, between the levels of race- and disability-related IBs in:

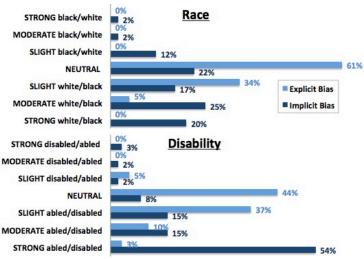
- 1. physical therapists (PTs) and the general population
- 2. PTs practicing in orthopedic and pediatric settings

Methods

- Participants were licensed orthopedic and pediatric PTs recruited via email from a database of past clinical instructors for the Division of Physical Therapy.
- Participants completed the race and disability subtests of the Implicit Association Test (IAT)⁵ online then reported their results, self-rated explicit biases (EBs), and demographic characteristics via Qualtrics survey. (See Table 1)
- Responses from PTs working in practice settings other than orthopedics or pediatrics were excluded prior to analysis.
- Statistical analysis was performed using the Wilcox Exact Test.

	Orthopedics (n= 33)	Pediatrics (n= 26)	Total (n= 59)
Gender			
Female	23	23	46
Male	10	2	12
Prefer not to answer	-	1	1
Race			
White	30	24	54
Non-white	3	-	3
Prefer not to answer	-	2	2
Experience (mean, SD)			
Current practice setting	6.03, 5.47 years	10.69, 8.74 years	8.08, 7.41 years
Total	6.81, 6.47, years	16.19, 11.31 years	11.09, 10.09 years

Figure 1. Prevalence of Implicit versus Explicit Biases Towards Race and Disability*



*IBs and EBs, based on IAT results and self-ratings respectively, are reported as the strength of preference for one group over another (x/x). This phrasing is taken directly from the IAT⁵ and was also used for self-ratings.

Results

On average, participants reported slight levels of IB favoring whites over blacks despite reports of neutral EB. Similarly, participants reported moderate levels of IB favoring individuals without disabilities over those with disabilities despite reports of only neutral to slight EB on average. (See Figure 1)

PTs practicing in pediatric settings reported significantly higher levels of race-related IB than those practicing in orthopedic settings (Wilcoxon S= 623.5, p=0.014), but there was no significant difference between the levels of disability-related IB based on practice setting (Wilcoxon S= 850, p=0.245).

Discussion

This sample of PTs demonstrated rates of IB on the basis of race or disability status similar to other healthcare providers and the general population.^{6,7} Furthermore, participants generally rated their EBs towards racial minorities and individuals with disabilities more favorably than what IB testing via the IAT indicated. The disconnect between IBs and EBs is well-established⁸, and highlights the continued need for IB awareness and subsequent bias reduction interventions for healthcare providers given the negative consequences.⁴

References

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