



UNCONSCIOUS BIAS

Recognizing Unconscious Biases when Interacting with Your Veteran Patients

Everyone has biases concerning how they think and feel about other people.

Unconscious bias refers to our implicit attitudes about others, which can affect how we behave toward those individuals.¹

ABOUT ACORN

The ACORN initiative aims to systematically screen Veterans for non-clinical social needs that may be impacting their health, and provide resources for any identified needs at the point of clinical care.

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Consider This Scenario

Desmond, a Black Veteran, is meeting with his clinician to discuss cancer treatment options. Desmond has researched common successful treatment plans and knows that his type of cancer can be treated by both surgical and non-invasive treatment options.

However, his physician only recommends the non-invasive options during his appointment. This recommendation leads Desmond to believe that this route is ultimately the best plan to treat his cancer, and Desmond agrees to the non-invasive procedure.

Overall, the appointment is shorter than he expected. While he now has a treatment plan in place, Desmond feels like he is leaving his appointment with more questions than he would like.

Acknowledging Bias

Desmond's experience is not uncommon. Studies show that a patient's race can influence the patient-provider relationship. Black patients are more likely to identify poorer communication with their providers, and often feel less supported and less confident in their treatment plans.^{2,3}

These feelings may be the result of interacting with clinicians who are holding some unconscious biases. Unconscious biases are non-neutral beliefs that operate outside of our awareness, and are often aligned with pervasive, often negative stereotypes.⁴

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Continued acknowledgement of our biases and active practice to address them are essential steps of advancing health equity for all patients.

When left unchecked, biases can negatively influence patient-provider interactions and health treatment choices. This can lead to discriminatory practices and result in poorer experiences and health outcomes for patients.⁵ Taking the time to acknowledge and address your own unconscious biases is key in helping to reduce the potential for harm experienced by patients.

In Desmond's case, his clinician held some unconscious beliefs – whether gained through her studies or experience in the field – that Black patients more often refuse invasive cancer treatment. Over her years of practice, she started behaving in accordance with her unconscious biases by placing more emphasis on non-invasive treatment options to her Black patients, as a way to spend less time on treatment refusals and more time developing a treatment plan.

By adapting her clinical care procedure in this way, she allowed her unconscious bias to influence the quality of care that she's providing to Desmond and her other patients.

Common Types of Bias

Discrimination in the healthcare setting can include treating a patient differently based on any of their physical characteristics or any pervasive stereotypes of specific communities.⁶

Below are common types of unconscious bias. For each one, take time to consider what unconscious biases you or others may have, and how someone's quality of care may be impacted by assumptions based on their actual or perceived characteristics. Unconscious biases can be based on:

- Race, Ethnicity, and National Origin
- Religion
- Socioeconomic Status
- Education Level
- Sex, Gender, and Gender Identity
- Sexual Orientation
- Disability Status
- Age





LEARNING TOOL:

IDENTIFYING YOUR OWN UNCONSCIOUS BIASES

Sometimes identifying your own unconscious biases can be difficult. Harvard's Project Implicit has developed a series of Implicit Association Tests (IATs) that are designed to measure "attitudes and beliefs that people may be unwilling or unable to report."⁷

The IATs can be used as an education tool to develop awareness of implicit preferences and stereotypes. To take the test and identify your own unconscious biases, visit implicit.harvard.edu/implicit.

STRATEGIES FOR REDUCING UNCONSCIOUS BIAS

Providing equitable access to high-quality care for all Veterans is a core tenet of the Veterans Health Administration (VHA) mission. Research shows that VHA providers believe that it is their responsibility to help reduce health disparities among the population of patients they serve.² Part of this responsibility requires providers to take an active approach in acknowledging and countering their unconscious biases.

The following are six proven strategies to help reduce unconscious bias in your practice. These action steps will help you recognize any of your biased responses to identify better ways to respond in the future. When practicing, remember this is a conscious effort and it will take time to build new habits. As always, reflect on what steps you may need to take to ensure the patient is receiving the appropriate quality and best level of care.

Take on a New Perspective

Take a first-person approach to the group you may be struggling with stereotyping by following the adage of "putting yourself in the other person's shoes."^{4,5}

Imagine Counter-Stereotypes

Consciously imagining the patient as the opposite of the stereotype to challenge the bias and create new, positive associations.^{5,6}

Build Partnerships

As a provider working with Veterans as patients, it is important to be aware of the potential power imbalances. Take care to frame the relationships with your patients as one of "collaborating equals" with the mission to collaboratively improve their health and wellbeing.⁵

See the Person, Not Their Stereotype

Give individuality to persons within the group for which you may hold implicit biases and see a patient as a person rather than a generalization. This can be achieved through asking thoughtful questions to learn more about the person.^{5,6}

Increase Opportunities for Contact

Seek out opportunities to engage with communities outside of your own to build positive interactions. Expanding your own network of friends and colleagues can help to replace biased attitudes and stereotypes.^{5,6}

Replace Your Stereotypes

Notice when you are stereotyping someone, and take the steps to consciously adjusting this kneejerk response to an unbiased alternative.^{5,6}

ADDITIONAL RESOURCES

Remember to keep in mind that everyone has unconscious biases, as they are ingrained in us from a young age through education, media, and interactions with other people in our communities. While the presence of unconscious bias may feel inevitable, their effects do not have to be. Our willingness to acknowledge and change our biased attitudes is a crucial step to mitigating their negative impact on our patients and ourselves..

For more information on addressing unconscious bias and its impact in healthcare settings, please use the following resources.

The Department of Veterans Affairs' Office of Health Equity has detailed tools and trainings for healthcare professionals on how to provide Veterans with equitable and quality care. (<https://bit.ly/36w3CBX>)

The EveryONE Project Toolkit offers a team-based approach with a collection of tools and resources to use at the point of care to address patients' social determinants of health. (<https://bit.ly/3cXdZ3W>)

For more context on VHA providers' perceived responsibilities to reducing health disparities, please see the article "**Veterans Affairs Providers' Beliefs About the Contributors to and Responsibility for Reducing Racial and Ethnic Health Care Disparities.**" (<https://bit.ly/3ecerLJ>)

The Institute for Healthcare Improvement (IHI) is a helpful resource for healthcare professionals who seek to promote health equity in their practice. They also have an advice column answering questions from healthcare professionals, including questions on how to apply unconscious bias strategies in "**Dear IHI: How Do I Talk about Implicit Bias Without Making People Defensive?**" (<https://bit.ly/36k5KMR>)

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