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Ethics and Implicit Bias in Health Care: Exploring the Process of Acknowledging, Accepting and Addressing It

Susan Holmes-Walker, PhD, RN

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- Susan Holmes-Walker, PhD, RN the owner and founder of the Sulan Group LLC, is a registered nurse licensed in the states of Michigan and Florida. Dr. Holmes-Walker has experience as an adult pain clinical nurse specialist, case manager, and risk specialist.
- Given the current state of the opioid epidemic, Dr. Holmes-Walker's mission is to share lessons learned from the research literature and clinical practice during her nursing career to provide continuing education to healthcare professionals. The primary goal of this education is to increase knowledge and understanding of how quality pain assessment leads to improved pain management and can be used as a tool to address the opioid epidemic.

Disclosures

- Presenter Disclosure: Financial disclosures: Dr. Susan Holmes-Walker received an honorarium for presenting this course. Non-financial disclosures: Dr. Susan Holmes-Walker has no relevant nonfinancial relationships to disclose.
- Sponsor Disclosure: This Course is presented by continued Social Work.
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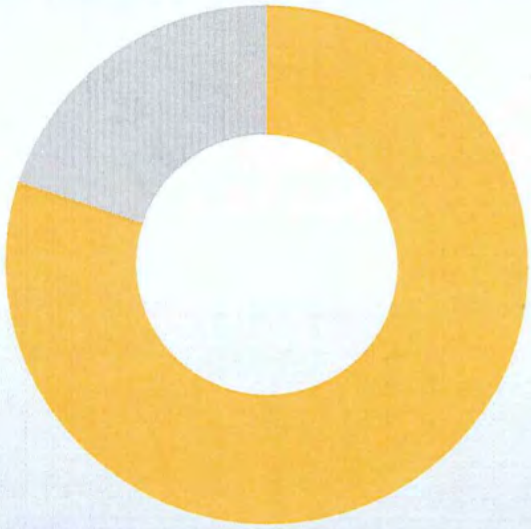
Limitations and Risks

- This content is educational in nature to meet the requirements for licensure of behavioral health professionals. This learning event does not focus exclusively on any specific product or service. The information is based on evidence-based research and guidelines from federal healthcare agencies. Limitations of the content and most severe, common risk is that new evidence is always evolving to update the presented information.
- Efforts have been made in recent years to intervene on the social determinants through interventions at the individual, community, and policy levels. Individual and cultural considerations should be explored.

Learning Outcomes

- After this course, participants will be able to:
  1. Describe how implicit bias can impact the care provided to people seeking assistance for behavioral health-related issues and concerns.
  2. Identify one's own implicit bias and perform self-reflection to determine the root cause of these beliefs.
  3. Identify 3 strategies to prevent implicit bias from impacting the provision of empathic care to the people for whom we provide care.



80%

of what influences your life expectancy happens outside of the healthcare system

Source: David Satcher, former Surgeon General of the United States, The Public Health Approach to Eliminating Disparities in Health

Explore ‘It’

Key Terms

- Implicit Bias
- Emotional Intelligence
- Cultural Intelligence

Implicit Bias (IB)

- Attitudes, stereotypes, and unconsciously held thoughts that may appear in interpersonal situations
- Unconsciously negative held thoughts, which in healthcare professionals, may lead to:
  - inaccurate or compromised clinical decisions
  - an erosion of trust between health professionals and patients due to poor interpersonal interactions and biased behaviors.

FitzGerald, C., Hurst, S. Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics 18, 19 (2017). https://doi.org/10.1186/s12910-017-0179-8

Emotional Intelligence (EQ)

- The capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically
- Emotional intelligence, otherwise known as EQ, helps us better understand what motivates others
- EQ counts for twice as much as IQ and Technical Skills in determining who will be successful

Emotional Intelligence Frameworks, Charts, Diagrams & Graphs (positivepsychology.com)

Emotional Intelligence

- Social Skills
- Self-awareness
- Decision-making
- Self-regulation
- Empathy

https://thinkpsych.com/blog/the-five-components-of-emotional-intelligence/

Cultural Intelligence(CQ)

- Ability to work well in culturally diverse environments
- Combination of cultural awareness, sensitivity, humility and competence
- Decreases biased decision-making
- Successful attainment of CQ is enhanced when individuals have at least a moderate level of emotional intelligence

(Richard-Eaglin, 2021)

Case Study

Carol is a 55 yo and is a person with a history of substance use disorder. Carol is a divorced parent and also cares for her aging mother who lives in the home. Carol's son is 16 and spends time with his father on occasion.

Carol's company is downsizing in the months to come and concern is growing regarding the longevity of her current position.

What are some thoughts, positive or negative, that come to mind regarding Carol?

Acknowledge It:
Implicit Bias Impact on Care

Diagnoses vs. Health Condition

- Provides a different lens to view people
- Healthcare professionals often people as a disease state rather than a person with a health condition (e.g. medical model of care)
- Efforts to treat, and consider, the ‘whole’ person have helped (e.g. multidisciplinary teams/rounds, bedside rounding, electronic medical record screening questions, case management assessment, family meetings, etc.)

Behavioral Health

- STOP Criteria
  - Recognize attitudes and actions that support negative stereotypes
- Stereotypes people with mental health conditions (that is, assumes they are all alike rather than individuals)?
- Trivializes or belittles people with mental health conditions and/or the condition itself?
- Offends people with mental health conditions by insulting them?
- Patronizes people with mental health conditions by treating them as if they were not as good as other people?

Stigma and Discrimination (cmha.ca)

Behavioral Health

- Some conditions are chronic and require daily management, similar to diabetes and heart disease
- May exist as a co-morbidity for people diagnosed with a ‘medical’ condition
- Management can include medication, in conjunction with other treatment such as cognitive behavior theory and counseling
  - https://ontario.cmha.ca/documents/stigma-and-discrimination/

Top 10 Medical Conditions

- Heart disease: 695,547
- Cancer: 605,213
- COVID-19: 416,893
- Accidents (unintentional injuries): 224,935
- Stroke (cerebrovascular diseases): 162,890
- Chronic lower respiratory diseases: 142,342
- Alzheimer's disease: 119,399
- Diabetes: 103,294
- Chronic liver disease and cirrhosis : 56,585
- Nephritis, nephrotic syndrome, and nephrosis: 54,358

https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Assessing IB

- Project Implicit
  - Non-profit organization and international collaborative of researchers who are interested in implicit social cognition
  - Mission is to educate the public about bias
  - The Implicit Association Test (IAT) measures attitudes and beliefs that people may be unwilling or unable to report.
  - People may discriminate unintentionally which continues to have implications for understanding disparities

https://www.projectimplicit.net/

Case Study, cont.

- What are biases Carol may encounter when seeking care?
- What are some concerns Carol may have when seeking care for the family?
- How can healthcare professionals help support Carol and the family?

Care Seeker Perceptions

- Treated differently because of factors beyond their control
  - Race, gender, heredity, etc.
- Communication lacks empathy
  - Talk to me as a person and not a disease
- Plans of care for me are different than for others
  - Social determinants of health, insurance, socioeconomic status, person with substance use disorder, etc.

Impact of IB

- Lack of empathy
  - All workers in healthcare who cross paths with people seeking care, not just licensed professionals (e.g. valet, environmental services, transporters, etc.)
- Increased risk and safety issues in healthcare settings
  - All people… employees AND not just those seeking care
- Poor quality of care
  - Beliefs and attitudes of behavioral and medical health professionals
- Decreased access to treatment plans/care recommendations
  - Diverse populations of people remain absent from research studies
  - Intentional steps to increase access to diverse populations in IRB proposals

Ethics in Healthcare

- Beneficence
  - Act for the benefit of the people
- Nonmaleficence
  - Do not to harm the people
- Autonomy
  - People have the power to make rational decisions and moral choices
- Justice
  - Fair, equitable, and appropriate treatment of people

(Varkey, 2021)

Ethical Implications of IB

- Bias, attitudes, and behaviors of health care providers can negatively impact health outcomes for marginalized populations including care decisions
  - Change recruitment and hiring practices to create a diverse healthcare workforce
  - Training related valuing contributions from the people of diverse backgrounds in the workplace
  - Need initiatives that discourage bias-influenced health care that can impact treatment plans

Accept it…
Implicit Bias: Who me?!?
Yes, you and me!

Why is IB training needed?

- We do not always say what is on our mind
- Unwilling and/or Unable
  - Unwilling: embarrassed to admit the truth
  - Unable: truly believe it is the truth
- The difference between being unwilling and unable is:
  - Purposely hiding something from someone
  - Unknowingly hiding something from yourself
- Health professional training on IB increases quality and standards of care

https://www.projectimplicit.net/

Critical Conscious Reflection

- Generates thoughts as to where the bias originated from
- Challenges one to own the feelings that arise when interacting with individuals who make you feel ‘uncomfortable’
- Self-Reflection
  - Must be committed to addressing your own implicit bias
  - Explore the underlying cause of thoughts, behaviors and feelings
  - Discomfort is a good thing when performing self-reflection
  - Increases the ability to witness and evaluate our own cognitive, emotional, and behavioral practices and progress to change them as needed

Acceptance

- Society is growing more diverse
- Public discussions on the impact of diversity can be uncomfortable
- Healthcare professionals need to address the role of implicit biases and how they can impact care
- Evidence indicates that healthcare professionals exhibit the same levels of IB as the wider population

(Arant et al, 2021; Fitzgerald & Hurst,2017)

Microaggressions

- An unconscious statement, or action, regarded as discrimination against a marginalized community
- Combined with IB they can be psychologically damaging
- Can affect both the people and providers
- Delivery of quality patient care is adversely affected
- Awareness that IB and microaggressions exist and recognition that these phenomena are problematic are the first steps toward fostering a more equitable and inclusive culture.

(Turner et al 2021)

Examples of Microaggressions

1. Agism: Patient: “You look too young to be doing this.”
2. Sexism: Physician: “Hi, I’m Doctor ….” Patient: Well, Ms ….”
3. Racism: Patient: “Wow. You speak well for a ….”
4. Antigay: Patient: “I see you finally got married. How is your wife?” (to the gay male doctor).

(Turner et al 2021)

Motivational Interviewing (MI)

- A collaborative, goal-oriented style of communication with particular attention to the language of change
- Designed to strengthen personal motivation for and commitment to a specific goal
- Explores the person's own reasons for change within an atmosphere of acceptance and compassion

(Miller & Moyers, 2006)

MI Spirit

- Partnership: dancing together
- Acceptance: reverence for diversity of humankind
- Compassion: top priority to well-being of the one you are serving
- Empowerment: help people realize strengths

(Miller & Rollnick, 2023)

- MI Spirit can be impacted by microaggressions and implicit bias

Address It: Embrace Prevention Strategies

What implicit biased could Carol, or her family, be subjected to?

Case Study, continued

Tips for Teaching IB Recognition and Management

- Create a safe learning environment
- Normalize bias while reducing self-blame
- Integrate the science behind IB and evidence for its influence on clinical care
- Create activities that embrace discomfort
- Implement critical reflection exercises
- Reinforce implicit bias recognition management(IBRM) as part of life-long learning

(Gonzalez et al 2021)

Transformative Learning Theory

- Explanatory framework and a guide to inform instructional design related to implicit bias
- Contrasted with restrictive focus central to adult learning in the 1970s
- Involves a process:
  - Triggered by disruption
  - Followed by revised interpretation of experiences that guide an individual's actions (Mezirow 1978; Sukhera et al 2020)

Implicit Bias Recognition & Management (IBRM)

- Striving for ideal
- Accepting actual
- Strategies
  - Disorienting experience
  - Critical reflection
  - Acquiring, and using skills, to practice/role model new behavior strategies (Sukhera et al 2020)

Reinforcing Implicit Bias

- Not addressing attitudes and stereotypes
- Focusing on one population of people
  - It's not just Black & White…
- States are gradually requiring training for healthcare professionals, while some are rescinding and/or restricting training

IB Management Strategies I

- Disorienting experience
  - Think critically about your experiences
  - A process of self-awareness and promotes a deeper level of understanding
    - Implicit Association Test: https://www.projectimplicit.net/
    - BE Equitable: https://be-equitable.com/
    - Video observation: view a video of an interaction with a ‘patient’ which includes examples of implicit bias

IB Management Strategies II

- Critical reflection and dialogue
  - Written or verbal prompts to a scenario
    - Self-Reflection: document your thoughts about a culture and “think-pair-share” with another person in the room
    - Large-group discussion: ask learners to discuss experiences in which they observed how IB adversely influenced a patient care experience

IB Management Strategies III

- Acquiring/Using skills to role model new behavior
  - Role play: participants are challenged to simulate a patient journey through a clinical environment that reflects the impact of implicit bias
  - Standardized/virtual patient: encourages learners to identify and commit to strategies they can use if they participate in, or witness, a potentially biased clinical encounter

Take away points….

- This presentation is an introduction to implicit bias training… and more education is needed for behavioral and medical healthcare professionals
- Effective IB training
  - Makes every attempt to incorporates all marginalized groups of people
  - Reinforces that it takes time for change to occur
  - Includes impact on patient health outcomes
  - Provides opportunities for healthcare professionals to address attitudes and behaviors that can ultimately lead to unfair treatment

Ethics Codes:

Below are links to Ethics Codes for some of the major behavioral health professions. Please ensure you always refer to your own ethical code.

- AAMFT
  - https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx
- ACA:
  - https://www.counseling.org/resources/aca-code-of-ethics.pdf
- APA:
  - https://www.apa.org/ethics/code
- NBCC:
  - https://nbcc.org/assets/ethics/nbcccodeofethics.pdf
- NAADAC:
  - https://www.naadac.org/code-of-ethics
- NASW:
  - https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

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