



AORN Connecticut 0701

What Can You Do to Diminish Implicit Bias?

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A woman with a warm smile, wearing a light blue surgical cap and blue scrubs, stands in a clinical setting. To her left is a computer monitor displaying the 'MEMORIAL HERMANN' logo. To her right are medical devices, including an infusion pump and a patient monitor. The background shows a typical hospital room with various pieces of equipment and a clean, professional atmosphere.

MEMORIAL
HERMANN

Staff RN IV

MEMORIAL
HERMANN
Texas Medical Center

Microaggressions

(Subtle or nonverbal insults)

- 75% of Blacks experience daily
- Byproduct of implicit biases

Objectives



Raise

Raise awareness about health care disparities people of color.

Discuss

Discuss how clinician bias contributes to health care disparities.

Provide

Provide some strategies to help mitigate your implicit bias.

Health Equity

The absence of unfair, avoidable, or remedial differences in health outcomes among groups of people.

https://www.who.int/health-topics/health-equity#tab=tab_1

Health Equity is a Measure of the Quality of Care



Health Care Equity

NPSG.16.01.01: Improving health care equity for the organization's patients is a quality and safety priority.

Applies to: Ambulatory, Behavioral Health and Human Services, Critical Access Hospital, Hospital

<https://www.jointcommission.org/standards/national-patient-safety-goals/-/media/165e86f799754481bdd1d554e92b8581.ashx>

SAFE SURGERY TOGETHER



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**What is
your role?**

Staff Nurse

Manager

Executive

Scrub tech

Coordinator

Other

Imagine you are
the circulator





What are your initial thoughts?

The Surgical Team

Circulator

Surgeon

Anesthesia
Provider

Scrub Tech

Health
Care Tech

Radiology
Tech

Common Biases

Perception

Name Bias

Explicit

Gender

Affinity

Ability/Disability

Confirmation

Implicit





Staff RN



Implicit Bias Affects



BEHAVIOR



DECISION MAKING



DAILY AND
PROFESSIONAL LIVES

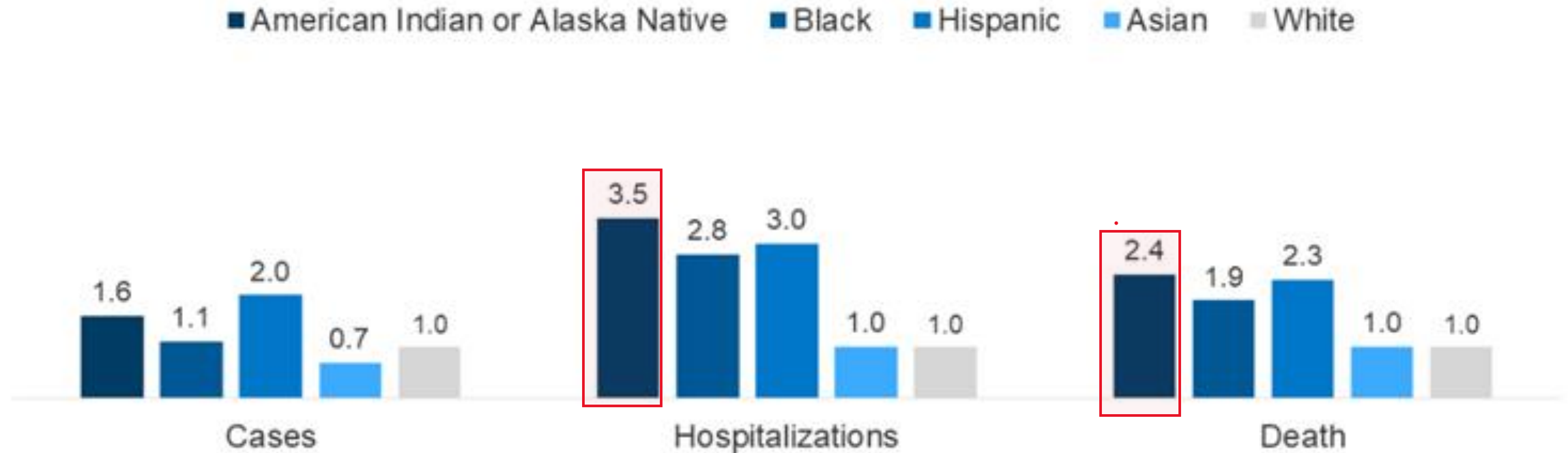
Health Disparities

Differences in the incidence, prevalence, mortality, and burden of diseases, and other adverse conditions that exist among specific groups in the U.S.



People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:



NOTE: Persons of Hispanic origin may be of any race. SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death by Race and Ethnicity, <https://www.cdc.gov/media/releases/2021/s0512-covid-19-risk.html>, accessed 5/12/2021.

KFF

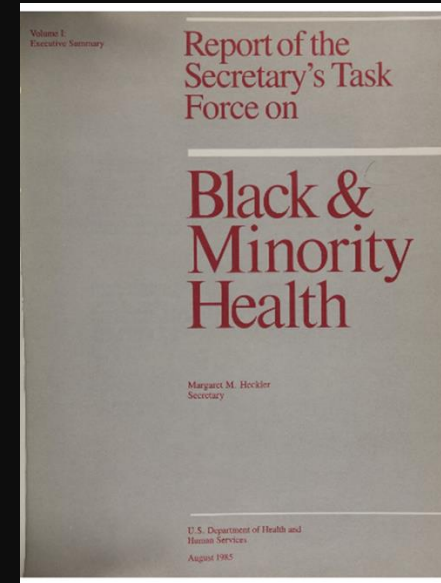
Health Disparities at the Forefront

Figure 4: People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

1985 Black & Minority Report The Heckler's Report

- Requested by Federal Government
- National picture of minority health
- Minorities burden of death & illness
- Minority health disparities a national issue
- The Office of Minority Affairs created

<https://minorityhealth.hhs.gov/news/heckler-report-reflecting-its-beginnings-and-30-years-progress>



2003 IOM Report “Unequal Treatment”

- “Racial and ethnic minorities tend to receive a lower quality of health care than non-minorities.”
- Minority Americans have poorer health outcomes
- Racial and ethnic disparities do exist

HEALTH DISPARITIES AND MINORITIES



Health Care Disparities Still Exist

Clinician's implicit bias contributes to health care disparities.

The health care gap is persistent

Perpetuates a lack of confidence in our health care system

Racial & Ethnic Minorities

- Blacks
- Hispanics
- Asians
- Native Americans
- Alaska Natives
- Native Hawaiians
- Pacific Islanders

Other Populations

- Disabled
- Women
- LGBTQIA+
- LEP
- Rural areas
- Religious groups
- Mental health
- Immigrant status
- Low socioeconomic status

Why Health Care Disparities Exist

Social
Determinants
of Health

Healthcare
System

Clinician Bias

Social Determinants of Health (SDOH)

Conditions related to where individuals live, learn, work, and play that affect their health and quality-of-life increasing health risks.



SDOH EXAMPLES

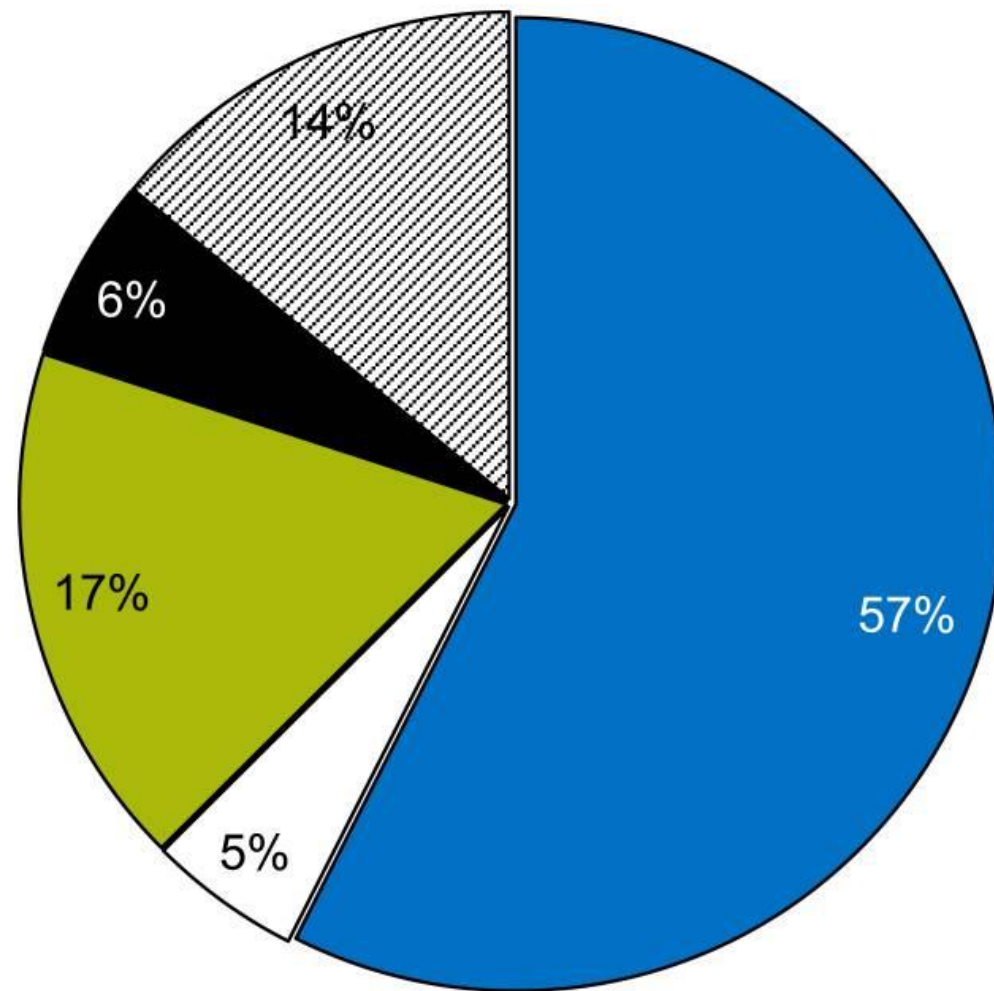
- HEALTH INSURANCE
- ACCESS TO EDUCATION
- ACCESS TO HEALTH CARE
- ACCESS TO NUTRITIOUS FOOD
- AVAILABILITY OF EMPLOYMENT
- ACCESS TO HEALTH CARE PROVIDERS
- DISCRIMINATION
- FOOD SECURITY
- EDUCATIONAL ATTAINMENT
- TRANSPORTATION
- INCOME
- LITERACY/HEALTH LITERACY
- NEIGHBORHOOD SAFETY
- TRANSPORTATION
- HOUSING

Health Care System

Lacks
Diversity

Policies &
procedures

MDs by Race & Ethnicity



■ White

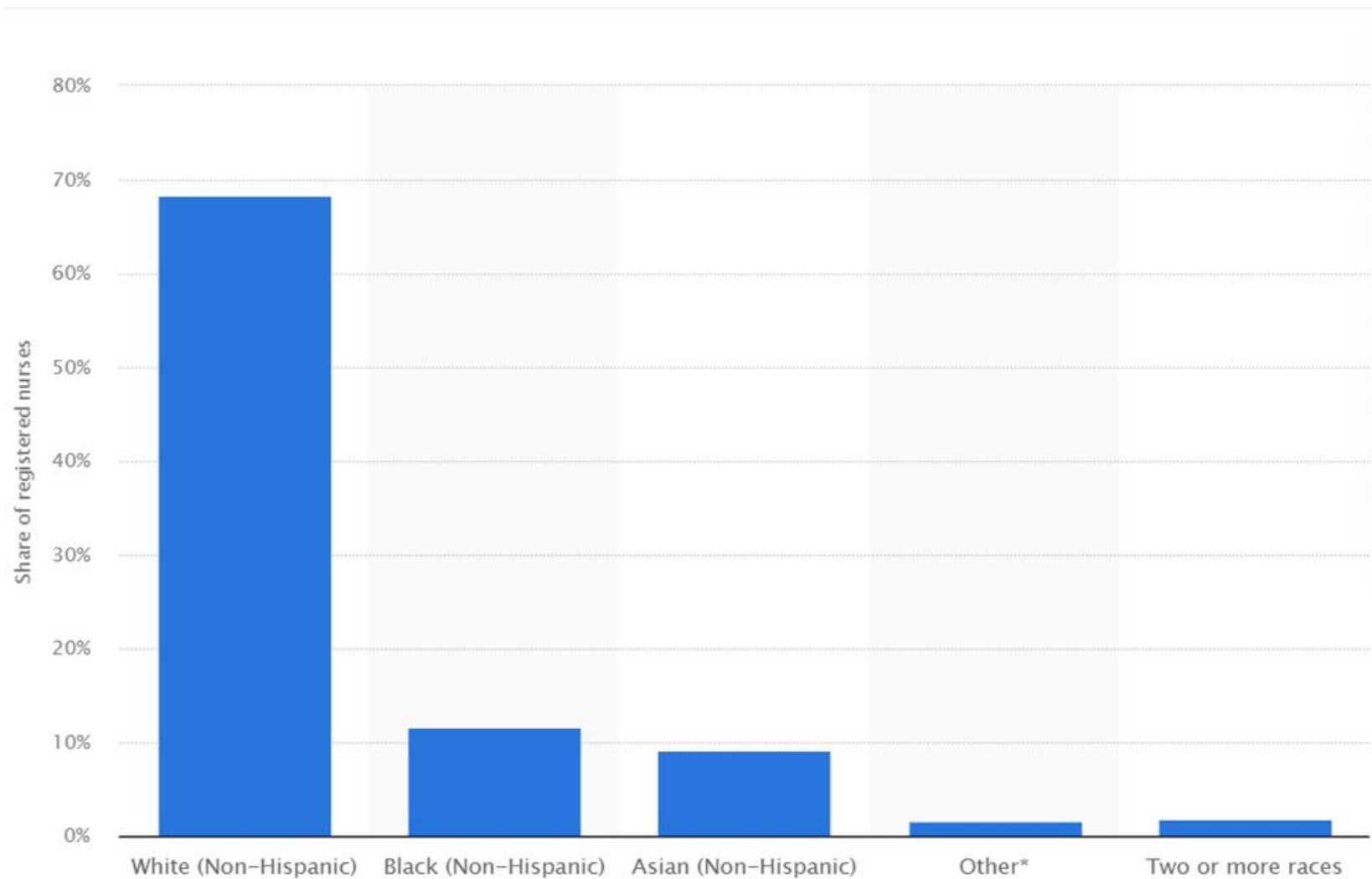
□ Black

■ Asian

■ Hispanic

▨ Unknown

RNs by Race & Ethnicity





40% of US
Population is
diverse.

Minorities
are projected
to become
the majority
by 2045.

Policies and Procedures

Standard procedures and protocols to ensure that each patient receive the same care each and every time.





Enhanced Recovery After Surgery (ERAS)

Standardizes care
with multimodal
strategies

Interdisciplinary
collaboration

ERAS



patient education



early ambulation



optimizing nutrition



multimodal analgesia
for pain control

ERAS Decrease

1

**Racial
disparities**

2

Length of stay

3

Mortality

4

Readmissions

5

**Post-op
complications**

SAFE SURGERY TOGETHER



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Case Scenario: Patient

- 45-year-old Vietnamese female
- Speaks some English
- Abdominal pain with changes in bowel habits
- Has insurance
- Uses public transportation
- Mother died of colon cancer



Case Scenario: Doctor

- Dr. Mark Smith
- Male
- 65 years old
- Office schedule over booked
- His wife is talking divorce
- Has implicit bias



Case Scenario: Doctor's Actions

- No translator
- Incomplete H & P
- Overlooks patient's family cancer history
- Incomplete physical assessment
- Recommends a mild laxative
- Increase H2O and fresh vegetables
- No guaiac fecal occult blood test
- No diagnostic tests
- No blood work for baseline
- No follow-up call



Case Scenario: Patient's Outcome

- Felt rushed
- Did not understand all terminology
- Mother was right, doctors doesn't care
- Abdominal pain becomes unbearable
- Rectal bleeding noted
- Diagnosed w/colon cancer 6 months later



Case Scenario Discussion

- What are Ms. Tran's SDOH?
- What are Dr. Smith's implicit bias?
- What are Ms. Tran's implicit bias?



Contributes to Health Disparities



- Inadequate assessment
- Inappropriate diagnosis and treatment
- Decrease involvement in patient care
- Discharge with inadequate follow-up
- Decrease compassion for certain patients
- Decrease effort for a therapeutic relationship



**What Can You do to Diminish
Implicit Bias?**

First step is self-Awareness



ACKNOWLEDGE AND RECOGNIZE
THAT YOU HAVE IMPLICIT BIAS



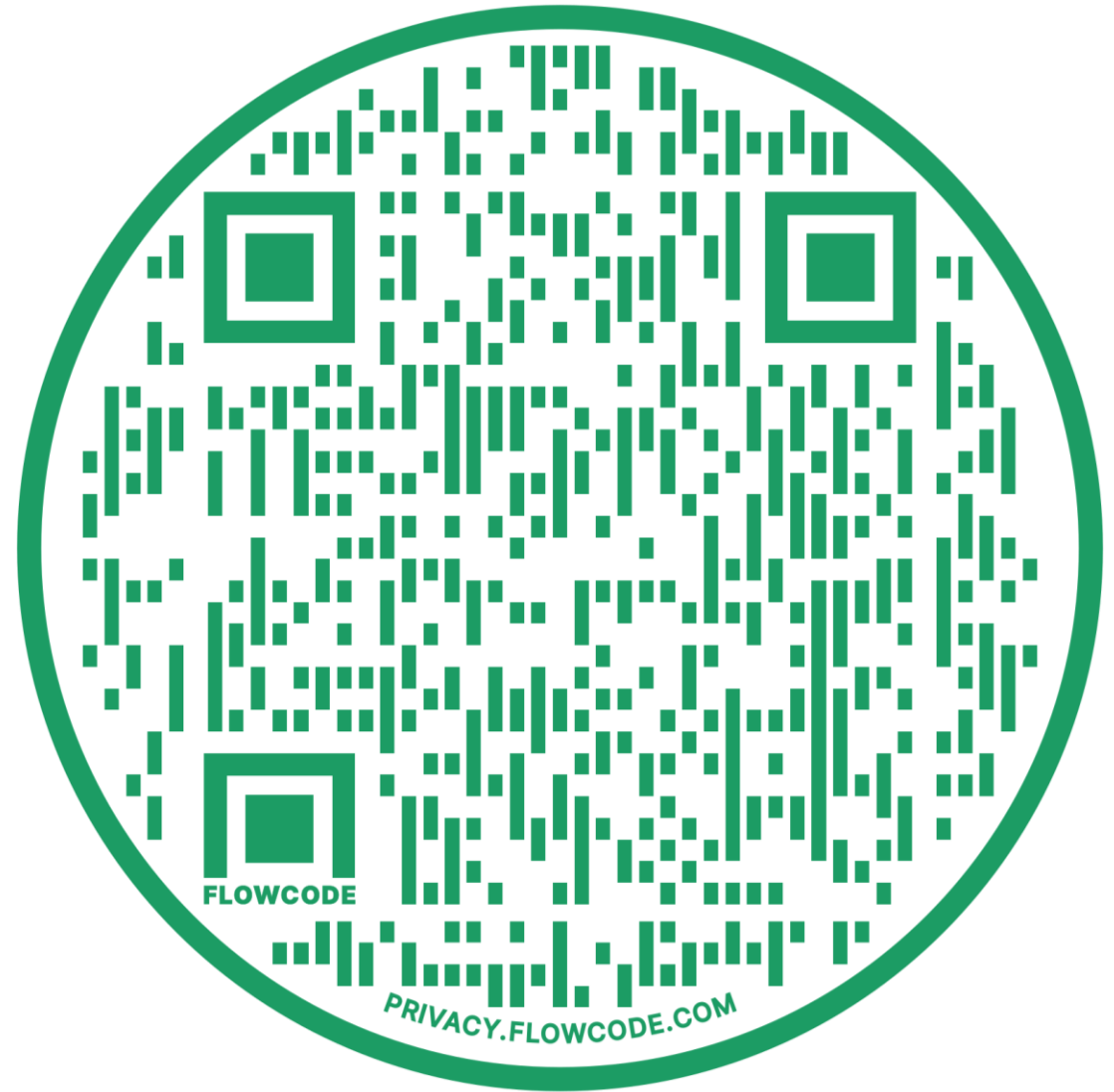
FIND OUT WHAT YOUR IMPLICIT
BIASES ARE

Implicit-Association Test (IAT)

Hidden perceptions

Attitudes

Memories



“Honesty with ourselves is crucial
in our personal and professional
development.”

~Richard Feynmann

Things You Can DO



**ACTIVELY
LISTEN**



**ANSWER ALL
QUESTIONS**



EDUCATE



ADVOCATE



**NURSING CODE
OF ETHICS**

Actively Listen

- Listen differently
- Listen to understand and not to respond
- Listen with your heart
- Listen with empathy
- Interpret the verbal and nonverbal clues



“To listen with empathy is the most important human skill.” ~Stephen Covey

One of the most sincere forms of respect is actually listening to what another has to say.

— *Bryant H. McGill* —

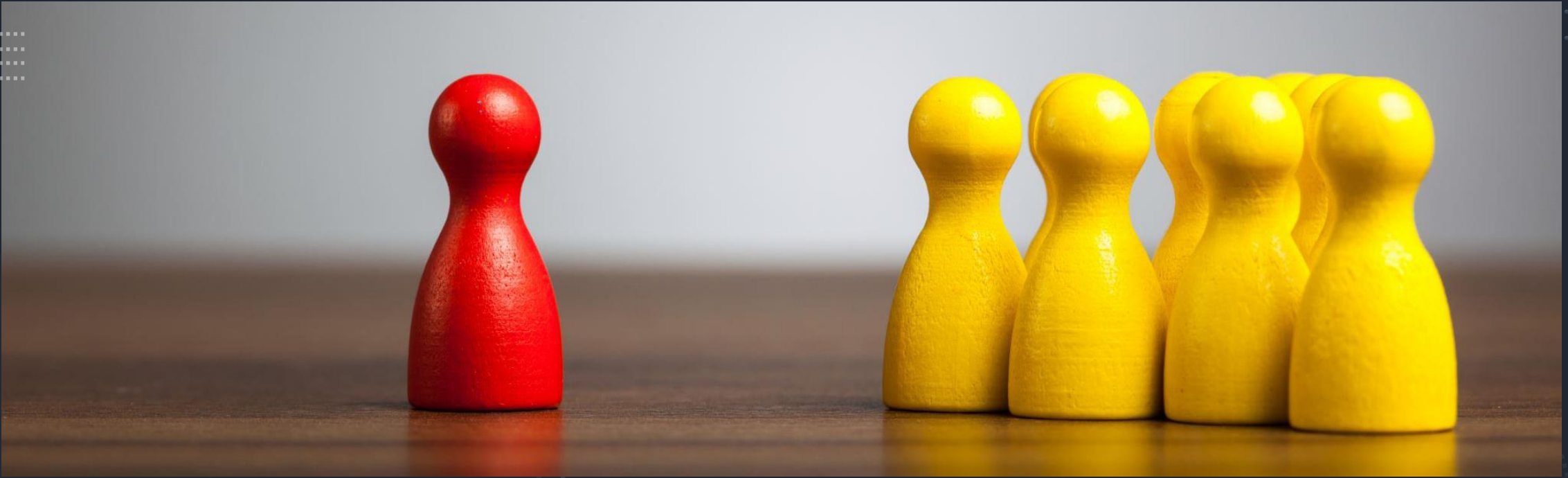
Answer all Questions

- POC have higher incidence of experiencing stressful, unpleasant, or disrespectful healthcare
- 70% of the LGBTQIA+ community state they endure discrimination when seeking healthcare
- Work to overcome language barriers



Educate

- Allows the patient to make informed decisions
- Reduces anxiety
- Educate other nurses about your culture
- Increase health literacy



Advocate

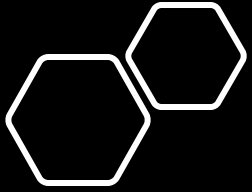
- Diversity, Equity, and inclusion
- Standard procedures and protocols (ERAS)
- Screening for Social Determinants of Health
- Data collection
- Legislation



Nursing

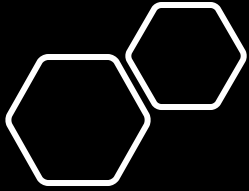
The most honest and ethical profession 20 years in a row.

Follow the Code



ANA Code of Ethics: Provision 1

“The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”



ANA Code of Ethics: Provision 8

“The Nurses collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.”

Surgical Patient's Disparities

- POC less likely offered surgical intervention
- Lack timely follow-up
- Increased adverse events
- Increased length of stay
- Increase readmission
- Decrease patient experience satisfaction
- Variations in care

Summary

- Become self-aware
- Move forward with great intentions
- Advocate for your patient and policies and procedures (ERAS)
- Promote health equity



Thank you!



Questions/Comments

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References

- American Nurses Association. (2015). Code of ethics for nurses with interpretive statements. <https://www.nursingworld.org/coe-view-only>
- Betancourt, J. R., & Maina, A. W. (2004). The Institute of Medicine Report “Unequal Treatment”: Implications for Academic Health Centers. *Mount Sinai Journal of Medicine*, 71(5), 314–321.
- Disparities in Health & healthcare Among Black People. (KFF, Feb 24, 2022) <https://www.kff.org/infographic/disparities-in-health-and-health-care-among-black-people/>.
- FitzGerald, C. & Hurst, S. (2017) Implicit bias in healthcare professionals: a systematic review. *BMC Med Ethics*. 18(1):19. doi: 10.1186/s12910-017-0179-8. PMID: 28249596; PMCID: PMC5333436.
- Lavizzo-Mourey RJ, Besser RE, Williams DR. Understanding and mitigating health inequities—past, current, and future directions. *N Engl J Med*. 2021;384(18):1681-1684. <https://www.nejm.org/doi/full/10.1056/NEJMp2008628>
- Narayan, M. C. (2019). CE: Addressing Implicit Bias in Nursing: A Review. *AJN, American Journal of Nursing*, 119, 36-43. <https://doi.org/10.1097/01.NAJ.0000569340.27659.5a>
- National Academies of Sciences, Engineering, and Medicine. 2021. The future of nursing 2020-2030: Charting a path to achieve health equity. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>
- Ndugga, N. & Artiga, S. (2021, May 11). Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>
- R3 Report| Requirements, Rationale, References. (July 2022) The Joint Commission. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf
- Rees, M. (2020). Racism in healthcare: what you need to know. <https://www.medicalnewstoday.com/articles/racism-in-healthcare>
- Spruce, Lisa. (2022, August 25). Health disparities experienced by surgical patients of color: What is known and key actions to take. *AORN J*, 116:257. <https://doi.org/10.1002/aorn.13779>
- Vela, M. B., Erondy, A. I., Smith, N. A., Peek, M. E., Woodruff, J. N., & Chin, M. H. (2022). Eliminating Explicit and Implicit Biases in Health Care: Evidence and Research Needs. *Annual Review of Public Health*, 43, 477. <https://doi.org/10.1146/annurev-publhealth-052620-103528>