

Implicit Bias in Healthcare: Addressing Bias in Hiring

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Overview

- > Implicit Bias: the Basics
 - What is it?
 - How does it manifest
 - What to do about it?
- > Bias in Hiring
 - Areas of Discrimination
 - Letters of Recommendation



Common Terms

- > **Structural racism:** The macro-level systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups. (Powell 2008)
- > **Stigma:** The process by which certain human characteristics are labeled as socially undesirable and linked with negative stereotypes about a class of individuals, resulting in social distance from or discrimination towards labeled individuals (NIH)



Common Terms

- > **Bias:** an attitude that projects favorable or unfavorable dispositions toward people
- > **Stereotype:** shared set of beliefs, fixed impression of a group
- > **Prejudice:** negative attitudes and beliefs about out-group vs. in-group
- > **Discrimination:** behavioral manifestation of bias, stereotyping, and prejudice, the way others are treated



Bias



AP Associated Press AP - Tue Aug 30, 11:31 AM ET

A young man walks through chest deep flood water after **looting** a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it

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AFP/Getty Images - Tue Aug 30, 3:47 AM ET

Two residents waded through chest-deep water after **finding** bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/Chris Graythen)

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IMPLICIT BIAS

AKA: HIDDEN BIAS,
UNCONSCIOUS BIAS



Implicit Bias: Definition

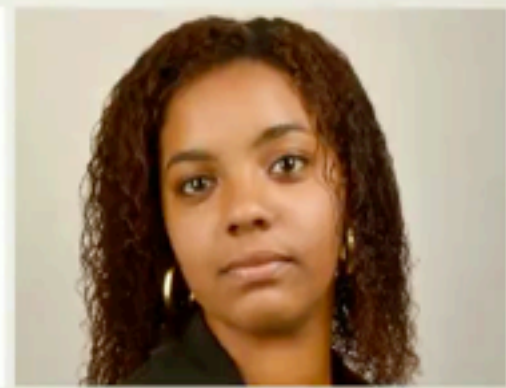
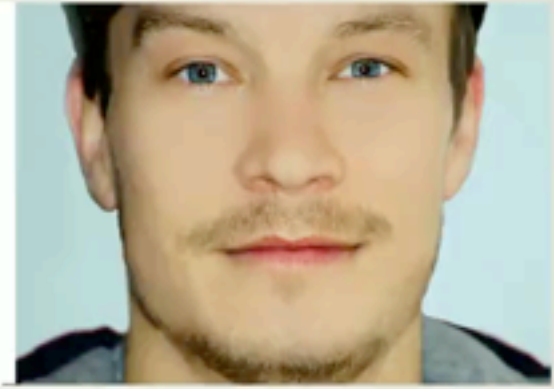
“attitudes or stereotypes that affect our understanding, decision making, and behavior, without our even realizing it”

“Implicit bias in the courtroom”, UCLA Law Review (2012) by Jerry Kang, et al.



How our Minds Work

- > First impressions are made quickly (snap judgments)
- > Automatic associations
 - implicit/explicit
 - absorb messages from our culture
- > In-group favoritism or “people like me”



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First Impressions

- > First impressions of a person as attractive, likeable, competent, trustworthy, and aggressive are made quickly
- > Exposure to an unknown face for one-tenth of a second was enough to judge these traits (implicitly)
- > Judgment did not change with increased of one second, but confidence in the judgment increased

Willis & Todorov, 2006



Implicit and Explicit Beliefs

Explicit
Attitudes and
Beliefs

Can report
Rational

Higher level
thinking



Implicit
Attitudes and
Beliefs

Automatic
Hidden
Unaware

Lower level
thinking

Greenwald & Banaji, 1995, Banaji & Greenwald, 2013



Implicit Bias

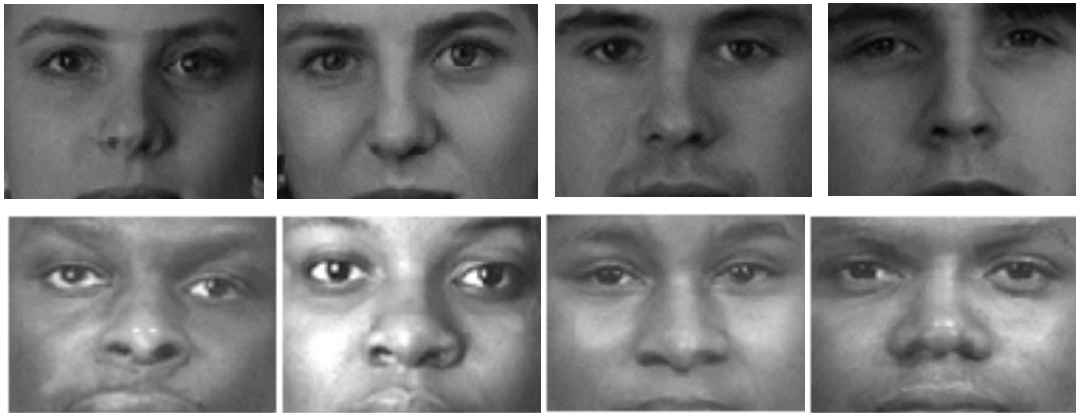
- > Is common
- > Impacts behavior
- > Is contagious
- > Microaggressions
- > In the workplace
- > Patient care
- > Organizational policy



Measuring Implicit Bias

The Implicit Association Test (IAT)

A widely used, indirect measure of implicit social cognition

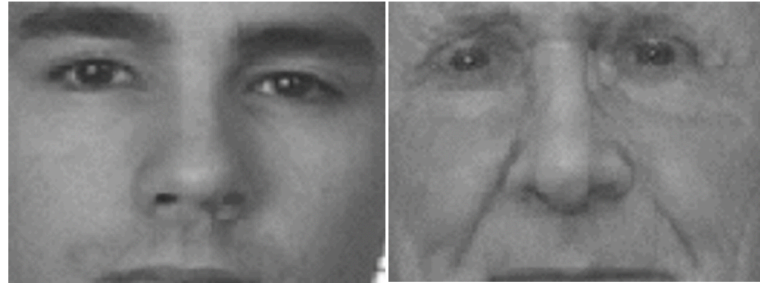


<http://implicit.harvard.edu>

Greenwald, et al., 1998



Bias: Many Areas



Racial Bias is Contagious

- > Just observing a biased person express subtle negative bias toward a black person may shift our own racial bias
- > Others' biases may “creep into our minds and infect our behaviors”
- > Flip side: observing and modeling positive behaviors can shape society to be more egalitarian

Willard, Isaac, Carney, 2015



Implicit Bias and Behavior

Despite egalitarian beliefs, individuals may show prejudiced behavior in certain situations:

- > Clinical/other ambiguity
- > Situational uncertainty
- > Heavy workload
- > Fatigue
- > Pressure of time



Hidden Bias and Behavior

- > Manifestation of bias
 - Can be overt
 - May be less an act of overt hostility - can be an “absence of helping”, inaction
- > More likely to occur when situation is not clearly right/wrong

Banaji & Greenwald, *Blindspot*, 2013, Wing Sue, *Microaggressions in Everyday Life*, 2010



First 2 Studies on Implicit Bias in Healthcare

Green, et al., 2007

- Physicians hold strong implicit attitudes favoring White Americans vs. Black Americans (IAT)
- Stronger bias favoring White Americans- less likely to refer black patients to treatment for acute coronary symptoms
- African American physicians no implicit bias

Sabin, Rivara & Greenwald, 2008

- Pediatricians: weak implicit race bias
- Pediatricians: moderate implicit association of race & medical compliance
- Strong explicit attitudes favoring African Americans
- Bias *NOT* associated with good enough vs. best care



Implicit Bias in Clinical Care: Review Article

A Decade of Study

- > 37 qualifying studies, 31 found evidence of provider pro-white bias
- > 14 studied association of IB and health care outcomes, (8 no association, 6 higher bias=disparities in treatment)
- > 7 studies of IB in real world care: stronger bias= poorer patient provider communication
- > 2 studies of real-world outcomes: 1 found an association of bias with spinal cord injury patient satisfaction, depression, 1 found no association with medication intensification)

Maina et al., Social Science & Medicine, 2017



Personal Awareness: Director Homeless Shelter

I mistook somebody who was coming in for a job interview for somebody who was applying for the program, and ... I acted completely differently when I realized she was the person applying for a job than I did when [I thought] she was a candidate for the program...

Hatton, et al., 2018



Four Obstacles to Self-Awareness

- > Fear of appearing racist
- > Fear of acknowledging one's racism (self image)
- > Fear of acknowledging privilege (white, economically secure, heterosexual, other)
- > Fear of taking personal responsibility to end racism, and injustice

Derald Wing Sue, 2010, *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*



Strategies to Interrupt Bias

Good intentions are not enough

- > Personal awareness
- > Collect data, monitor equity
- > Reduce discretion- develop objective processes
- > Promote diversity
- > Accountability (individual, institutional)



Learning Environment, Microaggressions

INSTITUTIONAL CLIMATE

Learning Environment

3547 students from 49 U.S. medical schools report racial climate and role models, implicit bias over time IAT first year and 4th year

Results:

- > 49% reported hearing negative comments about African American patients from attending physicians or residents
- > Hearing negative comments predicted increased implicit race bias

van Ryn, et al., 2014



Institutional Climate: Underrepresented in Medicine

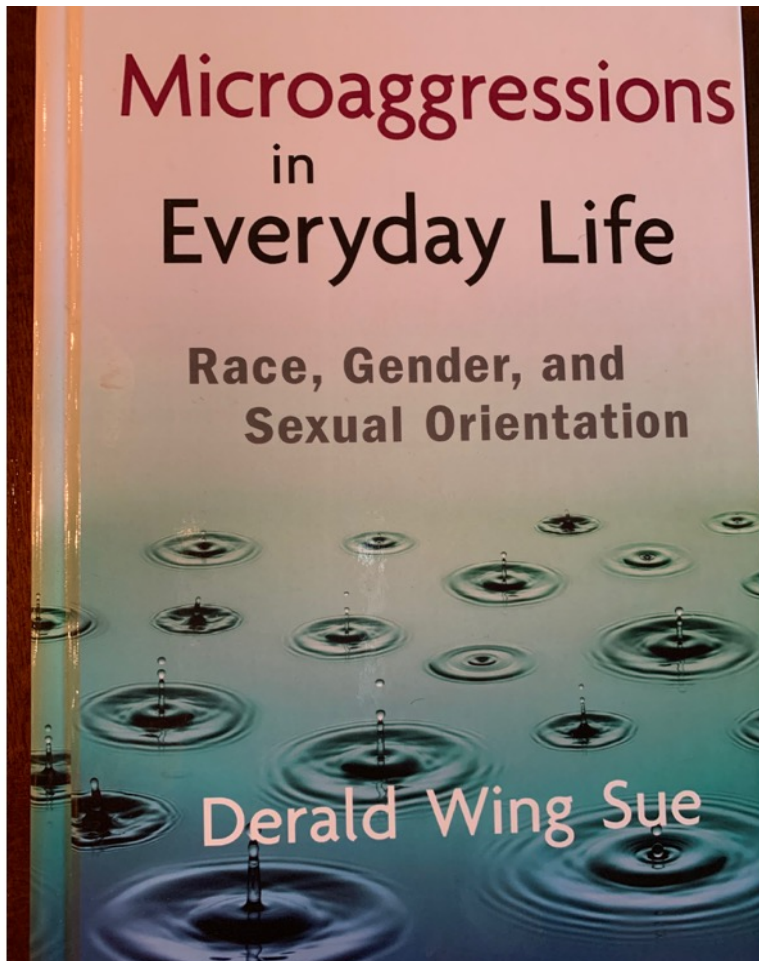
URiM faculty report:

- > Difficulty in cross cultural relationships
- > Isolation and feeling invisible
- > Lack of mentors/role models
- > Disrespect, overt and covert bias/discrimination
- > Unfair burden of being identified with affirmative action
- > Financial hardship

Pololi, Cooper, Carr, 2010



Microaggressions



“Microaggressions are the brief and commonplace daily verbal, behavioral, and environmental indignities (intentional, non-intentional) that communicate hostile, derogatory, or negative racial, gender, sexual orientation, religious, (other) slights and insults to a target person or group.”

Institutional Climate: Microaggression

Setting: transplant team rounding, transplant patient, team introductions

- > Patient to a gastroenterology fellow: “Are you a student?”
- > Fellow: “My name is Dr. Issaka and I am a gastroenterology fellow.”
- > Patient: “Well, good for you!”
- > Team members: Silence



Everyone Has a Role

- > “Medical schools and health care systems must train everyone identify and respond to structural racism when they see it.”
- > Education: language and tools to discuss structural racism and its adverse effects on patients and providers of color
- > How to address address structural racism: **speak up!**
- > Bystander training, employee education

Issaka, *JAMA*, 2020



Bystander Training

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DID THEY REALLY JUST SAY THAT?! BEING AN ACTIVE BYSTANDER

[Home](#) · [Did They Really Just Say That?! Being an Active Bystander](#)

Thank you for your commitment to challenging explicit and implicit biases in your professional role and day-to-day life! It can be difficult to know what to say when a family member, friend, colleague, or acquaintance makes problematic comments. However, we will only be able to dismantle racism in its overt forms if we are brave enough to challenge racism in even its most common forms. The Kirwan Institute invites you to utilize the strategies and resources on this page to empower yourself to speak out in response to biased comments.

In the words of Audre Lorde, "*When we speak we are afraid our words will not be heard or welcomed. But when we are silent, we are still afraid. So it is better to speak.*"

Active Bystander Training

Have you ever been in a conversation when someone said something biased that made you uncomfortable, but you were not sure how to respond? Most of us struggle to address these all too common situations, whether in the classroom, the workplace, while spending time with friends, or in the company of family. Even though we want to do what is right and speak up for equality, we do not always know how to take action in that awkward moment—especially if we are not sure whether the person making the comment actually meant to cause harm.

As individuals dedicated to dismantling systemic oppression, we must be empowered to take action in these moments when bias manifests so that we can create a welcoming, inclusive, and affirming environment for all people. This training seeks to empower and equip participants to speak out in response to those all too common, "Did they really just say that?!" moments when bias emerges. This training illustrates the importance of committing to being an active bystander in moments when bias emerges through microaggressions, as well as provides actionable skills to do so. These skills are tailored to create educational conversations in response to biased comments/actions, rather than eliciting a defensive reaction from the person who has (perhaps unintentionally) caused harm.

Participants in this training will thus learn how to communicate effectively in challenging situations through the employment of strategies that can be tailored to the particular situation at hand.

[Download the the active bystander training presentation slides.](#)

[Download the active bystander training handout.](#)



DIVERSE WORKFORCE

Expectations of Brilliance: A Stereotype?

Fields that believe “giftedness” or innate intelligence is main requirement for success will have less women and African Americans. Perceptions of “special aptitude that just cannot be taught” needed to be successful in the field, controlled for hours worked, GRE scores, selectivity, other

Results:

- > The more a field valued giftedness, the fewer female PhDs
- > Fields that emphasize raw talent, more likely to endorse idea women not suited for high-level scholarly work
- > Field-specific ability beliefs were only predictor of women and African American representation in the field
- > Recommend- emphasize sustained effort rather than “giftedness” for top level success

Leslie, et al., 2015



Workplace Discrimination: Pregnancy

- > Pregnant women and mothers perceived as: less committed, steered away from prestigious assignments, slighted on bonuses, less dependable, more irrational
- > Each child takes away 4% of mother's hourly wages but adds an increase of 6% to father's wages
- > Study by Correll at Stanford found “motherhood penalty” – managers twice as likely to hire childless woman than candidate with a child





National Institutes of Health

Office of the Director
Scientific Workforce Diversity

Introduction



Diversify
the Talent Pool



Unbiased Talent
Searches



Outreach and
Networking



Mentoring
Relationships

Citation Library

Bias in Academic Science

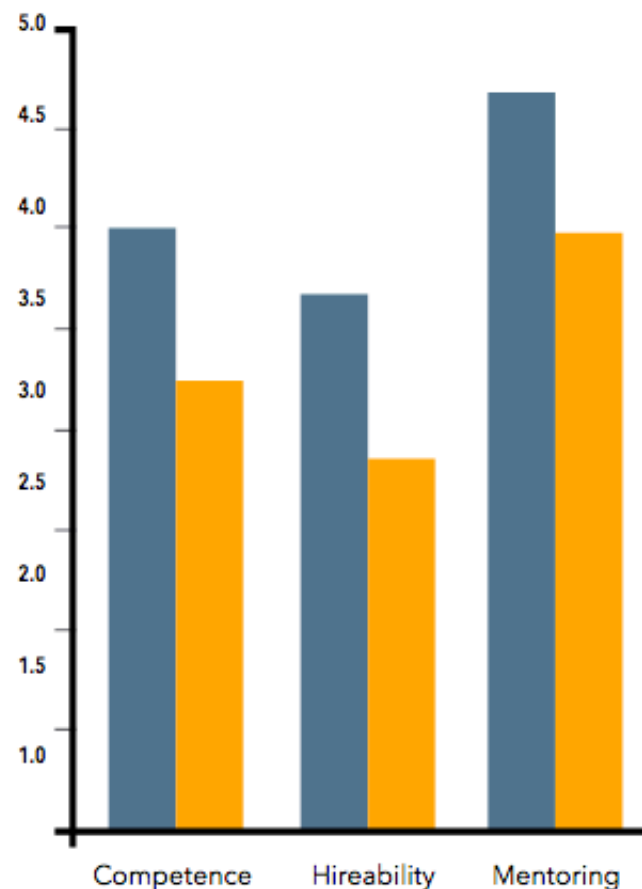
A nationwide sample of biology, chemistry, and physics professors (n=127) evaluated application materials of an undergraduate science student (female or male) for a lab manager position.²²



BOTH male and female faculty rated the female student as:

- Less competent
- Less hireable
- Offered her lower salary (\$3.7K)
- Offered less mentoring

Even though the female was rated **more likeable!**



Letters of Recommendation

Analysis of letters of recommendation for 222 male and 89 female medical faculty, one large US medical school, 3 year period, 85% recommenders male, addressed to 95% male

Letters for female candidates (vs. male)

- > Significantly shorter
- > Showed less professional respect (first name vs. Dr. for men)
- > Contained doubt raisers (24% vs. 12%)
- > Mentioned how they relate interpersonally (16% vs. 4%)
- > Referred to personal life (6% vs. 1%)
- > Grindstone adjectives 34% vs. 23%

Letters for male candidates (vs. female)

- > Referred more frequently to research (62% vs. 35%), and publications (13% vs. 3%)



Reading/Writing Letters of Recommendation

- > Concise: 3 parts
 - Introduction and background
 - Special assessments
 - Summary of recommendation
- > Letters should focus on the applicant
- > Describe applicants record
- > Evaluate accomplishments
- > Discuss personal characteristics only relevant to potential for growth and job performance

ADVANCE, University of Michigan, Program Materials, 2009, page 20



Types of Bias in Letters

- > Negative language: *While not the best student I have had*
- > Hedges: *It appears that her/his health is stable*
- > Unexplained: *Now that she/he has chosen to leave the laboratory*
- > Faint praise: *She/he is void of mood swings and temper tantrums*
- > Grindstone: *She/he is conscientious and meticulous*

Trix & Psenka, 2003



Gender Bias in Letters of Recommendation

- > Evaluated 460 letters, 353 applications, 110 for female, 243 for males, Urology Residency, 440 male writers
- > Letters for males (compared to females):
 - More authentic tone
 - More references to personal drive, work, power
 - Controlled for race, Step 1 score
 - References to power, applicant more likely to match into urology
- > Recommend using a standardized LOR, scales, small narrative section, more objective process



Dear Dr. _____:

I am writing to you a letter of recommendation for *my good friend*, Dr. Sarah Gray, MD. As you probably know I've known Sarah for about 7 years. I watched her career develop while working at Northsouthern University, her presentations and prize winning events at the Academy of Pediatrics while a resident at Northsouthern and then her fellowship ear with myself and Dr. Dolittle in St. Louis some year ago.

Without any doubt, I am struck with Sarah's integrity. She is *totally intolerant of shoddy research work* and any work which has a hint of padding or error. Additionally, while working with her in St. Louis, I was able to watch her surgical skills. I felt she had been very well trained surgically in St. Louis but she has a *slight touch of lack of confidence* at times which I feel Sam Livingood is well aware of and will carefully work with Sarah regarding any matters like that during her clinical practice at Centvingtcing.

I feel the addition of Sarah to the faculty of Centvingtcing University and particularly to the Department of Cardiology of Children's Hospital to be a tremendous plus for that center. Her research work over the last few years has been "top drawer" and virtually unchallengeable. I can only predict a great future for *this lady* and I am delighted that she has returned to further her career.

If you have any further questions about Sarah I'd be happy to discuss it with you.

Sincerely yours,

From Trix and Penska; Discourse & Society, 2003; 14; 191-220



Female Letter of Reference: Biased Letter

- > Notice ambiguity of- 'good friend' and 'she is intolerant of shoddy research'
- > There is a lack of specificity regarding her research
- > There is paternalism in 'slight touch of lack of confidence'- this can be viewed as bonding between recommender and gatekeeper that is detrimental to candidate
- > Gendered naming is awkward- 'I can only predict a great future for this lady', why not 'for this cardiologist'?
- > Her title of Head of Pediatric Cardiology is not mentioned
- > No mention that she is applying for an Associate Professorship
- > Nowhere is she presented as an agent of her work



Dear Dr. _____:

William Harvey, MD has been a Postdoctoral Scholar in Pediatric Orthopedic Oncology at Northsoutthern School of Medicine. During his time at our institution Bill actively *participated* in our research and educational activities. During his last year at Northsoutthern he also *trained* in Pediatric Orthopedic Surgery.

Dr. Harvey's research activities focused on the use of three dimensional contrast CT scanning for the assessment and quantification of blood flow and metabolism in solid bone tumors I the long bones of pediatric patients. An early study established a correlation between patterns of blood flow and tumor metabolism and the long term outcome of patients with solid tumors of long bones, while a second study ... (+9 lines) Some of this work has already been published in first rate orthopedic journals while other parts are currently under review by journals.

Bill's *accomplishments* are important for they demonstrate and underscore the clinical significance of altered patterns of blood flow and tumor metabolism for patient mortality and morbidity as well as for demining their implications for the management of patients with expected very poor prognosis for limb salvage. His *accomplishments* have been recognized locally by having been awarded two consecutive grants by the Greater Affiliate of the American Society for Orthopedic Surgeons. We believe it is also fair to state that *his accomplishments* have received, at least to some degree, national recognition as evidenced by several job offers.

Overall, we have found Bill to be a highly intelligent and hard working your man. He *communicates and collaborates* well with his peers and supervisors. On a more personal side, it saddened us to see him leave our institution yet we were not able to retain him for lack of funds. We believe that Bill is a promising, highly productive and creative young researcher who undoubtedly will become an independent and innovative investigator. Therefore, it is with considerable enthusiasm that we support unequivocally the proposed appointment to Assist Professor of Pediatric Orthopedic Surgery and Oncology.

Sincerely,

From Trix and Penska; Discourse & Society, 2003; 14; 191-220



Male Letter: Well Done Letter

- > Postdoctoral Scholar in Pediatric Orthopedic Oncology is listed as a title, which it is not necessarily a title
- > Same for assistant professor
- > The body of letter is full of specifics of focus and record
- > Third paragraph there are three repetitions of 'his accomplishments'
- > He is portrayed as an agent: 'Bill actively participated' and 'he is also trained'
- > The only negative in the letter is a reference to the recommender's intuition's inability to retain him



THANK YOU!
SABINJA@UW.EDU