



ATW HEALTH SOLUTIONS

**White Paper:  
Implicit Bias in Hospital-Based Settings**

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# Implicit Bias in Hospital-Based Settings

## *Understanding Unconscious Influences on Healthcare Delivery*

*This white paper delves into the pervasive impact of implicit bias in hospital settings, uncovering its consequences on patient care and outcomes. By exploring the problem, providing context, proposing solutions, and outlining actionable recommendations, it aims to drive awareness and change.*

### Key Takeaways

- **Implicit Bias** refers to unconscious attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner
- **Unseen Biases:** Implicit biases significantly influence medical decisions and patient treatment.
- **Impact on Disparities:** These biases contribute to healthcare disparities and affect patient outcomes.
- **Urgent Need for Action:** Addressing implicit bias is crucial to enhance healthcare equity.

### The Problem/Opportunity

A Race Implicit Association Test (IAT) investigated associations between Black/White and Hispanic/Latino/Latina/White faces with positive and negative words. Results<sup>3</sup> showed that among physicians, 70% displayed some level of implicit bias against Black individuals and Hispanics/Latinos. Specifically, 51% exhibited moderate-to-strong bias against Hispanics/Latinos/Latinas, while 42% demonstrated similar bias against Black individuals. Implicit biases, often unrecognized, affect medical professionals' judgments and actions. Their existence perpetuates disparities in care delivery, impacting marginalized communities disproportionately. These biases are formed through experiences, cultural upbringing, and societal influences, and they often operate without our awareness. In medical settings, implicit biases can affect the way healthcare providers interact with patients, leading to differential treatment based on race, gender, age, or other factors. For instance, a healthcare provider might unconsciously attribute certain symptoms to a patient's race or ethnicity, leading to misdiagnosis or inadequate care. Additionally, implicit biases can result in shorter interactions with certain patients, less attention to their concerns, or a tendency to prescribe different treatments based on assumptions related to their identity. In interpersonal interactions, implicit bias can manifest in several ways. For example, someone might unconsciously perceive individuals from a certain background as more aggressive or less intelligent, influencing how they communicate or engage with them. Without intervention, these biases perpetuate systemic inequities, amplifying healthcare disparities. Implicit bias does not just impact patients in healthcare systems; it affects trainees and faculty too. A 2014 review<sup>3</sup> found persistent rates of discrimination against trainees—24% faced racial discrimination, 33% experienced sexual harassment, and 54% encountered gender discrimination. Minority trainees face daily bias, microaggressions,

isolation, and high stress. Minority medical students report five times more racial discrimination and isolation compared to non-minority peers. Stereotype threat, especially for non-White students, hinders learning and increases cognitive load. Bias in training can affect the performance of racialized minorities, leading to initial differences in clinical assessments, which escalate into larger disparities in grades and awards like the Alpha Omega Alpha Honor Medical Society, influencing career paths. Evaluations of medical students reveal significant differences in negative descriptions across racial and gender groups. The selective nature of AOA membership has historically hindered diversity, reflecting a systemic form of racism in medical specialties.

## The History/Background

For centuries, deeply ingrained beliefs perpetuated the undertreatment of Black Americans for pain compared to their white counterparts. These beliefs, rooted in the false premise of biological differences between races, have permeated healthcare systems, perpetuating disparities. In the United States, these notions were intensified by scientists, physicians, and slave owners, who exploited them to justify slavery and justify the inhumane treatment of Black individuals in medical research. During the 19th century, influential physicians actively sought to establish purported "physical peculiarities" specific to Black individuals, aimed at distinguishing them from white individuals. These misguided perceptions included unfounded assertions of thicker skulls, less sensitive nervous systems, and even diseases presumed to be exclusive to dark skin. These fallacies deeply influenced medical practices and decision-making, leading to the systematic undertreatment of Black individuals. Even well into the 20th century, such biases persisted, with researchers conducting experiments on Black individuals based on the erroneous assumption that the Black body exhibited higher resistance to pain and injury. This historical backdrop highlights how these erroneous and baseless beliefs have significantly impacted healthcare, leading to systemic disparities that persist today. Multiple studies<sup>3</sup> have linked provider bias, as shown through Implicit Association Tests (IATs), to unequal treatment of their patients. A systematic review found that higher implicit bias among healthcare providers correlated with differences in treatment recommendations, expectations of therapeutic bonds, pain management, and empathy. Further investigations revealed that stronger implicit bias in providers led to poorer patient-provider communication. Additionally, providers with higher implicit biases prescribed fewer postoperative narcotics to Black children compared to White children, exhibited weaker bonds with Black patients than with White patients, and made differing recommendations for therapies based on the race of the patients. Addressing these deeply rooted biases requires acknowledging and rectifying this historical context within healthcare systems.

## The Proposed Solution(s)

Addressing implicit bias necessitates a multifaceted and sustained approach within hospital settings. The following strategies, rooted in evidence-based practices, aim to mitigate unconscious biases in healthcare:

### *Training Initiatives:*

### **Comprehensive Implicit Bias Training**

Regular and comprehensive training programs focused on implicit bias recognition and mitigation should be integrated into the ongoing professional development of all healthcare staff. These programs must encompass diverse scenarios and real-life case studies to foster awareness and understanding.

#### *Cultural Humility Integration*

### **Diverse Representation in Healthcare Leadership**

Inclusive leadership that mirrors the diversity of patient populations fosters understanding and empathy. Establishing mentorship programs and support networks to promote and elevate individuals from underrepresented backgrounds can cultivate inclusive healthcare environments.

#### *Case Studies:*

### **Eliminating Explicit and Implicit Biases in Health Care: Evidence and Research Needs**

**Overview:** Healthcare providers' implicit biases against marginalized groups significantly affect patient care, clinician communication, and institutional practices, contributing to health disparities. Despite interventions aiming to mitigate biases, sustained reduction or improvements in clinical outcomes have not been achieved among healthcare professionals.

**Challenges:** Existing interventions successfully raise awareness and interest in mitigating implicit biases but fail to produce sustained reductions. The limitations include lack of statistical analysis, small participant numbers, and reliance on qualitative assessments, hindering their effectiveness in real-world clinical settings.

**Solution Implemented:** A conceptual model that emphasizes the need for interventions that not only target provider-level implicit bias but also systematically reform structures within and beyond the healthcare system. Initiatives involving comprehensive bias recognition and mitigation, coupled with structural changes in admissions, promotions, instructional practices, and provider diversity, form an integrated approach to address systemic biases.

**Outcomes and Impact:** The conceptual model underscores the necessity of addressing systemic biases rooted in healthcare structures and communities. Only by simultaneously tackling structural determinants and provider-level biases can sustained reductions in implicit biases and improvements in healthcare outcomes be realized.

### **Gaps in Measuring and Mitigating Implicit Bias in Healthcare**

**Overview:** Implicit biases prevalent among healthcare professionals significantly impact patient care, perpetuating healthcare disparities and inequities. Utilizing tools like the Implicit Association Test (IAT) sheds light on unconscious biases affecting medical decision-making and patient-provider interactions.

**Challenges:** Implicit biases, often unrecognized, influence provider-patient interactions, affecting the quality of care. Instances of bias, particularly concerning Black patients, lead to disparities in treatment, communication, and overall patient-centered care.

**Solution Implemented:** Utilizing the IAT, numerous studies have examined clinicians' implicit biases, highlighting correlations between higher levels of bias and reduced patient-centered care. For instance, studies by Green et al. and Penner et al. demonstrated associations between higher implicit bias scores and perceived lower-quality care for Black patients, including less supportive communication and shorter interaction times.

**Outcomes and Impact:** The use of IAT-based research reveals significant correlations between implicit bias and compromised patient care. Despite criticisms of the IAT's validity, studies emphasize its role in highlighting biases influencing clinical interactions. However, there remains a need for longitudinal studies to assess behavioral changes and validate the predictive capacity of the IAT on provider-patient interactions.

## The Recommendations/Action Items

### *Policy Implementation and Continuous Evaluation:*

- Integrate anti-bias policies into healthcare systems, outlining clear guidelines for identifying and mitigating implicit biases in patient care.
- Implement mechanisms for ongoing assessment and evaluation of bias recognition efforts, adjusting strategies as needed based on outcomes.

### *Collaboration and Research*

- Foster collaboration between healthcare institutions to share best practices and innovative strategies for bias recognition and mitigation.
- Encourage research endeavors aimed at refining bias measurement tools like the IAT, validating predictive behavioral changes, and addressing intersectional biases affecting diverse patient populations.

## The Call-To-Action/Conclusion

We urge healthcare institutions, policymakers, and medical professionals to take proactive measures against implicit biases. By implementing tailored solutions, fostering inclusivity, and advocating for equitable healthcare practices, we can reshape healthcare delivery.

*About The Author: Malaika combines her outgoing personality, strong work ethic, and self-starting attitude to drive change in the public health field. Dewes currently serves as a Research Assistant and Health Equity Intern at ATW Solutions. She is also a master's student at the SUNY Downstate School of Public Health, where she is concentrating in Health Policy & Management. Born and raised in Spring Valley, NY, Malaika combines her outgoing personality, strong work ethic, and self-starting attitude to drive change in the public health field. has always been committed to addressing and eliminating the health disparities gap and enhancing equal access to high-quality healthcare. Malaika combines her outgoing personality, strong work ethic, and a self-starting attitude to drive change in health equity and policy.*

### *About The Organization*



*ATW Health Solutions is a social impact and advisory consulting firm based in Chicago, Illinois. ATW Health Solutions is a U.S. Small Business Administration-certified women-owned small business (WOSB) and 8(a) program participant. ATW Health Solutions has earned national recognition for its work transforming healthcare delivery systems, impacting policy, and improving quality and safety. With a focus on quality, safety, and health equity, we have partnered with public and private organizations and government agencies to transform systems locally and nationally. Founded by healthcare transformation expert and visionary Dr. Knitasha Washington, ATW Health Solutions is an innovative, value-driven organization committed to improving healthcare for all. We apply an evidence-based approach, embedding data and analytics into performance measurement. Our client solutions seamlessly integrate patient-centeredness and equity as core strategies—resulting in demonstrated value.*

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