
CHEAT SHEET

Implicit Bias

How to mitigate the unconscious biases that harm patients in health care

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Key takeaways

- Implicit biases, also called unconscious biases, are attitudes toward or stereotypes about groups of people that are made without consciously thinking about them. External forces, such as the news media, education, cultural narratives, and systemic inequities, powerfully shape and reinforce implicit attitudes and stereotypes.
- While bias is natural, these cognitive shortcuts can result in prejudgments that lead to rash decisions and discriminatory practices. This is evident in health care, where implicit bias contributes to worse health outcomes for certain groups of patients.
- Health care leaders and clinicians must take steps to mitigate the impact of implicit bias on patient experiences and outcomes. Organizations should focus efforts both on changing institutional processes that perpetuate structural biases and on helping clinicians understand and address the biases in their immediate control.

What is it?

Implicit biases, also called unconscious biases, are attitudes toward or stereotypes about certain groups of people that are made without consciously thinking about them. These biases can influence a person’s behavior and judgment without that person even knowing about it.

Humans often operate on autopilot, using mental shortcuts to make everyday decisions. While this may be efficient, it also can lead to people making decisions that don’t align with their personal values. These cognitive shortcuts can lead to rash decisions and discriminatory behaviors that favor one group over another.

Some biases are hardwired in our brains. For example, in-group bias: favoring one’s own group (based on team, race, religion, or other shared identities) over other groups. Or anchoring bias: being overly influenced by the first piece of information received.

However, people also learn biases from the news media, education systems, family behavior, systemic inequities, community norms, and other sources. These external factors shape and reinforce implicit biases. For example, in YouTube ads, women represent only 36% of speaking time,¹ enforcing the idea that men have more valuable things to say than women. And in news and opinion media, there’s a 32% overrepresentation of Black family poverty, perpetuating inaccurate representations of Black communities.²

While implicit bias is not intentional, individuals and institutions must take responsibility and deliberate action to avoid acting on harmful biases.

1. Based on an analysis of 2.7 million YouTube advertisements globally.

2. Black families represent 59% of the poor in news and opinion media but make up just 27% of the poor in the U.S. By contrast, white families represent 17% of the poor in news and opinion media but make up 66% of the poor.

Source: "[Implicit Bias](#)," Perception Institute; "[Implicit Bias](#)," Racial Equity Tools; Gulati K, "[Here's Why Having a Brain Means You Have Bias](#)," Your Brain at Work, June 4, 2019; "[In-Group Favoritism](#)," Teaching Tolerance; "[Diversity and Inclusivity Report: Gender in YouTube Advertising - Think with Google](#)," Google, 2019; Doxon T, "[A Dangerous Distortion of Our Families](#)," Color of Change, January 2017; "[Bias](#)," Psychology Today; Desmond-Harris J, "[Implicit bias means we're all probably at least a little bit racist](#)," Vox, August 15, 2016; Holroyd J et al., "[Responsibility for implicit bias](#)," Philosophy Compass, 2017; Advisory Board interviews and analysis.

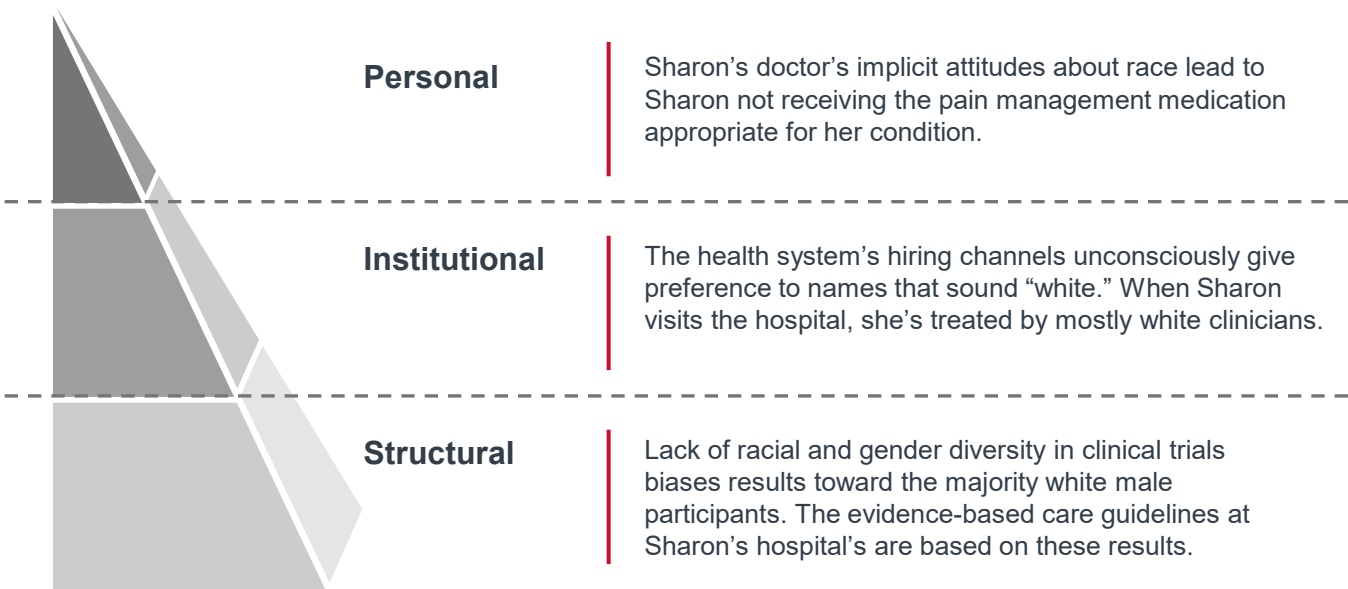
Why does it matter?

Implicit biases influence how people interpret information, treat people, make decisions, and allocate resources. And bias operates on different levels: personal, institutional, and structural.

At the personal level, implicit bias can lead individuals to treat others unfairly or poorly. At an institutional or structural level, implicit bias can perpetuate systemic inequities and unjust outcomes. A biased policy—even if it wasn’t designed with bias in mind—does not require individuals to personally act in biased ways for the negative impact to continue.

All of this is true in health care, too, as the graphic below illustrates.

How personal, institutional, and structural biases negatively impact patient care for Sharon, a fictional Black female patient



Health care providers and leaders must examine how implicit bias results in worse health outcomes for some groups.

Examples of the effects of bias in health care include:

- Physicians with an implicit pro-white bias are more likely to associate Black patients with being "less cooperative" and were less likely to refer Black patients with acute coronary symptoms for thrombolysis, the appropriate treatment.
- Women in one urban emergency room wait an average of 16 minutes longer than men to get medication when reporting abdominal pain and are less likely to receive it.
- African American patients reporting pain are 22% less likely than white patients to get pain medication from their doctors.

Implicit bias in health care is real and it's harming patients. Even if a person's bias is unconscious, it needs to be acknowledged. Health care providers must challenge assumptions and address implicit bias to better serve their patients and communities.

What should we do?

Health care organizations should focus both on changing institutional processes that perpetuate structural biases and on helping clinicians address the biases in their immediate control.

The NeuroLeadership Institute created one framework to mitigate individual bias:

- **Accept that the brain is biased** to internalize that unconscious assumptions can lead people to overlook or ignore certain information.
- **Label biases as they occur** to acknowledge that they're there and decide the most effective strategy to mitigate that particular type of bias.
- **Mitigate the bias** by employing tools like if-then plans and decision guides to bypass the bias and make a more informed decision.

Ensure implicit bias training goes beyond theory and awareness. Training works best when people choose to participate and it addresses everyday situations.

Have clinicians reflect on where bias might arise in their encounters with patients. Then, help them plan for how to mitigate those biases through tools like shared decision-making and motivational interviewing. These strategies can help clinicians understand each patient as an individual rather than a stereotype and seek out additional data before making decisions.

It's crucial to help people plan for biased moments, but training will not eliminate biased decisions. Also consider how to embed preventive measures in workflows to remove triggers that activate or magnify bias in decisions. For example, hardwire evidence-based medicine protocols and embed care checklists.

Acknowledging and addressing unconscious bias is an ongoing process. Organizations must build an inclusive culture that emphasizes the importance of different perspectives and backgrounds.

Conversations you should be having

01

Collect and analyze data by race, ethnicity, gender, and other significant characteristics to identify disparities and look for situations where bias might be impacting care.

02


Seek out anecdotes and feedback from employees and patients to investigate how implicit biases affect staff experience and care delivery at your organization.

03


Develop a strategy to address implicit bias to improve care delivery, including training for leaders and clinicians with applicable steps to mitigate bias in the moment.


04


Beyond just providing training sessions on bias, consider what policies and measures you can put in place across the organization and during patient interactions to prevent bias.


For each of these conversations, investigate what changes you can implement at an institutional level. It's critical to help individual staff members address their own implicit biases, but changing organization-wide policies and processes can amplify the impact even further. 

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