

# Finding Our “True North”...

## Acknowledging Unconscious Bias in Nursing Practice

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# Topics

- **Brief review of the concept of unconscious bias**
- **Influence of Unconscious Bias in the Healthcare Setting**
- **Role of Compassion Fatigue in Fostering Biased Decision-Making and Communication**
- **The “Quadruple Aim”– Joy and Meaning in Work**
- **Finding our “True North” in Healthcare**

# Unconscious Bias- Defined

**“Hard-wired” biological processes that help us make sense of a complex world:**

- **Brain shortcuts**
- **Novelty = Threat**
- **Construction of world via perceptions**
- **Mental associations, judgments made without awareness**

# Unconscious Bias Influences How We.....

## WORK TOGETHER

- Recruit/hire applicants
- Onboard, mentor, promote staff
- Assign work and provide professional development opportunities
- Are accepted into existing work group
- Listen to each other's ideas
- Involve others in decision-making
- React to feedback or suggestions from others
- Resolve conflicts
- Evaluate performance
- Provide recognition

## WORK WITH PATIENTS

- Listen to patient concerns
- Understand patients' unique situations
- Interpret motives of patient and family member behaviors
- Gather and interpret health information
- Judge the cooperation and adherence of patients
- Determine course of treatment
- Facilitate adherence to regimens
- Build relationships with families of patients

# “The Door Study”

<http://www.theinvisiblegorilla.com/videos.html>

# “Shepard’s Tables”

[https://www.youtube.com/watch?v= EqGqEpOV3o](https://www.youtube.com/watch?v=EgGqEpOV3o)

| <b>Bias</b>                      | <b>Definition</b>  |
|----------------------------------|--|
| <b>Gut Feeling Bias</b>          | Relying on intuition or feeling without objective data   |
| <b>Harshness (Leniency) Bias</b> | Rating someone negatively (or positively) based on a single characteristic or issue                |
| <b>Similar To Me Bias</b>        | Graduate from same school, knows same people, similar interests or hobbies, similar cultural norms |
| <b>Confirmation Bias</b>         | Seeking data that confirms what we believe to be true and rejecting data that does not             |
| <b>Cultural Noise Bias</b>       | Looking or acting a particular way overshadows knowledge or skill abundance (or deficit)           |

**Discuss:**

Which of these biases have you experienced in the health care environment?  
 How might these biases influence our relationships at work? With our patients?

# How might



# emerge in the health care setting?



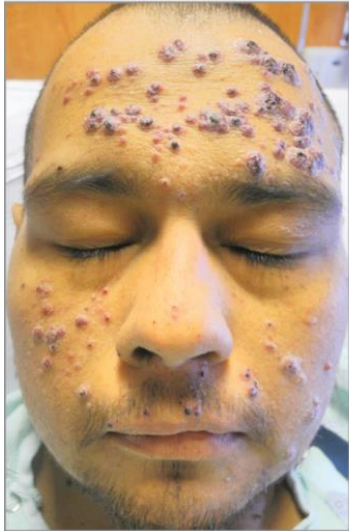


**How do you feel about this person?**



**How do you feel about this person?**

**A** Purple crusted nodules on the face



**B** Right thigh with erythematous, smooth plaques and overlying adherent purple crust



**C** Left flank with polycyclic plaque with erythematous border



**End stage liver disease- secondary to alcoholic cirrhosis**

**How do you feel about this person?**

# Article: “Making Fun of Patients” Wear et al., 2006

How medical students perceive and use derogatory and cynical humor directed at patients

Certain patients were the object of humor because of conditions that “they could have prevented” or “they brought on themselves”

Obesity

Smoking

Poor

Unattractive

Alcohol or  
Drug Use

Noncompliant

Psychiatric  
Issues

Attractive

Unsafe  
Sex

Difficult

Different





**Reading:  
“Our Family Secrets”**

“When people are exposed to racist, sexist, or otherwise disparaging humor, they are generally **more comfortable expressing prejudices or sexism that they carry with them but would normally suppress.**”

“Why do good hearted people who don’t think they are prejudiced sometimes behave in a discriminatory manner anyway under certain conditions?”



**Thomas Ford**, Psychologist at Western Carolina University and editor in chief of HUMOR: The International Journal of Humor Research

“Humor created a **social environment** allowing for the expression of negative attitudes that already existed...”

**When social norms for behavior are UNCLEAR**

## Disparaging (No Humor)

- Explicitly belittling a target with clear bad motives and intention

“I’m prejudiced, and it’s OK to discriminate .”

## Non Disparaging Humor

- Is affiliative
- Jokes, stories
- Builds connections with many people
- Focus is to entertain and create enjoyable social interaction

## Disparaging Humor

- Teasing, put-downs, and ridicule
- Conflicting Messages
  - Explicitly belittling the target
  - Implicit message that the denigration was “acceptable” and free of bad motives or intention

Hey, it’s just a joke— lighten up!

It’s OK to discriminate, IN THIS CONTEXT



# Coping Mechanisms of Paramedic and EMS Professionals (Corum, 2005)

Talking with colleagues

37%

Talking with family or friends

35%

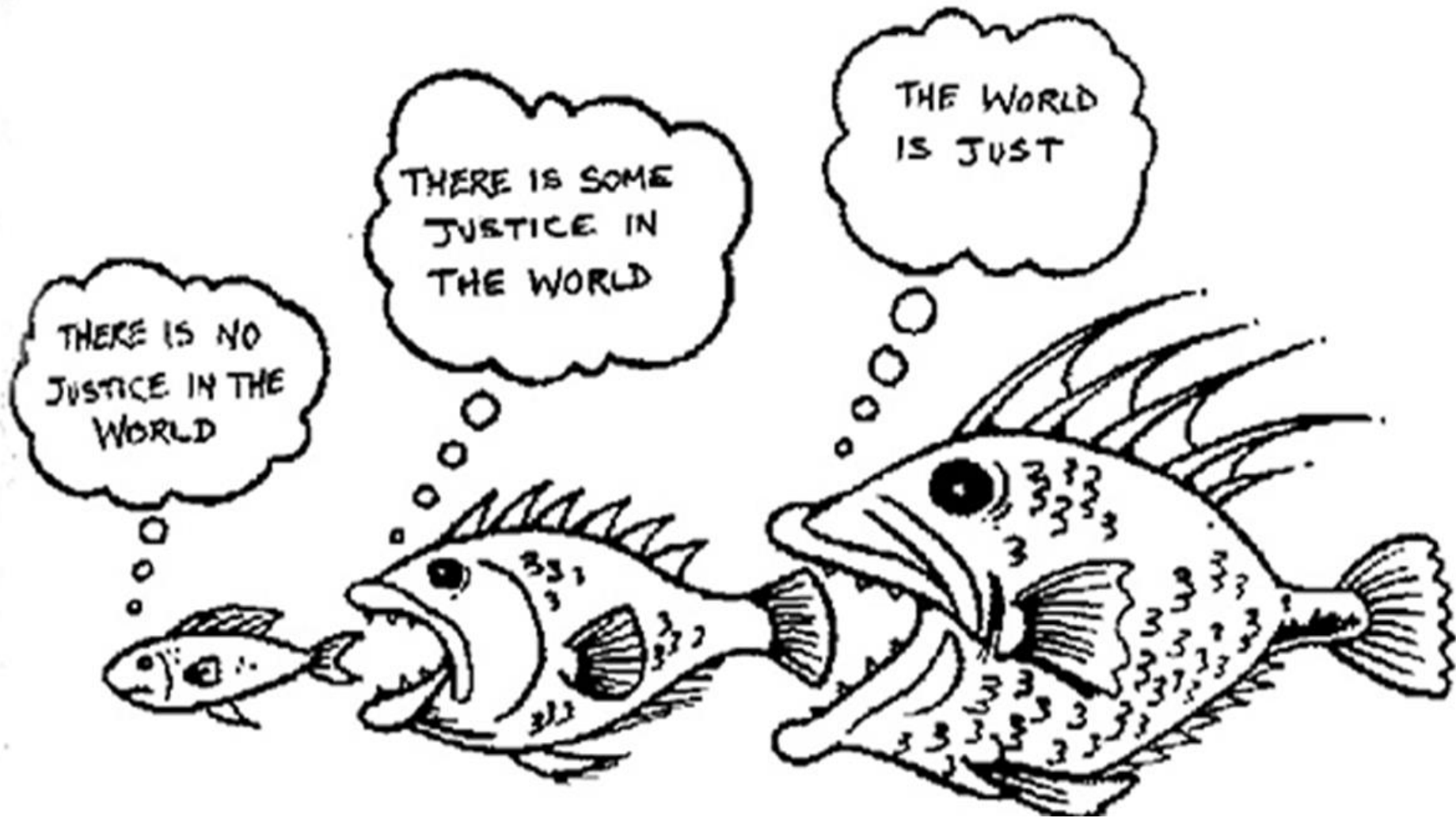
Disparaging humor

90%

# Small Group Activity

Each group will be assigned one of these questions regarding derogatory and biased humor in the healthcare environment. Please discuss your question and be prepared to share highlights of your discussion with the larger group.

1. How do you think everyday patient bias and use of derogatory humor affects healthcare decision-making? What barriers do these issues place in the way?
2. Frequently, derogatory humor or related behavior is defended as a method to defuse stress in the health care work space. Do you feel this is reasonable? Why or why not?
3. In the article, and in the reading “Our Family Secrets,” interns, residents, and attending staff all noted the discomfort they felt as a bystander to situations of derogatory humor. What drives this discomfort? Is it possible to, as the anonymous author of “Our Family Secrets” states, “break the silence?”



# Leadership and Power

# Bias, Power, and Empathy (Howard Ross, 2017)

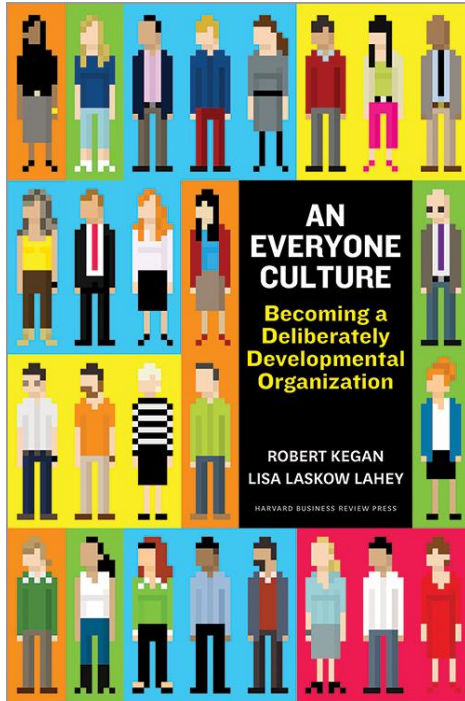
## How might we define “POWER”?

- Ability to influence people and situations
- Ability to get things done and remove barriers to forward movement
- Ability to influence/control one’s environment
- Ability to exercise one’s authority
- **Everyone has some type of privilege, in some situations**
- **Similarity and empathy are related**

*What are your associations with the term “POWER”?*

# Deliberately Developmental Partnerships

(Kegan & Lahey, 2016)



- Learning and growth investments are essential.
- Psychologically Safe - weakness is a potential; error is an opportunity.
- Run on developmental principles; thus everyone does people development.
- Mind the gaps –what we do, what we say, and what we feel.
- The interior life is managed – such as values, internal behaviors, patterns of thinking, and emotional intelligence.
- Rank does not have its usual privileges.
- Everyone needs a crew.
- Everyone builds the culture.

# How Does a Leader Utilize Power? (Howard Ross, 2017)

As a leader, I have  
*power over...*

As a leader, I have  
*power to...*

## PERSONAL REFLECTION:

Complete these two sentences on your index card, and be prepared to share your thoughts with your small group.

# Small Group Discussion

- **Share with each other your thoughts from the personal reflection**
- **Look for patterns, uniqueness**
- **Be prepared to share the highlights of your group's discussion with the larger group.**

# Compassion Fatigue: A Component of a Rewarding Profession?

*“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”*

(Remen, 1996)





**Table. Symptoms of Compassion Fatigue**

| <b>WORK RELATED</b>  | <b>EMOTIONAL:</b>  |
|--|--|
| <ul style="list-style-type: none"><li>• Avoidance or dread of working with certain patients</li><li>• Reduced ability to feel empathy towards patients or families</li><li>• Frequent use of sick days</li><li>• Lack of joyfulness</li></ul>  | <ul style="list-style-type: none"><li>• Mood swings</li><li>• Restlessness</li><li>• Irritability</li><li>• Oversensitivity</li><li>• Anxiety</li><li>• Excessive use of substances: nicotine, alcohol, illicit drugs</li><li>• Depression</li><li>• Anger and resentment</li><li>• Loss of objectivity</li><li>• Memory issues</li><li>• Poor concentration, focus, and judgment,</li></ul> |
| <b>PHYSICAL:</b>   |  |
| <ul style="list-style-type: none"><li>• Headaches</li><li>• Digestive problems: diarrhea, constipation, upset stomach</li><li>• Muscle tension</li><li>• Sleep disturbances: inability to sleep, insomnia, too much sleep</li><li>• Fatigue</li><li>• Cardiac symptoms: chest pain/pressure, palpitations, tachycardia</li></ul> |  |

# How Might Compassion/Empathy be Eroded?

Everyday stressors

Traumatic events

Compassion fatigue

Production pressure

Economic constraints

Poor workflow design

Non-value added work

Dysfunctional workplace  
environments

Poor teamwork

Low trust and low collaboration

Silos

Burnout

Life issues

Language or cultural differences

Personality differences

Patient/family attitudes

Conflicts in patient relationship

Bias

I have power OVER...



I have power TO...

What is our “TRUE NORTH”... ?

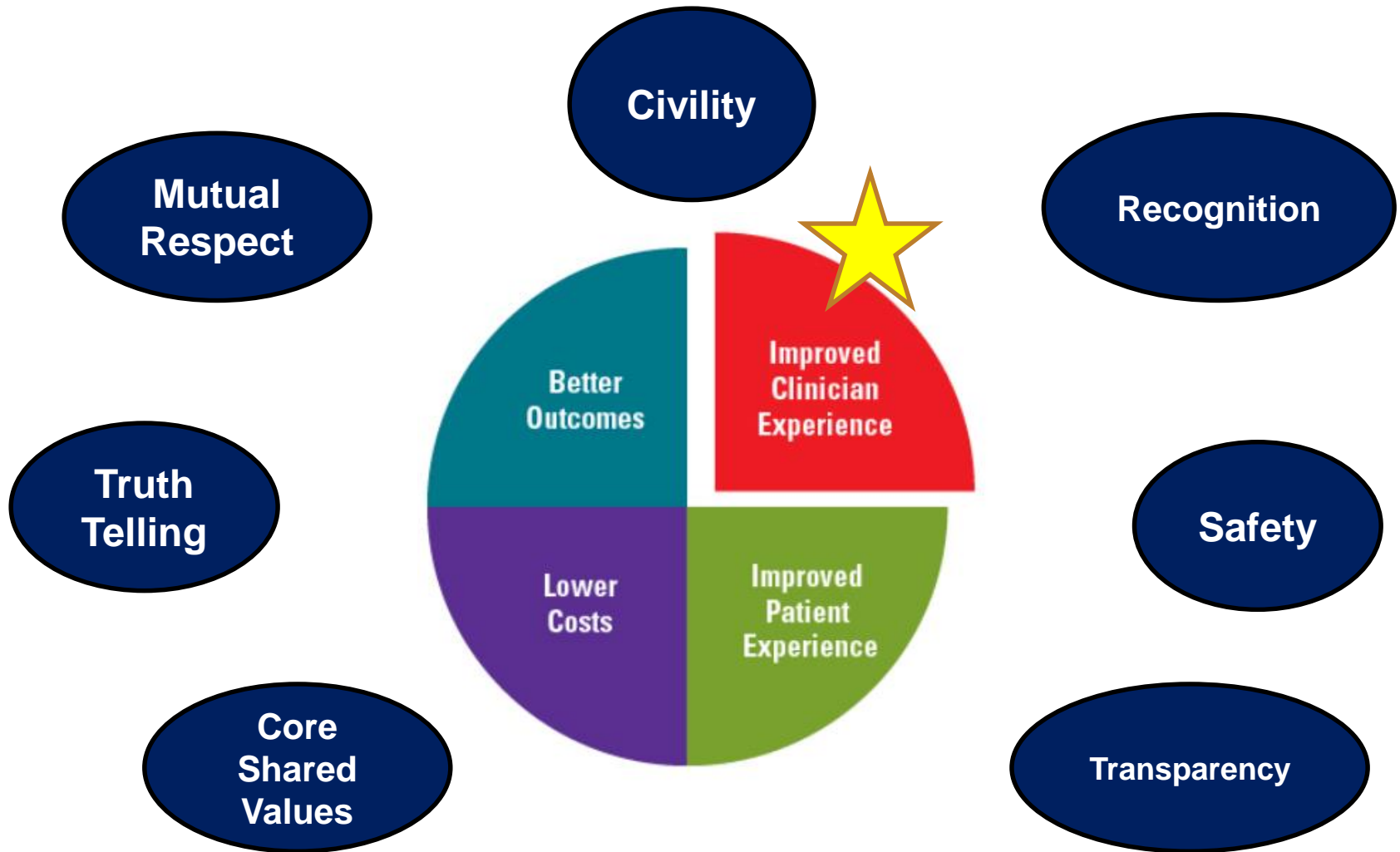
# The Quadruple Aim: Care, health, cost and meaning in work (Sikka et al., 2015)



Experiencing **meaning** and **joy** in the work of healthcare is the core of workforce engagement

- **Meaning** = sense that one's work is important
- **Joy** = success and fulfillment resulting from meaningful work.

# The Quadruple Aim: Care, health, cost and meaning in work (Sikka et al., 2015)



# The Quadruple Aim: Care, health, cost and meaning in work (Sikka et al., 2015)



**In a 2013 study of RNs:**

**51% worried that their job was affecting their health**

**35% felt like resigning from their current job**

# The Quadruple Aim: Care, health, cost and meaning in work (Sikka et al., 2015)

*“Am I treated with dignity and respect by everyone, everyday, by everyone I encounter, without regard to race, ethnicity, nationality, gender, religious belief, sexual orientation, title, pay grade, or number of degrees?”*

*“Do I have the things I need: education, training, tools, financial support, encouragement, so I can make a contribution to this organization that gives meaning to my life?”*

*“Am I recognized and thanked for what I do?”*

And... what role do I play in:

- Perpetuating the current environment?
- Creating a more affirming environment that supports the Quadruple Aim?

**I have power OVER...**

**I have power TO...**



# Finding Joy and Meaning in Work (Linda Laskowski-Jones, 2016, page 6)

*“We need to talk to one another about the reasons we chose nursing as a profession and then identify the most important factors to tackle that can otherwise kill the sense of joy and meaning.”*

*“There’s no magic bullet here because our work environments are complex, but having honest, healthy dialog with coworkers and leaders is a place to start.”*

*“We need to research and unravel system issues that can be fixed at the organization level as well as address unit issues that are more within our span of control—such as how we treat and support each other every day and through challenging times.”*

*“The Quadruple Aim framework has merit for all of us—nurses are a critical component of the transformation equation that can’t be ignored.”*





# Six Ways to Counter Biased Thinking

(Cook Ross 2014)

Recognize and  
accept that you  
have bias

Develop the  
capacity to use a  
flashlight on  
yourself

Ask for feedback

Engage with  
people you  
consider “others”

Practice  
“Constructive  
Uncertainty”

Explore  
awkwardness and  
discomfort



# Small Group Activity- 6 Techniques

- **Break into 6 small groups**
- **Each small group will discuss the following about their assigned Technique:**
  1. **How skilled are we at implementing this technique in real time? When/under what conditions are we most skilled? When/under what conditions do we struggle?**
  2. **What would be the benefits of improving our skill in this technique?**
  3. **Can we think of situations we encounter in our workplace where this technique might be particularly useful?**
- **Be ready to discuss highlights of your discussion with the larger group**

# Leaders start with self by:

Taking time for self-reflection and self-growth

Preserving our health and well-being through personal and professional boundaries

Paying attention to our mind, body and spirit as we give to others in need

Being mindful of the culture of “getting things done” and “moving to the next problem”

Guarding against fatigue so we don’t seek connection and comfort in disparaging ourselves, each other, or those we serve

Honoring the preciousness of each person’s uniqueness

Finding opportunities every day to connect to our core values and purpose

Balancing the art and science of health care through the lens of compassion

Nurturing our capacity to experience and offer compassion

Being present where others are suffering





**Thank You**