

Unconscious Bias

The Unconscious Mind





Let's get started

Very quickly –

Jot down/sketch

Your first impressions

The first things that come to mind

Don't second guess!

Outline

- What is unconscious bias (or implicit association)? Why does it happen?
- Types of bias
- Bias in our work
- Identifying and managing bias – what works – and what else do we need to do to make positive changes?

Picture a leader: Why would gender matter?

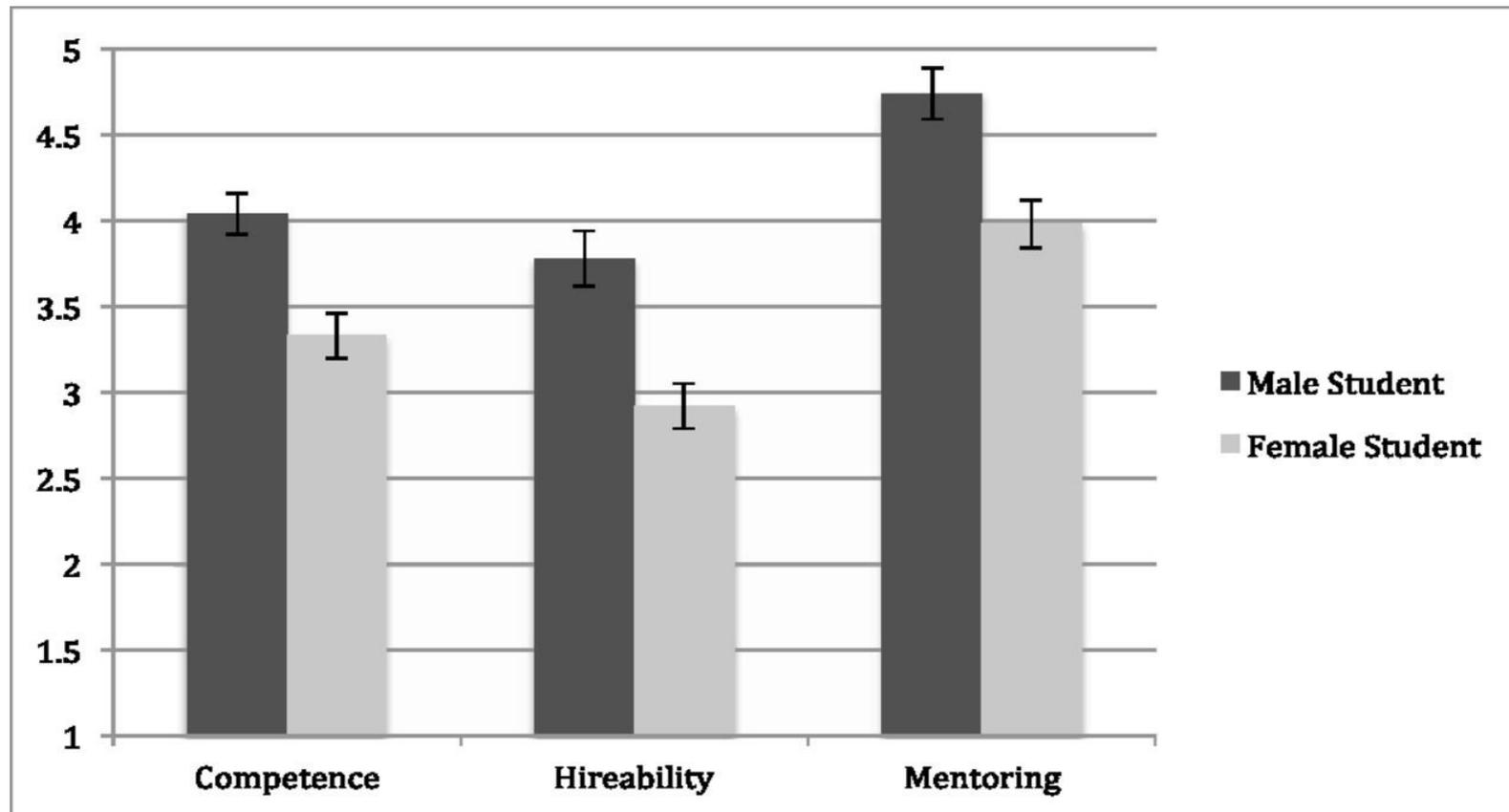
- Tina Kiefer - 'Picture a leader' – in most scenarios, the figure will be male
- Eric/Erica experiment – Erics who shared change oriented ideas scored as exhibiting 'leadership'; no such boost for Ericas. It was exactly the same script.
- Other studies confirm – women rarely receive status boost from speaking up – linked to 'picture a leader image'?

Jennifer vs John – who would you hire?

Applications were assessed under 4 criteria:

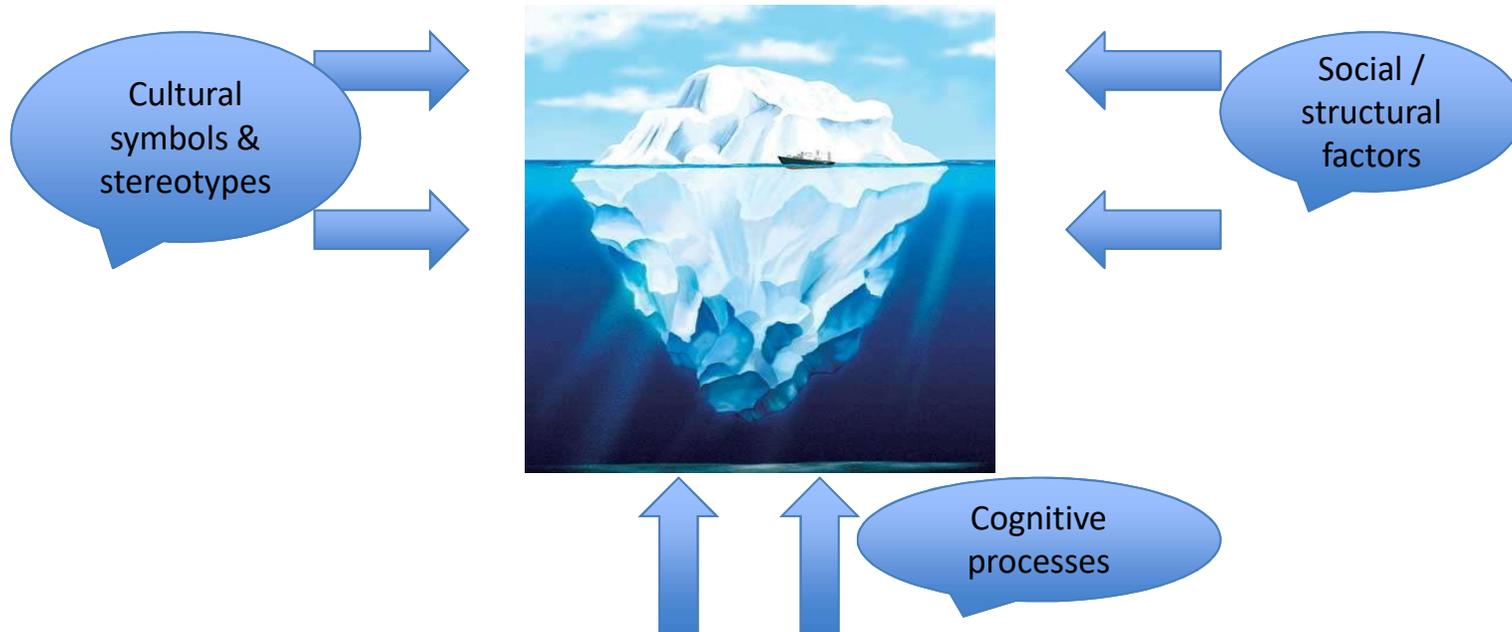
1. Perceived competence
2. Hireability
3. Whether you would want to mentor them
4. Recommended starting salary

Competence, hireability, and mentoring by student gender condition (collapsed across faculty gender)



Moss-Racusin et al 2012

The black box of your brain.....



Attention & Effort

- ‘System 1’
 - Automatic, quick, little or no effort, no sense of voluntary control – impressions, feelings, intuitions, associations, creativity
- ‘System 2’
 - Allocates attention, effortful, subjective experience of agency, choice, concentration
 - orderly logical patterns or assessments, control, meta-function
 - (Daniel Kahneman, 2011, *Thinking, Fast and Slow*)

Bias & Decisions (Kahneman 2011)

confirm

- Tendency to 'test to confirm'
- Selective re: data

Emotional
coherence

- Anchors on first/early impression
- Emotion affects interpretation

WYSIATI

- Represents only 'activated' ideas
- Primes for overconfidence

Other heuristic effects:

- Overconfidence over doubt.
- Anchoring (eg – if I give you a number and then ask you to estimate a percentage, the number I provided will effect your estimate).
- Tendency to over-rely on available information.

Tactics

- Focus on framing – watch for anchoring and base-rates
- Sequence matters – first impressions have weight – can this be disrupted?
- Write individually first, then discuss to maintain diversity of viewpoints
- Liberating [Structures](#): 1, 2, 4, all
- Look for multiplicity of data – where is the critical viewpoint?

Some examples of bias

Affinity bias

Confirmation
bias

Coherence
The 'halo'
effect

Micro-
aggression

Attribution
bias

Microaggressions

Subtle acts of:

- Exclusion
- Disinterest
- Devaluing
- What is an appropriate response?

Slido poll[s]

1. What aspects of training could unconscious bias effect?
2. What aspects of work could unconscious bias effect?

In both cases – try to answer in 1-2 words.

Consider the impacts you think are most important.

How does implicit bias affect healthcare?

- Clinical judgement and behaviour
 - Diagnosis
 - Prescribing or treatment recommendations
 - Number of questions asked of patient or number of tests ordered
- Evidence for negative impact of implicit bias on clinical interactions
- Sometimes the issue was more apparent when multiple characteristics were taken into account (intersectionality)

How does implicit bias affect work?

- Studies find bias most likely to impact on:
- Work allocation
- Feedback
- Informal mentoring and sponsorship
- Development
- Information

[NB: Woolf et al also find similar impacts in education]

Stereotype Threat

The subtle but powerful ways in which the devaluing and marginalizing views of others about a group can influence individual achievement and performance.'

(Claude Steele, 2010)

- Being/feeling at risk of confirming a negative stereotype about one's group.
- May lead to:
 - poorer performance in assessments/other tasks
 - acceptance of poor performance/distancing from the task
 - distancing from stereotyped group
 - redirection of aspirations and career paths.

What do we do about bias? (Stafford)

- Humility – listen to others (you may not figure it out on your own)
- Avoid/manage risk factors: fatigue, time pressure
- Seek out information from a variety of sources
- Declare criteria in advance
- Use protocols, checklists
- Gather more information to individuate

Reducing or Managing Unconscious Bias: Creating New Habits

Also, consider this in light of reflective cycles: Reflection-in-action and reflection-on-action.



Implicit Association Tests

- Project Implicit – Cognitive Psychology research with international partners, robustly validated
- <https://implicit.harvard.edu/implicit/>
- Measures strength of automatic association between mental representations of social groups (concepts) and positive or negative ideas.
- Can be used as mechanism for feedback on implicit bias.

The 'Trusted Ten' exercise by Scott Horton

- The exercise is described in this short video: https://www.youtube.com/watch?v=i_52T8ufdZM&t=3s

Strategies for Bias Reduction

- Stereotype replacement
- Counter-stereotypic imaging
- Individuation
- Perspective taking
- Increasing opportunities for contact

--Devine et al 2012

Mindfulness practice

- Impact on empathy & individuation
- Management of fatigue, cognitive load, stress
- [application/context.....]

Burgess, Beach and Saha (2017)

Leuke and Gibson (2015)

Using the Toolkit

- Make it about you – where is your starting point?
- What issue do you want to work on?
- What kind of strategy might work for that issue?
- What about your context? Is it a constraint? Can you set it up to help?
- Habituation – Creating an ongoing practice and checking in regularly.

Planning – Start your personal action plan

- Statement of intention
- Something you found interesting / surprising/ concerning
- Tools or approaches you want to implement
- Commitment/plan to take into appraisal

What can we do about unconscious bias?

- Accept we are all biased -- be aware of our own biases
- Challenge stereotypes and use counter-stereotypical information
- Change perception and relationship with out-group members
- Consider and try actively to manage micro-behaviours.
- Be an active bystander
- Be aware of and manage social dynamics of learning groups and within practice.
- Manage emotional and cognitive load.

The limits of unconscious bias

- Assumptions of the model
- The role of policy and design
- Systems thinking – understanding wider social and systemic inequalities, their effects and strategies to make change.
- Where does UB fit with other interventions?

Practical questions for an ‘Equality Lens’

- Who uses this service, and who doesn't? (Consider social profile).
- What do our communications, décor/facilities, policies, processes imply or assume about the ‘default’ service user?
- Which populations was this intervention or treatment validated on? (Evidence for whom?)

- What aspects of identity are important in this encounter?
- How could structural inequalities or privilege affect this situation (policy, service)?
- Who has power here? How might power differentials impact this situation?
- Do we need to do something extra to make sure that a specific group is heard?

- Do different population groups have the same needs or experience this situation in the same way? How would I know this?
- What data or other evidence do we have that might inform planning or evaluation? Where do I source it? Do I need to plan for it?
- Does this have resource implications? Do I need to think about how we are using the resources we have?

- Are my own biases or stereotypes influencing my response? (Note your emotions; empathy or not; are you being logical or intuitive?)
- Do I need to challenge something?
- What needs to improve?
- Whose voice is heard when we make decisions?

This resource may be made available, in full or summary form, in alternative formats and community languages.
Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how
we can best meet your requirements.



NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN
www.nes.scot.nhs.uk

© NHS Education for Scotland 2017. You can copy or reproduce the information in this resource for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.