

Exploration of anti-Black biases in nursing care & implementation of pedagogical interventions



Claudia Davis, PhD and Angela Horner, PhD
College of Natural Sciences, California State University San Bernardino



Introduction

The negative implicit biases that health care professionals have against patients directly impacts patient care (1). Despite race being a social construct, nearly 50% of white medical students in a recent study (1) identified at least one falsely held belief about 'race'-based biological differences and this was correlated with differential treatment of Black individuals. A nursing textbook (2) published in 2017 contained a chapter titled 'Cultural Differences in Response to Pain' which included such statements as **“Blacks often report higher pain intensity than other cultures,”** and **“Jews may be vocal and demanding of assistance.”** In healthcare, no one should expect to receive a lower standard of care because of the social construct of race. Given that nurses are at the helm of direct patient care, it is inherent to 1) explore whether there are implicit biases in the healing profession of nursing, 2) document the impact on patient outcomes, and 3) propose interventions during education, beginning at the undergraduate level.

Background Literature

According to the American Association of Colleges of Nursing (3), there remains a lack of racial diversity in nursing, with 80.8% of RNs identifying as White/Caucasian, 6.2% African American/Black, 7.5% Asian American/Asian, 5.3% Hispanic, 0.4 American Indian/Alaskan Native, 0.5% Native Hawaiian/Pacific Islander, 1.7% two or more races, and 2.9% other. Given this lack of diversity, we hypothesize that negative bias towards Black patients exists in nursing and leads to racial disparities in patient outcomes.

- Using the Electronic Medical Record system, researchers (4) determined if the Triage Acuity Scores (TAS) (1-most urgent, 5 least urgent) for African Americans compared to Caucasians after adjusting for age, gender, insurance status, presence of co-morbidities and abnormal vital signs. They found that African Americans had significantly longer wait times to a treatment area compared to Caucasians. They attribute this difference to negative racial bias against African Americans.

Confronting Bias

In order to prevent caregiver bias in differential patient outcomes we propose a pedagogical intervention in **three** parts:

- 1. Identification and Acknowledgment of Bias:** Explore the existence and context of deeply rooted biases in health care.
- 2. Contextualizing Culture in Evidence-Based Health Care:** Challenge trainees to provide compassionate, objective, and “just care” equitable care.
- 3. Confronting Bias through Intervention:** Promote personal reflection and suggest strategies to help mitigate bias. Integrate educational content about racial bias in every clinical course.

References

1. Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, 113(16), 4296-4301.
2. *Nursing: A Concept-Based Approach to Learning*. (2017). *Pearson Education*
3. American Colleges of Nursing. (2019) Fact Sheet: Enhancing diversity in the nursing work force. AACN.<http://www.aacnnursing.org>
4. Shrader CD & Lewis ML (2013). Racial disparity in emergency department triage. *The Journal of Emergency Medicine*, Vol 44,2 pg. 511-518.

Acknowledgements

We thank ALL of the facilitators from the DEI Faculty Learning Committee, President Morales, and Dean Caballero