

## Editorial

### Reducing Unconscious Bias in Health Care: Role of Nursing Education

The thoughts and feelings acquired through various encounters and experiences shape our attitudes and beliefs. In our growing years we are exposed to a vast amount of information about people and phenomena. In managing this information “we unconsciously categorize and assign” judgements with connotation of good or bad (Narayan, 2019, p.38). For example; we tend to identify one group as ‘safe’ and another as ‘unsafe’. We respond automatically to people based on our prior judgments. This can be termed as unconscious or implicit bias.

Unconscious biases or implicit biases are established from exposure to cultural attitudes about age, gender, race, ethnicity, religion, social class, sexuality, disability status and nationality (Harrison-Bernard et al., 2020). Although we are not ready to admit it, everyone carries unconscious biases. According to a recent systematic review, the decisions in health care are affected by these unconscious or implicit biases towards older adults, people of colour, people with disabilities, psychiatric patients, patients who are obese, people of low socioeconomic status, and women, which has impacted on negative patient outcomes related to treatment decisions, pain management, empathy, poor health care provider interactions and poor communication (Kruse et al., 2022).

In Sri Lanka, it has been found that health care providers including nurses are prejudiced towards women subjected to

partner violence thereby preventing them to disclose their real problems (Jayasuriya et al, 2011). Such biases of health care providers have been a topic of discussion among the general public and the health authorities for a long period of time.

It is evident that a gap exists in nursing education which illustrates the lack of inclusion of implicit bias in the curriculum (Edwards-Maddox et al., 2022). Nurse educators have a major role to play in this regard by raising awareness on the topic. Further, understanding the importance of recognizing implicit biases and educating students on how to manage and diminish its effect should be of prime importance.

However, nursing curricula in Sri Lanka which is mostly based on traditional medical model (Jayasekara and Amarasekara, 2015) may not allow adequate space to discuss the topic, as components to develop soft skills of students seem to be limited. Sometimes such skills are integrated to various subjects/modules in nursing curricula, but the awareness of teachers on how those skills can be initiated and developed in their students is also questionable. Further, lack of communication skills training in some curricula (Seneviratne et al., 2020) may hinder the opportunities to recognize their own biases and unlearn the behaviours that indicate judgement.

Nursing students must be given learning opportunities to understand their own unconscious biases and how to overcome

them. Commonly used strategies to educate nursing and other health care students are: discussion groups, simulation and case-based learning, pre-tests for awareness, use of expert facilitators, commitment to action/change, and debriefing (Kruse et al, 2022); while mostly used strategy is reflection (Thompson et al., 2023).

It is recommended that health care providers and students of health professions be educated on implicit bias and how to manage and reduce it and its effects. Similarly, The need for training of academia and students in recognizing implicit biases and how a person's unconscious feelings can lead oneself to stereotype people based on their ethnicity, gender, sexual orientation, education etc. has been highlighted (Harrison-Bernard et al., 2020; Kruse et al, 2022; Thompson et al., 2023). Furthermore, nurse educators must evaluate their teaching methodology and curricula to ensure that implicit biases are being discussed across all courses in the nursing curriculum.

Gleasant-DeSimone (2023) in a recent review calls nurse educators to spare a few minutes examining the teaching material – lecture notes or case studies whether they themselves are biased and to explore where they could add content on addressing bias in to their curricula. Sometimes, it can be uncomfortable to include or discuss about biases in your own area of practice. “If one is not uncomfortable, one may not grow” (Gleasant-DeSimone, 2023, p1).

It is high time for this message to be passed on through nursing education, so that it may be instilled into the way nursing students communicate and care for patients through generations to come.

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