FOSTERING AN EXTRAORDINARY WORKPLACE

TOPIC **2**

UNCONSCIOUS BIAS
TOPIC OVERVIEW

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AWARENESS

What is unconscious bias?

Unconscious bias refers to the automatic assumptions and categorizations people make about other people based on an individual's experiences, beliefs, and societal stereotypes. Unconscious bias is formed outside of conscious awareness.

UNDERSTANDING

Key take-home messages.

1 **We all have unconscious biases.**
These biases affect how we perceive and engage with other people.

2 **Unconscious biases impact the veterinary profession.**
They have implications for:
• the client/veterinary professional relationship
• animal care
• the workplace's inclusive climate

3 **Start with yourself.** The first step is to explore our own unconscious biases and how they impact our decisions and interactions.

TRANSFORMATION

Specific actions you can take to generate positive DEI change with your team, workplace, clients and community.

1 Learn more about unconscious bias and how it works.

2 Reflect on your unconscious bias. Consider using Implicit Association Tests at Project Implicit to identify and explore your biases.
https://implicit.harvard.edu/implicit/takeatest.html

3 Move beyond unconscious bias. When you start a new project or initiative as a team, seek more diverse input than you typically ask for. This is a way of identifying unconscious biases, incorporating more diverse perspectives, and ultimately ending up with a more successful project.

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TOPIC ESSAY
Unconscious Bias

You have unconscious or implicit biases. We all do! We develop biases regularly to simplify our lives and daily tasks. Unconscious bias refers to the categorizations and associations our brains make to make decisions more efficiently. For instance, if you realize that you do not like the flavor of blue jellybeans, you may find yourself avoiding other blue candies instead of continuing to try every type of blue candy and finding again and again that, nope, you don't like blue candy. Your brain helps you take a shortcut to save time and the annoying experience of repeatedly tasting something you don't like.

This otherwise helpful mechanism can become problematic when our unconscious biases affect how we make decisions about and interact with other people and their animals. Regarding unconscious or implicit bias about people, researcher Jerry Kang has identified a couple of ways that bias tends to work. We can have confirmation bias or a bias toward affirming our own hypotheses about people and associations. We can have affinity bias, where we make decisions about someone based on whether we like them or not. We can have ingroup bias, where our decisions and interactions are based on whether someone is similar or different from ourselves. When these preferences and decisions are made automatically about people, they're called unconscious bias.

There are ways of uncovering your unconscious bias. The Harvard Implicit Association Test research group has designed several tests to help folks identify biases they have related to race, gender, people who identify as LGBTQ, and body weight. Beyond using these tests to consider some of your unconscious biases, developing self-reflective practices and learning more about your identities and those different from your own can also help you uncover and consciously manage and combat biases, particularly those that could be discriminatory and/or harmful.

One important thing to consider is how unconscious bias works in conjunction with stereotypes, such that people with historically and contemporarily marginalized identities are harmed disproportionately by unconscious bias. For instance, research has shown that when applying for a job, applicants with the names Emily and Greg on a resume were more likely to receive an interview than applicants with the names Lakisha or Jamal (racially coded as Black/African American names) on the same resume (Bertrand & Mullainathan, 2004).

In human medicine, sociologist David Sudnow found in his 1967 study, "Dead on Arrival," that in an emergency room that patients who presented as unhoused, using drugs or alcohol, or appeared to have attempted suicide were less likely to receive life-saving care, like CPR, compared to those who did not appear unhoused or under the influence, etc. even when they were physically in the same condition. If we'd asked any of the care providers in Sudnow's study if they decided to save a life based on whether or not the patients seemed unhoused or had attempted suicide, they would have told us absolutely not! But research shows that unconscious bias does affect our decisions, even those as dire as saving a life.

Although there are fewer studies on unconscious bias in veterinary medicine, research has shown that animals with names racialized as Black or African American are less likely to be adopted (Quadlin & Montgomery, 2022). Other research shows that clients, particularly women and nonbinary people of color who experience unconscious or conscious bias based on race, gender, and/or class, are less likely to trust their veterinary care provider. These clients report not feeling heard and/or not being presented with the gold standard of care because of bias based on their identities (Collier, Watley, Morales, & Nishi, in preparation). These nonbinary and women of color also share

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a disproportionate amount of labor and preparation they do before and during veterinary appointments to advocate for themselves and their pets. This demonstrates how damaging unconscious bias is to the trust and relationship between care provider and client and how it can affect the ultimate care of an animal.

Another example of how unconscious bias can affect care is some veterinarians decide what type of microchip to implant based on their perception of whether the client is "from" the United States. This can include assumptions, based on a client's accent or appearance, about whether they might take their pet outside of the country. Using these biases to make decisions about microchips can unnecessarily increase the cost of the microchip used, and also, conversely, the use of a microchip that does not function well internationally used for a pet whose human was deemed as being "from here."

Although the research on the effects of unconscious bias is still developing in veterinary medicine, we can see from these examples and others that the risk of bias toward clients can have profound effects on animal care. A veterinarian who allows their unconscious bias to inform their decisions is putting a patient at risk for not receiving optimal care.

According to psychologist Dr. Derald Wing Sue, "Microaggressions are brief and commonplace verbal, behavioral, and environmental indignities whether intentional or unintentional that communicate hostile, derogatory, or negative slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group." These can happen when a veterinarian is letting unconscious bias, based on stereotypes, inform their decisions in prescribing care or when a client experiences the microaggressions that can result from unconscious bias and as a result does not trust the veterinarian to provide the best care for their animal.

So, what can we do? We can start by doing the reflective work on our own unconscious biases. This can come from reviewing the literature about unconscious bias, taking one or more of Harvard's Implicit Association tests, and engaging in critical self-reflection. Remember, we all have unconscious biases about other people based on race, gender, class, ability, age, religion, etc. The first step to combating unconscious bias that can negatively affect people and their pets is to uncover our own unconscious biases. When we bring them into consciousness, only then can we begin to dismantle them.■

References

Bertrand, M. & Mullainathan S. (2004). Are emily and greg more employable than lakisha and jamal? A field experiment on labor market discrimination. *American Economic Review*, 94 (4) 991-1013.

Collier, M.J., Watley, E., Morales, G.I., & Nishi, N.W. (in preparation). Preventative medicine: disrupting microaggressions in veterinary medicine.

Quadlin, N., & Montgomery, B. (2022). When a name gives you pause: Racialized names and time to adoption in a county dog shelter. *Social Psychology Quarterly*, 85(2), 210–235. https://doi.org/10.1177/01902725221090900

Sudnow, D. (1967). Dead on arrival. *Trans-action*, 5, 36–43. https://doi.org/10.1007/BF03180093

Sue, D.W. (2010). Microaggressions: More than just race. *Psychology Today*. Published November 17, 2010. http://www.psychologytoday.com/blog/microaggressions-in-everyday-life/201011/microaggressions-more-just-race

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RESOURCES

Implicit Association Tests at Project Implicit:
https://implicit.harvard.edu/implicit/takeatest.html

Marcelin, J.R., Siraj, D.S., Victor, R., Kotadia, S. & A., Maldonado, Y.A. (2019). The impact of unconscious bias in healthcare: How to recognize and mitigate it. *The Journal of Infectious Diseases*, 220(2), S62–S73. https://doi.org/10.1093/infdis/jiz214

UCLA's Implicit Bias Online Training:
https://equity.ucla.edu/know/implicit-bias/

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