Implicit Bias and Physician Burnout: Impact on Diagnostic Accuracy

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Disclosures

Annemarie Provencher has no relevant financial relationships to disclose.
Objectives

• Define implicit bias
• Identify three potential negative effects of implicit bias on patient safety and diagnostic accuracy
• List three strategies to mitigate the risks associated with Implicit bias
• Identify four signs of provider burnout
• Identify three key approaches to address burnout
Disclaimer

The information presented at this program and in the program materials is for general educational purposes only and is in no way intended to serve as medical or legal advice. For advice on handling specific medical/legal problems, always consult with an attorney or your risk management staff.
Challenges in Healthcare Today

- Ambulatory care models are changing
- Growing number of patients with more complex needs
- Pressure to see more patients
- EMR and technology challenges
- Increased time on administrative tasks
- Grueling schedules
- Staff shortages
- Malpractice risks
- Opioid crisis
Additional Stressors

COVID-19

• Frontline staff
• Ethical dilemmas
• Financial implications
• Healthcare risks for providers and family
Impact of healthcare stressors on Providers

- Bias
- Burnout
- Substance Abuse Disorders
- Suicide
What is Implicit Bias?

- Rests in the subconscious
- Mental associations so well established as to operate without awareness, attention or control
- Inflexible, + or -, conscious or unconscious belief about a particular category of people
- A response that is hidden, automatic, and natural

Explicit vs Implicit Bias

Explicit
- At the conscious level
- Deliberately formed
- Easy to self report

Implicit
- At the unconscious level
- Unknowingly prefer one thing over another thing
- Involuntarily formed
- Typically unknown to us

Where does unconscious bias come from?

- Life experiences
- Socialization
- Family and friends
- Personal attitudes
- Beliefs
- Environment
- Media and news
Type of patients most at risk

- Obese
- Mentally ill
- Non-English speaking
- Non heterosexual
- Gender nonconforming
- History of drug addiction
- Low intelligence
- Gender
- Advanced age
- Nonwhite race
- Low income level
- Documented status
Medscape Lifestyle Report 2016: Bias and Burnout

Do You Have Any Biases Toward Patients?

- Emergency Medicine: 50%
- Orthopedics: 48%
- Psychiatry & Mental Health: 47%
- Family Medicine: 47%
- Ob/Gyn: 44%
- Anesthesiology: 43%
- Plastic Surgery: 43%
- Pediatrics: 43%
- Neurology: 42%
- Internal Medicine: 40%
- Dermatology: 40%
- Surgery: 40%
- Infectious Disease: 38%
- Urology: 35%
- Rheumatology: 34%
- Critical Care: 33%
- Ophthalmology: 33%
- Gastroenterology: 32%
- Diabetes & Endocrinology: 31%
- Pulmonary Medicine: 29%
- Oncology: 27%
- Nephrology: 25%
- Radiology: 22%
- Cardiology: 22%
- Pathology: 10%

https://www.medscape.com/slideshow/lifestyle-2016-overview-6007335#6
Is Your Bias Showing?

Behavior

Communication

Clinical Decisions
Potential Impact of Bias in Diagnostic Accuracy

- Decision making
- Delivery of care
- Patient satisfaction
- Quality care
Implicit Bias

Behavior
- Greater physical distance between self and others
- Reluctance to touch
- Less eye contact
- Decreased number of smiles
- Shorter length of encounter

Communication
- Dominant tone of voice
- Uninformed/stereotypical conversation choices
- Closed ended questions
- Increased speed of speech
- Failing to provide interpreters

Clinical Decisions
- Lower referrals to specialists
- Less likely to recommend preferred treatment
- Fewer tests performed
- Poor pain management
- Delayed treatment
Bias triggers

- Stress
- Fatigue
- Cognitive load
- Burnout

Implications of Bias

- Creation of cultural noise which impacts active listening
- Less time spent during encounter
- Fewer referrals to specialists
- Failure to consider other treatment options
- Delay in testing and treatment
- Poorer pain management
- Stigmatized language documented in the EHR
Implications of Bias

- Tenuous patient-provider relationship
- Poor communication
- Distrust in the healthcare system
- Lower patient satisfaction
- Avoidance of healthcare
- Lower participation in preventive screening
- Poor treatment adherence
- Long term impact on health outcomes
- Contributes to healthcare disparities
Top Allegation Categories

Diagnosis-related claims Are the #1 most common root cause of claims

Selection: N=11,662 closed PL claims from 2014-2018
Top Risk Management Categories

Does Bias Affect Clinical Decision Making?

**TOP RISK MANAGEMENT CATEGORIES IN DX-RELATED CLAIMS**

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Judgment</td>
<td>53%</td>
</tr>
<tr>
<td>Clinical Systems</td>
<td>16%</td>
</tr>
<tr>
<td>Communication</td>
<td>9%</td>
</tr>
<tr>
<td>Documentation</td>
<td>7%</td>
</tr>
<tr>
<td>Behavior-Related</td>
<td>5%</td>
</tr>
<tr>
<td>Administrative</td>
<td>4%</td>
</tr>
<tr>
<td>Electronic Health Record-Related</td>
<td>2%</td>
</tr>
</tbody>
</table>

*N = 3,466 closed claims between 2013-2017 with a diagnosis-related allegation*
Process Vulnerabilities
Evidence of implicit attitudes

- Women heart patients are at higher risk of being under-diagnosed and under treated as compared to male counterparts
- Non-white patients are less likely to be prescribed pain medications
- African American women are twice as likely to experience SMM (severe maternal morbidity) compared with non-Hispanic white women
- 74% of transgender patients reported experiencing discriminatory care
- Morbidity and Mortality Data from the COVID-19 Pandemic in New York City show death rate for Black/African Americans is 2 times higher than that of white people
Strategies to reduce implicit bias

• Respond to bias triggers- addressing the burden of high cognitive workloads
• Develop self awareness-pay attention to your surprises
• Understand and respect the magnitude of unconscious bias
• Train health care professionals using a cultural humility model
• Implement culturally competent communication techniques
Strategies to reduce implicit bias

• Encourage case discussions
• Implement mindfulness-based interventions
• Adopt diagnostic decision tools
• Implement patient safety bundles
• Treat all patients with empathy, respect and dignity
Bias and Burnout
Key Contributors to Physician Burnout

• Number of bureaucratic tasks (documentation, paperwork, etc.)
• Spending too many hours at work
• Lack of respect from colleagues, administrators, and staff
• Increased use of technology (EMRs)
• Insufficient compensation
• Lack of control/autonomy
• “Feel like a cog in a wheel”

Keeping the Balance

Wellness

Workload and Job Demands
Efficiency and Values
Organizational Culture and Values

Control and Flexibility
Work Life Integration
Social Support and Community

Burnout

Burnout vs Moral Distress

Burnout

• A multifaceted injury related to chronic workplace stress that affects the person’s well-being and quality of life.


Moral Distress

• Caregivers recognize the appropriate ethical action but are unable to act according to their conscience due to fear or external situations.

Classic Signs of Burnout

- Emotional exhaustion
- Depersonalization
- Sense of reduced personal accomplishment
- Depression

Classic Signs of Moral Distress

- Frustration, anger, depression
- Feeling powerless, helpless
- Loss of self-worth, loss of sense of self
- Symptoms of PTSD
- Behavioral symptoms

Impact on Patients

- Anger/Frustration
- Distancing/avoidance
- Basic care issues
- Poor communication
- Decrease Advocacy
- Provider blindness
# Impact on the organization

- Retention
- Work arounds
- Increased liability from errors
- Passive-Aggressive behavior
- Hostile work environment
Medscape Lifestyle Report 2016: Bias and Burnout

Which Physicians Are Most Burned Out?

- Critical Care: 55%
- Urology: 55%
- Emergency Medicine: 55%
- Family Medicine: 54%
- Internal Medicine: 54%
- Pediatrics: 53%
- Surgery: 51%
- Ob/Gyn: 51%
- Neurology: 51%
- Radiology: 50%
- Cardiology: 50%
- Anesthesiology: 50%
- Gastroenterology: 49%
- Rheumatology: 47%
- Infectious Disease: 47%
- Nephrology: 47%
- Orthopedics: 47%
- Oncology: 46%
- Pathology: 45%
- Plastic Surgery: 45%
- Pulmonary Medicine: 43%
- Dermatology: 43%
- Diabetes & Endocrinology: 41%
- Ophthalmology: 41%
- Psychiatry & Mental Health: 40%
Is Burnout Related to Bias?

"Burnout lowers a person's ability to navigate complex psychological situations. People tend to revert to their instincts and rely on routines in this state. Therefore, it is possible that burnout exploits a vulnerability, that is implicit bias against a particular group, and thus it may manifest more egregiously, as in the explicit bias testing used in the study."

"It's important to realize that everyone has implicit bias against various groups of people, and burnout likely only makes it worse."

Burnout and Racial Bias Among Residents: Chicken or Egg?  
Impacts and Approaches

• Acknowledgement
• Short-term approaches
• Long-term approaches
Acknowledgement

• Awareness of high risk situations, symptoms, and need for support
• Honest communication with team members
• Culture of safety surveys that measure burnout and distress to assist in building wellness programs
### Burnout and Moral Distress Checklist and Worksheet for Managers – SAMPLE

**PURPOSE:** This document is prepared for managers and supervisors to identify signs of burnout and moral distress in their employees and provide approaches to address these concerns at the institutional level. The accompanying worksheet is a template to assist in discussing these issues with staff and developing a plan when signs are noted. These resources can also be used for educational purposes.

<table>
<thead>
<tr>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burnout</strong></td>
</tr>
<tr>
<td><strong>Moral Distress</strong></td>
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</tbody>
</table>

#### Classic Signs of Burnout
(as measured by the Maslach Burnout Inventory)³

<table>
<thead>
<tr>
<th>Emotional Exhaustion</th>
<th>Depersonalization</th>
<th>Reduced Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing exhaustion in one or more of the three levels: energy, emotion, spirit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cynicism, detachment from job duties, low empathy, silence, passivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questioning self, doubting if work really makes a difference, loss of purpose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Classic Signs of Moral Distress⁴

<table>
<thead>
<tr>
<th>Affective Symptoms</th>
<th>Cognitive Symptoms</th>
<th>Somatic Symptoms</th>
<th>Behavioral Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustration, anger, depression, powerlessness, helplessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of self-worth, loss of sense of self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue, pain, sleeplessness, heart palpitations, nightmares</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gossip, tardiness, absenteeism, distancing, violence, avoiding work</td>
<td></td>
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<td></td>
</tr>
</tbody>
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Short-term approaches

• Micro practices
• Breathing and self-soothing exercises
• Debriefing
• Professional coaching
Long-term approaches

- Comprehensive wellness program
- In house wellness interventions
- Care for the caregiver programs
- Employee assistance programs
- External referral sources
Drivers of Fulfillment

Stanford’s WellMD Center’s model (since 2017):

• **Personal resilience**
  • Self-compassion, positive learning mind-set

• **Culture of wellness**
  • Leaders and peers value the health and well-being of caregivers
  • Leaders show support, recognition, caring
  • Self-care as a professional obligation

• **Efficiency of practice**
  • Ability to provide high-touch, personal care to patients
  • Delivering excellent care reliably and efficiently

Strategies to Improve Practice Efficiency

• Improve patient flow
  • Consistent process for appointments and scheduling
  • Pre-visit planning and pre-appointment lab testing
  • Daily team huddles
  • Reduce patient wait time

• Increase EMR training time
  • Redesign practice workflows to match EMR capabilities

• Re-delegate duties
  • Front desk - dedicated staff for answering phones, registering patients
  • Patient education, data collection, calls for normal lab results

• Optimize physical space in waiting areas, exam rooms, reception desk

• Streamline billing processes
Key Take-Away Points

- Acknowledge the challenges in healthcare that can contribute to both bias and burnout
- Bias and burnout impact clinical judgement and diagnostic accuracy
- Many of the strategies to address bias and burnout are aligned
  - Personal awareness, resilience (self-care and mindfulness)
  - Culture of humility and wellness
  - Opportunities to address high cognitive workloads and improve efficiency
QUESTIONS and DISCUSSION
Resources

- Improving Safety in Emergency Medicine

- The Implicit Association Test (IAT), an exercise in personal development that can bring unconscious associations to conscious awareness, making an individual aware of their biases.
  https://implicit.harvard.edu/implicit/education.html

- Clinician Self-Evaluation Form (Kirwan Institute) - Mitigating Implicit Bias in the Healthcare Setting

- National Culturally and Linguistically Appropriate Services (CLAS) Standards.
Resources

• Creating the Organizational Foundation for Joy in Medicine™, the AMA STEPS Forward program, https://edhub.ama-assn.org/steps-forward

• Physician Burnout and Wellness Information and Resources, American College of Physicians, https://www.acponline.org/about-acp/chapters-regions/united-states/new-mexico-chapter/physician-burnout-and-wellness-information-and-resources

• Stanford Medicine WellMD Center, https://wellmd.stanford.edu/center1.html


Resources


• The Joint Commission. “Mental wellbeing for healthcare workers during the COVID-19 pandemic.”
