

Examining Implicit Bias in an Online Course Using the Community of Inquiry Model

TEXAS WOMAN'S UNIVERSITY

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Learning Objective

Upon completion, participants will be able to:

- Describe a successful learning strategy
 - based on the *Community of Inquiry Model*
 - to promote *self-identification of implicit bias* in an online learning environment.

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Background

- Doctoral Nursing elective
 - NURS 6223 Threats to Women's Health
 - Focus on Maternal Mortality
 - Selected Reading
 - Benton, J. (2017). *Lilli de Jong: A novel*. New York: Nan A. Talese/Doubleday.
 - Lane, S.D. (2008). *Why are our babies dying: Pregnancy, birth, and death in America*. New York: Routledge.
 - Pie, A.M. (2018). *A Black mother dying*. Author.

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Maternal Mortality Racial Disparity

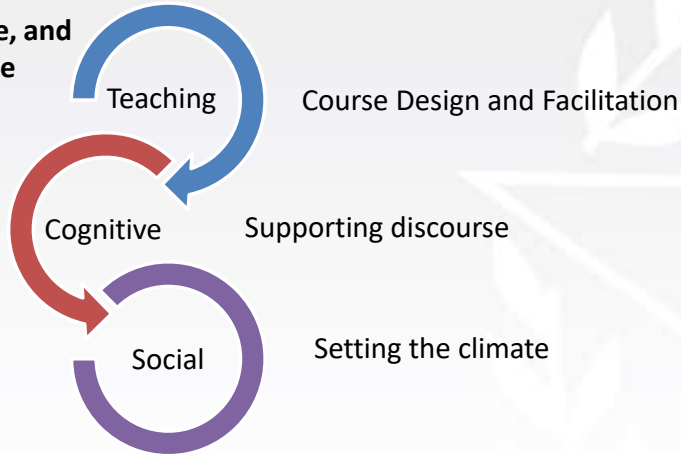
- Persistent and unexplained
- 2011-2016 (Petersen et al., 2019a; Petersen et al. 2019b)
 - White women 13 deaths per 100,000
 - Black women 42.2 deaths per 100,000
- Black women have reported
 - Receiving substandard care
 - Concerns not addressed by healthcare providers (Lane, 2008; Pie, 2018)

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Theoretical Framework

Community of Inquiry Model (Garrison, Anderson, & Archer, 1999)

Teaching, Cognitive, and
Social Presence



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Theoretical Framework

Community of Inquiry Model

Discussion Board
Design

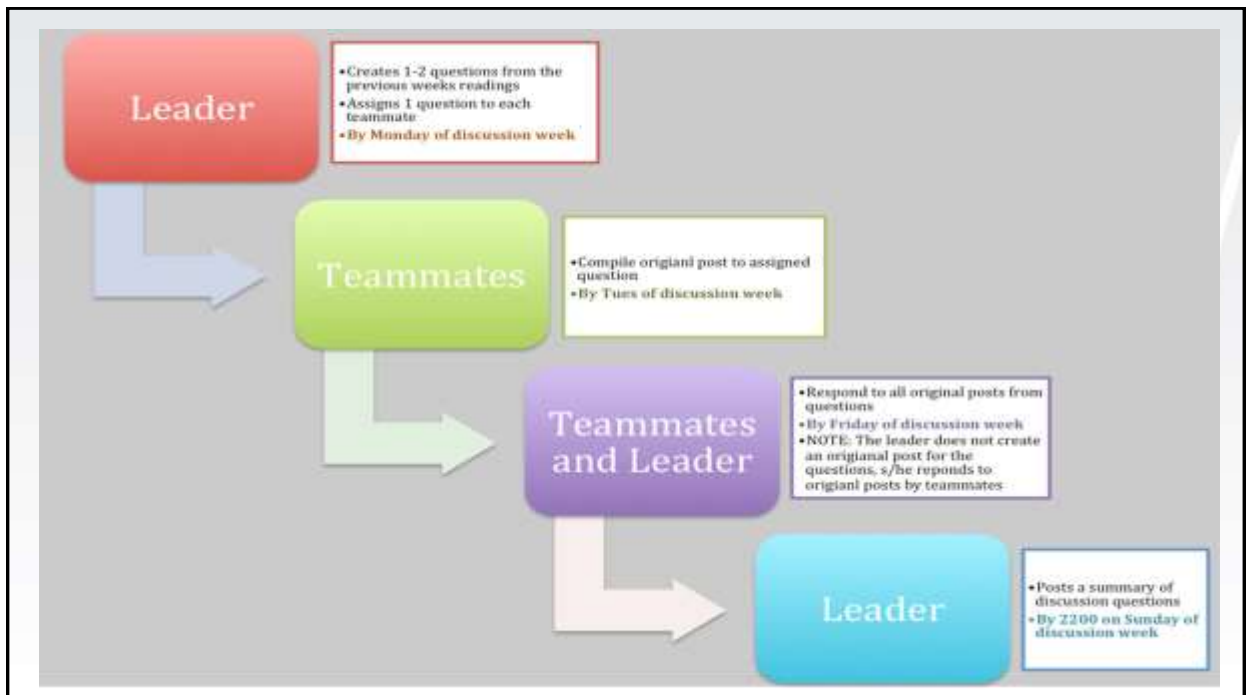


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Discussion Board Design

- Timing of readings to discussion
- Team based, 3-4 students
- Student led
- Instructor question/Student leader question
- Teammates are required to ask follow up questions
- All teammates and leader respond
- Time for discussion
- Leader compiles a summary
- Instructor responds to summary and applies rubric

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Rubric-10 points total

Original Posting (discussion participants) (7 points)

1. Mentions at least 4 specific points from the readings with appropriate citations. (4 points)
2. Relation of new information to old information learned in the course to date. (1 point)
3. Discussion at a critical level, not just recitation of facts from the article. (1 point)
4. Length of posting approximately 1/2 page for each discussion question. (1 point)

Summary Posting (discussion leader) (7 points)

1. Mentions at least 4 main ideas expressed in the overall discussion (4 points)
2. Relates elements of the discussion to weekly and course objectives (2 points)
3. Length of summary approximately 1 page. (1 point)

Reply to Other's Postings (3 points)

1. Discuss at least one point you like/agree with or dislike/disagree with and explain why to each original post.

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Implicit (Unconscious) Bias

- Defined as an involuntary process based on deep-seated thoughts that occur when one's attitudes, feelings, and beliefs impact their personal understanding and/or judgement of other people (Sportsman, 2019).
- Results in discriminatory practices based on gender, class, race, ethnicity, geographical location, immigration status, sexuality, and *countless intersections of these characteristics* (Pritlove, Juando-Prats, Ala-leppilampi, & Parsons, 2019).
- Bias leads to discriminatory practices and behaviors.

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Implicit (Unconscious) Bias

Bias Type	Definition
Affinity Bias	Being more receptive to people who resemble our lives in some way.
Confirmation Bias	Looking for information that supports our beliefs and ignoring details to the contrary.
Halo Effect	When we like something about someone and, therefore, assume that everything about them must be great
Perception Bias	Stereotyping people based on a group they belong to (racism, ageism, sexism, etc.)
Bandwagon Bias	Believing something because others believe it.

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Discussion Board Maternal Mortality/Implicit Bias

Instructor Questions

1. In relation to health inequities, what affected you most when you were reading Lilli's story, and what do you think will remain with you? How do you think Lilli's story might be different if it was set today? In what ways might it be the same?
2. In relation to health inequities, what affected you most when you were reading Angela's story, and what do you think will remain with you? Why do you think that well-meaning healthcare providers ignore the concerns of women, particularly Black women?
3. Do you think Angela experienced the same treatment from other doctors or healthcare providers with her other three pregnancies? I'm assuming they were positive experiences, because nothing negative was mentioned, so it brings me to the next question. Do you think their current residence (Austin, Texas) has a higher incidence of discrimination among minorities, than other cities or states?

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Excerpts from the Discussion Regarding Implicit Bias

"Being a minority, I have been addressed as a CNA or MA and not the nurse by both patients and family members. Interestingly enough, I recall one family member who stated that 'you must only have your ADN.' My coworker, who was in the room with me, blurted out 'No, she has her master's degree!' It is frustrating and can be hurtful when it happens to you."

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Excerpts from the Discussion Regarding Implicit Bias

"I work in acute care and we often seen bias in regards to patients with pain, specifically sickle cell patients. During shift report, it was often jokingly said that they need their "cocktail" of Dilaudid, Phenergen, and Benadryl. We often dismiss their pain and/or symptoms and think they are there just for their "fix."

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Excerpts from the Discussion Regarding Implicit Bias

"I had the opportunity to take care of a very poor White couple from an economically-disadvantaged, rural area over thirty miles from my suburban hospital. I say opportunity because it now *represents a time in my life when I learned to recognize bias within myself*. A patient in her early twenties and her husband presented to my L&D unit in false labor. *She was disheveled, with poor hygiene, and was noted on intake assessment to live in a home with inadequate resources for water and sewage*. I was initially upset that she had come in on a busy night in false labor and was *taking up a bed*, and I verbally described my bias against her for not taking care of herself. The next day, I was called in to help cover the busy unit and noted she was still boarded. *With dread at seeing her name on the census* and noting I was covering all non-laboring patients, I received report making it clear I was not thrilled she was still present. During report, my colleague relayed that she had been found to have head lice—something I had not personally noted due to not taking the time to assess her from head to toe the previous evening nor by taking the time to inquire about and subsequently meet all of her needs. *My very wise mentor allowed me the opportunity to do some soul-searching about my attitude towards the patient by serving her in washing/treating her hair.*"

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Excerpts from the Discussion Regarding Implicit Bias

"I have exhibited implicit bias against someone because of age. During my recent pregnancy, I attended a prenatal appointment where my OB/GYN told me she was going to be out of town on vacation and that one of her partners would be covering. *I walked into my 38-week appointment and the covering doctor walked in looked like she was 12years old*. (Although it is a compliment, it is also bias against her young age.) Honestly, *if she hadn't introduced herself as Dr. X, then I would have thought she was part of the office staff*. In my mind, *I questioned if she could handle my delivery if for some reason I went into labor at that point*. *I am ashamed that I questioned this woman's ability to do her job (that she went to school many years for) because of her short stature and young appearance.*"

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Excerpts from the Discussion Regarding Implicit Bias

“Girls have often hidden an unplanned pregnancy for shame of being unmarried and the stigma put on them by society for lacking moral value. These stigmas still exist in many cultures. My own mother was pushed into a young marriage in a strict Catholic home after becoming pregnant at age 16. This was their religious culture.”

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Excerpts from the Discussion Regarding Implicit Bias

“I worked in labor and delivery in a large metropolitan hospital where I felt the absolute best care was given. I witnessed the change in tones of voice or lessened compassion when women came in emergently with a lack of prenatal care or insurance. Some hospital staff treated them indifferently. I heard scoffs of stupidity and even overheard a nurse call a young woman a whore because she was 19, unmarried, and birthing her fifth child. It not only saddened me but disgusted me to the extent that I could not continue to work in there. I have a sick heart knowing that the ugliness is still out there.”

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Excerpts from the Discussion Regarding Implicit Bias

“Within the last five years, I was recruited for a director-level position in a small hospital. I was an experienced female with a background in nursing management at this level and higher. At this time, a completely separate director-level position was also offered to another candidate who was male. Both director-level positions were over different areas of care and held the same responsibilities and job descriptions. The position I was recruited for was offered and accepted, however, the title was subsequently changed to allow a less equal impression of authority and chain of command. My director-level position was changed to a manager title. The male new hire remained with the title of director. This change in my title but, lack of change in the male candidate title was enforced by a male executive of the facility. The job duties remained the same in different departments and we both reported to the chief clinical officer.”

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Themes Discovered in the Discussion

- **Themes identified included:**
 - Socioeconomic Status Bias
 - Gender Bias
 - Racial Bias
 - Ageism
 - Religious Bias

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Conclusion-Student Perceptions

"The discussion was a *"safe space"* to examine my personal biases, something rarely possible in online classes. Some of what I wrote, I have NEVER talked about out loud. I felt the assignment was *therapeutic in purging my soul of unrest I have felt about my personal actions towards others in the past.*"

"Caused me to be more aware of how *implicit bias* among healthcare providers *exists and impacts patient care.*"

"Helped me to *examine my own biases.*"

"Made me more aware of how *I choose to treat all human beings.*"

"Helped distinguish the *difference between explicit (overt) and implicit bias.*"

"Acknowledgement *and awareness of one's own bias* is a very important step to *addressing and overcoming it.*"

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Conclusion

- Instructor perceptions
 - Some teams connect better than others
 - Some questions resonate better than others
 - *2 of the three teams in this course inquired about publishing an article regarding their discussion*
 - *Community of Inquiry is a useful model for designing online coursework that promotes engagement in nursing courses*

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References

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