Unconscious Racist Bias: Barrier to a Diverse Nursing Faculty

In contemporary society, racism results, in part, from unconscious bias. Unconscious bias has been widely hailed as a new diversity paradigm—one that recognizes the role that bias plays in the day-to-day functioning of all human beings (Ross, 2008; Savini, 2010; White & Chanoff, 2011). All people make assumptions and determinations about what is real at any given moment, sort out millions of pieces of information, and, as self-interpreting beings, believe that what is seen is real. Only occasionally do people realize how subjective their perceptions are and how much their perceptions are shaped, not by what is in front of them but by how they interpret what is in front of them through their own personal lenses (Ross, 2008). In the United States, personal lenses have been shaped by a several hundred–year hegemonic legacy of racist conditioning that continues to saturate our lifeworlds (White & Chanoff, 2011). This conditioning occurs at a deep and often unconscious level.

The most comprehensive research conducted to date on unconscious bias has been done through Project Implicit (2012), a collaborative research partnership between Harvard University, the University of Virginia, and the University of Washington (https://implicit.harvard.edu/implicit/). According to Project Implicit (2012) Web site’s Four-Category Race Implicit Association Test (IAT) demonstration, “It is well known that people don’t always ‘speak their minds’, and it is suspected that people don’t always ‘know their minds’” (¶ 1). Thus, nursing faculty members who have been conditioned to hold unconscious racist views may act on these views even when they consciously disagree with them. A faculty member may “endorse equality and believe he or she is well intentioned but act in a discriminatory way and justify those actions, quite sincerely, with reference to matters having nothing to do with race” (Savini, 2010, p. 4).

A study conducted by researchers at Massachusetts Institute of Technology and the University of Chicago demonstrates this point about unconscious racism. Resumes (of average and highly skilled workers) were sent to employers, including equal opportunity and federal employers. Some of the resumes had typically European-American names and others had typically African-American names. Resumes with typically European-American names received 50% more callbacks than those with typically African-American names, and average skilled, typically European-American named candidates received more callbacks than highly skilled typically African-American named candidates. These findings were consistent across occupational and industry categories, including both health care and education (Bertrand & Mullainathan, 2004). One can imagine conversations that likely went on in those businesses as employees and administrators discussed the reasons why they lacked diversity:

- There were no qualified minority applicants in the pool.
- The minority applicant didn’t look like he/she would be a good fit.
- The minority applicant probably would not want have wanted to relocate to this area.
- Minority applicants are in demand so we probably would not be able to retain one.
These examples point only to biases affecting the resume screening process. If a candidate of color gets past this screening process, there is another level of scrutiny with concomitant biases he or she must face during the interview process and, if all goes well, later on during the hiring process.

Yet, the effects of unconscious bias don’t stop with the hiring process. Evidence of bias against nursing faculty of color is well documented (Davis & Davis, 1998; Hassouneh et al., 2012). Thus, it seems likely that unconscious bias can explain why people of color are not included in a pool of nursing faculty candidates or why a seemingly well-qualified minority nursing faculty candidate is not hired into a position due to lack of fit or other subjective, often arbitrary reasons.

Focusing on unconscious bias means looking at the ways stereotypes are embedded in the cognitive processes of nursing faculty. Strategies for addressing unconscious bias in schools of nursing include system- and individual-level change and require that both European-American and faculty of color become advocates and leaders for change. Providing training for faculty leaders in how to guard against unconscious bias and incorporating lessons learned into search and appointment, promotion, and tenure committee processes are important steps.

An example of this kind of training is provided in JoAnn Moody’s (2012) book, Faculty Diversity: Removing the Barriers. In faculty recruitment, useful strategies include requiring that faculty of color be included in applicant pools, requiring that all applicants be responded to within a certain time window, and requiring that lack of fit or other subjective reasons for not hiring a minority candidate be considered a red flag, subject to review. Establishing behavioral expectations for the community and mechanisms by which faculty may address evidence of unconscious bias are particularly important. Strategies may include increasing awareness about unconscious bias, both individually and collectively, and the creation of anti-racist conflict resolution teams. Moreover, the use of heuristic models that are based on the use of deliberative, calculative, slower approaches to thinking about issues related to ethnicity and race may be useful in overriding the automatic nature of unconscious bias (Jolls & Sunstein, 2006). Sandwiched between system- and individual-level change is the importance of exposure to people of color. There is some evidence that unconscious bias may be decreased through exposure to positive examples of people of color and working closely with people of color (Teaching Tolerance, 2012). This information further underscores the importance of having a diverse nursing faculty.

Finally, becoming aware of one’s own unconscious biases is an important place to start the change process at the individual level. I suggest that if readers have not already done so, they consider taking the Four-Category Race IAT. When an individual becomes aware of his or her unconscious bias, the next step is to learn to compensate through attention to language and decision making in relation to the target groups (Teaching Tolerance, 2012). These steps toward change may prove uncomfortable and may elicit anxiety in some, but as nursing faculty we have the ability to address the issue and must be committed to doing so.

I end by quoting Augustus White and David Chanoff (2011): “We have been educated to address cancer, amputations, paralysis, and death with strength, sensitivity, equanimity, empathy, and rational good judgment. We are capable of extending these skills to the management of racism and other isms” (p. 13). Although White and Chanoff were speaking about physicians, the same holds true for nursing faculty, and so I say to my nursing colleagues, we have what it takes to tackle racism in our schools and it is well past time that we step up to the plate and apply our formidable talents to the task.

References

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