

Implicit Bias

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Purpose

The purpose of this course is to provide current information about bias, including both explicit bias and implicit bias, types of implicit bias, privilege, and strategies for combating bias.

Goals

Upon completion of this course, the nurse should be able to

- Define explicit and implicit bias
- Give at least 3 examples of explicit bias
- Differentiate between explicit and implicit bias.
- Discuss 9 different types of implicit bias
- Discuss different aspects of privilege
- Identify at least 8 factors that are part of social identity
- Discuss 3 systemic forces that shape privilege
- Define covering.
- Discuss 4 types of covering.
- Discuss 6 strategies for dealing with implicit bias
- Discuss 4 strategies for becoming an ally



Introduction

Bias is a prejudice or preconceived idea about something or someone that is focused on feelings and associations rather than evidence or proof. Although people tend to think of bias as always negative, bias can be in favor of something, against it, or even neutral.

Bias is everywhere. In fact, none of us escape bias because bias provides a shortcut method of navigating the world. When people encounter something new—be it a person, thing, or situation—the mind searches the associations its stored in its memory for something similar to help people make sense of

it so that they don't have to continually analyze everything in the environment.

However, these associations don't have to be accurate or even logical. If a person is repeatedly exposed to the same distorted ideas or information, these associations are stored along with others. The associations are accessed implicitly, or unconsciously. You don't need to direct your brains to do this.

We've probably all met someone and thought, "I have a bad feeling about that person." In some cases, the feelings may be completely valid (such as if the person is acting menacingly and carrying a weapon), but in most cases, the response is based on some previous experience or relationship that the individual doesn't consciously recall and has nothing to do with the situation at hand.

We can also have an opposite, or positive, reaction: "I immediately liked him." (People said something similar about Ted Bundy, the serial killer.) While not every encounter is wrought with danger, biases are simply not reliable, and they can result in very unfair treatment of others because biases can be based on information that is inaccurate or on stereotypes.

Implicit biases allow us to function and make our way through the world, but it's important to understand how they affect our lives, our actions, and our decisions.

Explicit vs implicit bias

Biases may be explicit (conscious) or implicit (unconscious). **Explicit (or conscious) bias** is the bias, for or against, to which the person is aware and is often exemplified by words or actions aimed at a particular group, often referred to as an anonymous "they":

- "They are too lazy to work."
- "All they think about is having a good time."
- "They just want to live off of welfare."
- "They are not like the rest of us."
- "They are ghetto."
- "They can't keep up with the work."

OR

- "They are hard workers."
- "They are good at math."
- "They appreciate a job."
- "They are clean."
- "They get along with other workers."



Explicit bias is sometimes on clear display, such as with marches by white supremacists or neo-Nazis. These individuals are open about the things and people that they hate or are prejudiced against, but explicit bias can also be hidden behind a friendly

smile, and that can be just as damaging.

For example, a manager who only hires White candidates because of the belief that they are a “better fit” for the company is exhibiting an explicit bias even though the manager may never make negative statements about other races and may seem friendly and approachable.

Another example is an organization with a workforce of equal percentages of males and females in employ, but an entire administration comprised of only males.

- Or, an organization in which those who identify as part of the LGBTQ community are never considered for promotion or advancement.
- Or an organization in which older adults are forced out of jobs.
- Or an organization that employs no people with disabilities, believing that they cannot do the work required.

It’s also important to recognize that explicit bias often flows in both directions. A manager that is a person of color may have an explicit bias against a White candidate for a job because of past negative experiences, assuming the candidate will be resentful and uncooperative; and the White candidate for the job may have an explicit bias against the manager, assuming that the manager will show preference to those of his or her own race. The interview process is tainted at the outset.

Bias is not simple, and it’s not confined to one group or one type of identity. Gender bias is an issue in today’s world, and most people assume that is primarily bias against females because that is more obvious as females enter into professions that were primarily those of males, such as firefighting, the military, and police work.

However, when the nursing profession first started to slowly include more male nurses in the 1970s and 1980s, the same type of backlash occurred with some female nurses outraged that males would be providing personal care to females—even though almost all physicians at that time were male.

Over time, biases may change as our brains create different associations based on experience.

Implicit (or unconscious) bias is more insidious than explicit bias because people often don't recognize that they have a bias and may insist that they, in fact, do not—and may totally believe that they don't—because implicit biases are outside of conscious awareness. They are part of the automatic responses.

Implicit bias is defined as stereotypes, perception, preferences, and prejudices aimed against one group that results in unfair treatment of that group and favor to another through attitudes, decisions, actions, and words. Implicit bias can also apply to ideas, concepts, and situations, not just people.

Implicit bias is more common than explicit bias, and people may have implicit biases that are at odds with their conscious values. People may, for example, believe in equality and fair treatment and still unconsciously favor people from their own ethnic group.

Assume that the following is a list of applicants for a job. Read through the list:

- Mary Jones
- Jennifer Martin
- Sean Healy
- Kathryn Jacobson
- Jason McGilley
- LaKisha Washington
- Brian Adams
- Emma Tomlinson
- Jesús Rodríguez

People tend to automatically categorize to create order, so many people reading through the list of names would automatically categorize them as female, female, male, female, male, African American female, male, female, Hispanic [Mexican, Puerto Rican] male.

How did you categorize the people in the list when you read through the names? Did LaKisha Washington and Jesús Rodríguez stand out in some way?

Before we even meet people, we sometimes begin to develop a picture or idea about that person based on the name alone. That picture may not always be right. Perhaps, Sean Healy is Japanese and changed his name or is adopted.

Note that it's not racist to notice that names suggest ethnicity—this is part of your brain making sense of the world—but it does suggest that you see them in some way as “different,” and this can alter your perception of them if you aren't aware of this.

Bias can take many forms:

Scenario

Stella is a 24-year-old single nurse working in a busy neonatal unit. Her co-workers are all married, older, more-experienced, and have children. Stella's supervisor has scheduled Stella to work most weekends and holidays, including Thanksgiving and Christmas, because Stella “doesn't have a family at home.” The supervisor reassured Stella that she could have New Year's Day off so that she could “party” with her friends even though Stella has no plans for New Year's Day and didn't ask for the day off.

Does this represent explicit bias or implicit bias? What do you think?

The fact that the supervisor scheduled Stella for weekends and holidays because she “doesn't have family at home,” is explicit bias. The supervisor is basing scheduling decisions based on facts about Stella's life that are completely non-work related.

The fact that the supervisor is giving Stella New Year's Day off to party represents implicit bias. The supervisor is likely making assumptions about younger workers based on Stella's age and her single status.

It's important to reiterate that people can have a strong belief in equality while, at the same time, acting on implicit biases. Implicit bias affects how patients are treated in healthcare. According to a report by The Joint Commission:

- Non-white patients receive fewer cardiovascular interventions and fewer renal transplants.
- Black women are more likely to die after being diagnosed with breast cancer.
- Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic).
- Black men are less likely to receive chemotherapy and radiation therapy for prostate cancer and more likely to have testicle(s) removed.
- Patients of color are more likely to be blamed for being too passive about their health care.



Types of implicit bias

- Similarity bias:** People tend to favor those who are similar to themselves in some way: appearance, age, ethnicity, background, religion. A supervisor, for example, may promote a nurse who graduated from the same university nursing program as the supervisor before promoting other candidates. Similarity bias sometimes leads to a workforce that is very homogeneous so that the few that don't conform to this common mold can feel very much like outsiders.
 - Appearance bias:** Studies show that people who are deemed attractive according to social norms have an advantage in hiring decisions. On the other hand, people who are overweight or obese have the opposite problem because there is a tendency to blame the person for the weight problem and to judge the person negatively. People who are attractive are more likely to be judged as more intelligent, funnier, and more likeable than those who are less attractive.
- Height is also a factor. Taller people, especially males, are generally considered more authoritative than shorter people. Short people in authority are often discussed in negative terms. For example, the term "Napoleon complex" was coined to describe the supposed tendency of short males to compensate for their lack of height by ordering others around and acting aggressively.
- Confirmation bias:** All people have their own systems of values and beliefs, and there is often a tendency to seek out, interpret, and validate information that supports what they already believe. If, for example, a person believes that a new program is not going to be effective, the person will likely interpret any problems that arise as confirmation that the program is ill-advised despite obvious evidence that the program is overall successful.
 - Attribution bias:** This type of bias occurs when we judge others more harshly than we do ourselves and when we assume that an action or behavior is the result of an unrelated characteristic. For example, if a nurse comes late to work and the first thought is that the person is lazy or uncommitted to the job without ascertaining the real reason for the nurse's coming late, this is an example of attribution bias.
 - Age bias:** Managers commonly consider age when hiring even though it is, in fact, illegal to do so. One survey of 800 hiring managers showed

that 38% of hiring managers admitted to considering age, but the number is probably higher. Additionally, only 44% stated that age had NO factor in their employment decisions. Age bias can be directed not only at older adults (those over 60) but also at younger adults (those under 25).

Age is also often a consideration when it comes to assignments and promotions:

- Typical concerns about older adults are that they may lack experience with technology, they may retire shortly, they may be resistant to change and to new ideas, they may have health problems, and may be bossier and less friendly.
- Concerns about younger adults are that they may not stay in a job for an extended time period, they lack experience, they may have young children, they may start a family, they don't take work seriously, and they are unreliable.

Even though a resumé may not include a person's birthdate, if an applicant includes graduation dates or an extensive record of employment going back decades, these can provide clues as to the person's age.

This is not to say that there aren't differences among the different age groups, such as among Baby Boomers (born between 1946 and 1964), Generation X (born between 1965 and 1980), Generation Y/Millennials (born between 1981 and 1996), and Generation Z (born between 1997 and 2012).

It's also always important to remember that the norms of a group do not necessarily apply to all members of the group because individuals are unique.

Depending on when a person was born and the life experiences that person has had, the attitudes of that person may be quite different than those of someone born in a different time and with different experiences. Some may value work more highly than others who place more value on leisure and work-life balance. That doesn't mean that one attitude is better than another, just that they are different. One person may be willing to repeatedly work overtime, and another may become resentful if asked to do so.

- **Expedience bias:** Sometimes people say things like, "My first idea is usually my best. I should just stick with that." It would be a big timesaver if this were true, but most times, it is not. Snap judgements



about people or things or hasty judgments made without taking adequate time to consider options can result in poor decisions. In the long run, a poor opinion about someone or a poor decision can require more time and effort than it would have taken to consider an issue more completely.

- **Gender bias:** At one time, gender bias referred to issues regarding males and females. However, the issue is more complex today with some people identifying as nonbinary and others as transgender. Generally speaking, those who identify in less traditional ways, such as nonbinary and transgender, are likely to experience more bias, both explicit and implicit, than others.

Anything that tends to be categorized as “different” almost automatically gets more attention, positive or negative, as the mind tries to make sense of new information. Some people have very strong feelings, often based on religious belief, that there are only two acceptable genders, male and female, so today’s gender issues can be very disconcerting to them. In these circumstances, gender bias can be difficult to ignore.

In nursing, different from most other industries, gender bias has historically been most directed toward males. While male nurse comprised less than 2% of the nursing workforce in 1977, they comprised almost 10% in 2018, so even though their numbers have increased, their progress is still slow. This likely reflects bias against male nurses (keeping numbers low), and bias against “women’s work” (also keeping numbers low).

Nowadays, and to a lesser degree because the numbers are smaller, those who wish to be referred to as “they” and transgender, who wish to be referred to as their new gender, face resistance and increased bias. In reality, it’s easy to avoid the third person pronoun (they) that many nonbinary individuals wish to be called because it’s only used when talking ABOUT someone, not to someone. When talking to someone, people use the second person “you” or the person’s name, so it’s less of an issue than it sometimes appears to those who are vocally opposed.

People who are transgender often face much explicit bias. State laws vary with some providing more protections than others. The laws in some states are clearly biased against people who are transgender, and this often gives people license to express their own biases. The battles over bathrooms have been raging for over a decade and have still not been resolved.

Bias may be subtle. According to AHRQ, a retrospective study of introductions during internal medicine grand rounds reported by AHRQ noted that if a male speaker was introduced by a female, the female used the male's professional title 95% of the time. However, if the reverse occurred, the males used the female's professional title only 49% of the time.

- **Role/Authority bias:** People with authority or with a higher level academic degree are often deferred to as their opinions are considered more valid than those of others. Thus, there is often a bias toward valuing the opinion of a physician over that of a nurse, even when the physician is inexperienced and the nurse has years of experience.
- **Experience bias:** People sometimes assume that everyone should have the same knowledge or experiences that they do or that everyone thinks the way they do.

Some types of insensitive behavior cannot be easily categorized:

- Repeatedly mispronouncing someone's name or insisting on using an anglicized version of the person's name to make pronunciation easier: If you don't know how to pronounce a name, ask the person to say the name and practice until you can pronounce it in a reasonably accurate manner. Also, ask the person how he or she likes to be addressed.
- Making assumptions about people's sexual preference, such as by asking a married woman about her "husband": Use neutral terms, such as "partner" or "spouse" when you don't know.
- Making comments about people's mood: "You must be on your period." Your best option is to remain supportive and say nothing unless the person appears in danger or suicidal.

Privilege

Privilege is an issue that is commonly discussed in relation to bias, often in terms of "white privilege" because it refers primarily (but not entirely) to those in the majority population—in the United States. Privilege may look very different in other countries. Privilege is advantages or entitlements that are given to an individual but are not earned and are exercised in such a way as to disenfranchise others. Privilege, then, for some people can lead to oppression of others.

Privilege is based on our social identity, how we perceive ourselves and how others perceive us. Social identity includes many factors, including age, gender, body type, citizenship, disability, education, ethnicity, first language, religion, sexual orientation, socioeconomic status, family structure, profession, disability, and mental health.

People can experience privilege based on any aspect of their social identity, not just race or ethnicity. Intersectionality is the overlap of various social identities. For example, a White male likely has privilege by virtue of race, but if he is also disabled, this may impact his privilege.

People may begin without privilege (poor, minority, disabled) and work very hard to gain education and a high-paying job to achieve privilege in at least some aspects of life. Privilege is not static. A person may be privileged in one aspect of life (high level of education) and not privileged in another (disabled). Another person may be privileged in some situations (community) and not privileged in another (work environment). Additionally, people often have little control over how their privilege is perceived by others

Privilege is a fact of life. Some people have it easier than others, and some have it more difficult. Some have access to services, good education, parks, medical care, and healthy food; others do not. Discussions about privilege can be uncomfortable for people, and some insist they have no privilege and that they have, in fact, "earned" everything.

However, if you can safely walk down the street in your neighborhood without fear, can encounter the police without fearing for your life, are treated fairly by coworkers, grew up in a good neighborhood, and have access to a local park and supermarket, how did you personally earn those things?

Note that people with privilege can still experience difficulties in life, but the same difficulties will likely be experienced differently by those without privilege.

The systemic forces that shape privilege can make it seem as though it is a natural thing and is the same for everyone. Systemic forces include:

- **Socialization:** People begin to learn the values and attitudes of society at a young age, and these are reinforced in school and in the media. Those outside the norm are stigmatized or excluded and those that conform are rewarded, and this model sets the stage for both privilege and oppression.

- **Power:** Power and privilege reinforce each other. With power comes privilege, and power is often concentrated in a particular group that makes decisions and exercises power in such a way as to maintain its own privilege.
- **Ideologies:** In the United States, people are supposedly rewarded for their own efforts. A student who studies diligently and gets good grades may be admitted to an elite university, increasing the likelihood of a professional career. This concept of meritocracy often overlooks the part privilege plays.

The student living in an upper class neighborhood and attending an excellent private school with parents who are actively involved in supporting education is not on the same playing field as a student living in public housing and attending a rundown underfinanced public school while the student's single mother works two jobs to keep food on the table.

Covering to deal with bias

People who have experienced bias or anticipate bias often use various methods to minimize risks, or **covering**, defined by Goffman as the "strategy individuals use to downplay a known stigmatized identity to blend in." Covering may take a variety of forms:

- **Changing appearance:** People may talk differently in the work environment than at home, for example. People may dress differently. For literally generations, many African American women have straightened their hair and avoided natural hairstyles. Some people of color bleach their skin to lighten their appearance.
- **Hiding background:** People may avoid talking about their backgrounds if they feel it may result in their being stigmatized. For example, a person who grew up in foster care may go to great lengths to appear affluent and avoid any mention of personal history.
- **Going along to get along:** People may avoid speaking up in defense of others in their group. A female in a male-dominated workplace may laugh at sexist jokes in order to be accepted regardless of personal feelings.
- **Denying associations:** People may make an effort to avoid being included as part of a group. For example, a person who identifies as gay may remain closeted at work. Some may hide religious

affiliations. Some may choose to hide their traditions, believing that they won't be understood or accommodated.

One study that looked at the reason Chinese mothers tended to become dehydrated during hospitalization after childbirth found that they were only offered ice water to drink, but, in their culture, they weren't allowed to drink cold water for the first month after birth. No one thought to offer them warm water to drink.

While everyone has likely utilized covering at some time, feeling forced to do so can be tiring and harmful to self-esteem, erode trust, and interfere with relationships.

Strategies to promote inclusion

Being aware of explicit and implicit bias is only the first step in limiting the impact they have on our ideas and behaviors. There are some proactive steps that people can take to promote inclusion:

Examine personal biases: It can be difficult to accept that you have implicit biases, but almost everyone does, and without a good understanding of your own biases, you can discriminate without even being aware that you are doing so. A good starting point to examine biases is through the Implicit Association Tests (IATs) developed for the Implicit Project at Harvard. A number of different IATs are available to the public free of charge:

- Skin-tone
- Weight
- Presidents
- Asian
- Gender-science
- Weapons
- Transgender
- Age
- Arab-Muslim
- Disability
- Gender-career
- Race
- Religion
- Native
- Sexuality

These tests can provide some insight into biases to which people may be unaware. They may also highlight areas in which people need more information. Project implicit:

<https://implicit.harvard.edu/implicit/takeatouchtestv2.html>

According to a report by the Joint Commission, based on IATs taken by 4.5 million people on the Implicit Project site, the results showed that implicit bias is pervasive and can predict behavior.

Examine personal privilege: Recognizing one's own privilege, or lack of it, is the first step in coming to terms with it. Feeling ashamed or guilty about privilege serves no useful purpose as it doesn't alter the reality of privilege in society. The question should always be, "What can I do to level the playing field?"

Avoid stereotyping: Most people have some preconceptions about other ethnic groups. If, for example, a patient is Mexican and speaks little English and there are many migrant farm workers in the area, it's easy to make the assumption that the person fits into that group. This is your point of reference.

However, it's important to approach each person with an open mind and to view each person as an individual. Once you recognize where your mind is going, make a conscious effort to counter that stereotype because, even if the person is, in fact, a farm worker, that's only one aspect of the person.

Expand network of friends: Make an effort to engage with a more diverse group of people, such as through attending events that involve other groups. Currently, only 9% of physicians and 15% of nurses are people of color, but seek out those who are there in your work environment.

Collaborate with and consider others: When people work together to solve problems, they tend to develop an appreciation for each other's strengths and contributions. This is true for coworkers as well as patients. People almost always want to be included and considered:

- If you notice that someone is being excluded, include the person: "Mai, would you like to join us?"
- If someone's opinion is overlooked in a meeting, speak up, "I think James made an interesting point."
- If someone is sitting alone at lunch, ask if it's all right to join the person.
- If a patient doesn't ring the call bell or ask for any type of assistance, make routine rounds to ask if the patient needs anything and to assess signs of need.

Become an ally: Allyship requires an honest appraisal of past ideas, behaviors, and strategies and making the decision to engage in actions that support and meet the needs of those affected by bias. Becoming an ally should not be done to impress others or to be an individual's "savior."

Steps can include:

- **Learning about the culture and identity of others:** This can begin by simply making an effort to spend time with and get to know others. This can be very informal, such as sharing break time at work. People are more receptive to sharing if they feel comfortable with someone and have established some rapport. You can also indicate your interests: "I'm interested in learning more about your culture."

If the person appears willing, ask questions carefully and avoid being intrusive. People may be uncomfortable sharing information about their culture that may be interpreted negatively by others, so keep questions to general information, certainly initially: "What are some of the things about your culture that are important?"

As the person shares information, respond similarly. For example, if the information includes the fact that extended family care for children while the parents work, talk about your own childcare arrangements, or those of family or friends if you have no children. This establishes a dialogue so that the person doesn't feel interrogated.

If you live in an area with a large ethnic population, especially if there are large numbers of non-English speakers, it can be valuable to learn even a few words of their language, and being able to communicate directly with patients is likely to result in better patient care. There are many free or inexpensive language learning sites and apps, such as Duolingo®, LingoDeer®, and Memrise®, available.

Additionally, the Internet provides almost unlimited articles about all different cultures, so anyone can easily find information.

- **Speaking up to address non-inclusive behavior.** When the behavior has targeted an individual, it's better to address the behavior from a personal perspective rather than focusing on the victim: "It makes me uncomfortable when you make jokes about other races" rather than "You're making a joke about Asians, and Tomika is sitting right here!" Focusing on the target of non-inclusive behavior can make the person very uncomfortable and embarrassed.
- **Supporting and encouraging those affected by bias to be their authentic selves (if they feel safe enough to do so):** There is a fine line here because people shouldn't feel pressured to do something they aren't ready for. For example, if a Muslim coworker states she would like to wear a *hijab* at work, support is appropriate. "I'm happy

to support you in any way I can in doing that.” However, telling the person, “I think you have every right to wear a *hijab* and should just do it,” may be setting the person up for conflicts that she is not prepared to deal with.

- **Working on systemic issues:** Becoming actively engaged in policy decisions and on hiring committees provides good opportunities to make changes in the system to promote inclusion.

While becoming an ally is important, it is equally important to discuss any actions with the people who are the target of bias to ensure that the help you are willing to provide is wanted and carried out in such a way that it doesn't make things worse.

For example, accusing people directly of being non-inclusive or prejudiced—even if it appears to be true—may result in retribution. However, if prejudicial behavior is noted in the work environment, this should be reported to Human Resources.

Conclusion

People who understand the magnitude of implicit bias and stereotyping are more likely to recognize its effects and to work toward more inclusion. In trying to be more inclusive and supportive of others, people will still sometimes make mistakes, overlook important information about someone else, or even inadvertently offend someone. In that case, the best recourse is to simply apologize and use those experiences as learning opportunities.

References

Duncan, K. (2021, September 24). Identifying 9 types of unconscious bias at work. *JobSage*. Retrieved from <https://www.jobsage.com/blog/identifying-9-types-of-unconscious-bias-at-work/>

IHI multimedia team. (2017, September 28). *Institute for Healthcare Improvement*. Retrieved from <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>

Implicit bias module series. (2018). *Kirwan Institute for the Study of Race and Ethnicity*. Retrieved from <https://kirwaninstitute.osu.edu/implicit-bias-training>

Microsoft. (2021). Understanding Unconscious bias. *Microsoft*. Retrieved from

<https://mslearningcontent.microsoft.com/UnderstandingUnconsciousBias/story.html>

Microsoft. (2021). Introduction to covering. *Microsoft*. Retrieved from <https://mslearningcontent.microsoft.com/IntroductionToCovering/story.html>

Mucha, R. (2022, February 28). Survey: Age discrimination in hiring continues despite labor shortage. *HRMorning*. Retrieved from <https://www.hrmorning.com/news/age-discrimination-survey/>

Norman, T., & Adelman, R. B. (2022, February 15). Owing your privilege: Leaving guilt, shame, and blame behind. *Integrated work*. Retrieved from <https://integratedwork.com/jedi/owning-your-privilege/>

Nurse journal staff. (2021, October 26). The number of male nurses has multiplied 10X in the past 40 years. *NurseJournal*. Retrieved from <https://nursejournal.org/articles/the-number-of-male-nurses-has-multiplied-10x-in-the-past-40-years/>

Quick safety 23: Implicit bias in health care/ (2022). *The Joint Commission*. Retrieved from <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/#.YnxCUWDMLX0>

Sanchez, E. et al (2020, April 29). Implicit biases, interprofessional communication, and power dynamics. *PSNet, AHRQ*. Retrieved from <https://psnet.ahrq.gov/web-mm/implicit-biases-interprofessional-communication-and-power-dynamics>