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B J. Warner Grand Canyon University

A P. Jacobsen
The University of Texas Health Science Center at Tyler

M Decker The University of Texas at Arlington

S A. Cage The University of Texas at Tyler

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ABSTRACT PRESENTATION

Attitudes Toward Implicit Bias Among NCAA Medical Support Staff

Warner BJ*, Jacobsen AP†‡, Decker M§, Cage SA?: *Grand Canyon University, †UT Health East Texas, ‡The University of Texas Health Science Center at Tyler, §The University of Texas at Arlington, ?The University of Texas at Tyler

Introduction: Implicit biases are unconscious attitudes, emotions, or stereotypes that have the potential to negatively affect behaviors, actions, and decisions. Recent research has shown that healthcare workers do not provide equitable care to patients from different demographics. When patients are receiving different levels of care, there is a potential for different patient-related outcomes. One of their first steps in many implicit bias interventions for healthcare professionals is identifying one's implicit bias. The purpose of this study was to describe the attitudes toward implicit bias among non-athletic training healthcare professionals who provide care to collegiate student-athletes. Methods: An electronic survey was sent to every National Collegiate Athletic Association (NCAA) team physician, mental health care professional, and nutrition and dietetics professional whose email address was publicly available on their institution's website (n = 623). A total of 116 (age = 40 ± 13 years, experience = 12 ± 11 years, 71 females, 45 males, 33 team physicians, 27 mental healthcare professionals, 56 nutrition and dietetics professionals) participants opened and completed the survey for a response rate of 18.6%. Participants were asked to provide demographic information, including age, years of experience, gender identity, and race. Following the demographics section, participants completed questions taken from the Attitudes Toward Implicit Bias Instrument. Pearson's correlations were used to determine relationships between age, years of experience, and attitudes toward implicit bias. Independent samples t-tests were performed to determine differences in attitudes toward implicit bias between races, gender identities, and professions with significance set at p < .05. Results: The majority of participants (n = 109, 94.0%) agreed that implicit biases have the potential to impact patient care, and need to be addressed during education and professional development. There were no significant correlations between age or years of experience with attitudes toward implicit bias. Females were significantly more likely to believe that implicit bias could impact patient care and needed to be addressed than males (t(114) = -3.068, p = .003). Participants from racial minorities were significantly more likely to believe that implicit bias could impact patient care and needed to be addressed than white participants (t(114) = -2.131, p = .035). Mental healthcare professionals were significantly more likely to believe that implicit bias could impact patient care and need to be addressed than team physicians (t(114) = -3.222, p = .002) or nutrition and dietetics professionals (t(114) = 3.017, p = .003). Clinical Application: Despite some differences between groups, the overwhelming majority of healthcare professionals agreed that implicit bias has the potential to impact patient care and needs to be addressed. These findings suggest that NCAA healthcare professionals may be receptive to interventions designed to identify and address implicit biases.