

Running Head: **Addressing Bias**

Type: Essay

Subject: EBP Week 3 Assignment

Subject area: Nursing

Education Level: PhD Program

Length: 2 pages

Referencing style: APA

Preferred English: US English

School: Chamberlain University

Spacing Option: Double

Title: Addressing Bias

Instructions: to discuss the grading rubric requirements for the week three assignment.

Before we begin, I would like to encourage you to locate the week three assignment guideline and rubric document. You will find it helpful to have a copy of the assignment guideline and rubric available as we continue with an overview of the assignment expectations. To begin, we will talk about the purpose of the assignment, and we will discuss the expectations which are outlined in the assignment guideline and rubric document.

Purpose: In today's current healthcare settings, the increasing diversity, globalization, and expanding technologies produce complex ethical pressures that influence nursing practice and practice outcomes. To be effective in a master's-prepared advanced nurse practice role it is important to understand personal values, beliefs, strengths, and limitations. The purpose of this assessment is to promote introspective reflection related to implicit and/or explicit personal biases. Students will develop a plan to reduce bias and promote personal and professional growth.

Addressing Bias

Affiliation

Date

Addressing Bias

Personal Bias in nursing care has a great impact as it affects the goal of delivering impartial care. In most cases, nurse and healthcare professionals may not be aware of the negative kind of evaluation that they make to a patient when delivering treatment and care. Personal Bias is often linked to the way a nurse would treat a patient or a fellow colleague from a particular group, culture, religion, social and economic class, race, and characteristic. Bias has led to several cases or prejudice in healthcare delivery where a nurse may not be able to attend to a patient because of their personal belief or partial evaluation (WebMD, 2017). Personal Bias continues to have a huge impact on nursing care delivery; this is because it is going to determine ways in which the patient is going to access care to the patient and provider relationship.

According to a WebMD survey of over 1000 patients and 1,100 providers, it was found that personal Bias affected both the nurse and the patient when it comes to the delivery of healthcare (WebMD, 2017). For example, when personal bias comes from the side of the patient, it will definitely affect the way they make decision about treatment access, this is because there are situations where a patient may not accept to be treated or cared for by an intern nurse, or a nurse with little experience or low certificate qualification. In this case, the patient may likely not adhere to the medical advice provided by the nurse (Rosa, 2017). However, personal Bias is also viewed from the side of the nurse, where factors like sexual orientation, religion, ethnicity, political views, and the race seemed to affect the treatment outcomes of the patient.

Patients who come from ethnic or religious minorities have also been affected when it comes to the implementation of the Affordable Care Act 2010, where patients from the majority groups are often considered (Rosa, 2017). Affordable healthcare is one of the main impacts of personal Bias, and in the end, patients may not receive the type of care.

Self-Inventory on Personal Bias

As a practicing nurse, I hold close my personal values, beliefs, strengths, and limitations. I know due to my education level there are some things that as a practicing nurse I cannot be allowed to do, and will have to refer the patient to a physician or a nurse with high educational level than me. Also, my social and religious background will, at times limit me for what I can do as a nurse and what I can allow the patient to respond to in regard to treatment and care. In most cases, I have encountered cases where patient request me to mix cultural treatment and professional treatment. In these cases, I have always refused to embrace cultural treatment and professional medicine (Rosa, 2017). Unfortunately, in some cases, the patients fail to adhere to medication, and some of them discontinue treatment. This shows that culture is a very important part of the medical decisions patients make.

One of the strategies I can use to end personal bias will entail learning different cultural and traditional medicine; this will help me incorporate cultural practices in the provision of care and treatment for positive results (Ashurst, 2018). The other strategy is to also coordinate with colleagues who come from different cultures so as to meet patient needs.

In conclusion, personal Bias affects both the nurse care delivery and the patient response to care; it is the responsibility of the nurse to ensure that personal Bias is addressed to ensure patient needs are met.

References

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