terim guidance" which designates MSN, DNP or DNAP programs as "professional degrees" but omits Nursing PhD programs.

Questions for Nurses to Consider and Suggested Actions

This action by a federal agency and the subsequent response of our federal legislators is only one example of many in which "politics" impacts our practice. Do you know how your United States Senators and Representatives voted on the "Big Beautiful Bill?" Resources to review the voting records of federal elected officials voting records include **https://clerk.house.gov/** (2) **www.congress.gov**; (3) **www.Ballotpedia.org**. All of these sites offer comprehensive summaries of legislation and voting records. Nursing professional organizations are also helpful resources. The American Nurses Association site provides a wealth of information of interest to nurses about both federal legislation and federal agencies at **www.nursingworld.org/practice-policy/advocacy**. You can also sign up for RN Action Alerts on the site. Following legislators and advocacy groups on social media is also another source of information.

Nurses are also urged to contact your United States Representative and urge them to co-sponsor H.R. 8691 as referenced above. You can find your U. S. Representative at **www.congress.gov/members/find-your-member**. Additionally, contact Ohio Senators Jon Husted, **www.husted.senate.gov** and Bernie Moreno, www.moreno.senate.gov and urge them to sign on to S 4568. Keep in mind that any proposed legislation at the current time that does not pass by the end of this year needs to be re-introduced in the next legislative session. So, keep monitoring this issue. ■

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Uncovering the Hidden Harm: Recognizing and Reducing Implicit Bias in Nursing Practice

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Nurses enter the profession to heal, advocate, and protect. Yet good intentions do not make us immune to implicit bias. Greenwald et al. (2022) describe implicit bias as mental associations that can influence judgment and behavior without a person recognizing their effect. Explicit bias, in contrast, involves attitudes or stereotypes of which a person is aware. Because bias-influenced judgments can feel reasonable in the moment, their effects may remain hidden. The hidden harm emerges when unrecognized assumptions shape communication, clinical decisions, or whether a patient's concerns are heard and acted upon. Recognizing this risk is not an accusation of intentional prejudice; it is a necessary step toward safer, more equitable nursing practice.

When Good Intentions Are Not Enough

Implicit bias can be related to age, race or ethnicity, gender, disability, body size, language, socioeconomic status, or other characteristics. During busy clinical encounters, quick interpretations may feel objective even when an irrelevant characteristic has influenced them.

Groves et al. (2021) reviewed 215 reports involving registered nurses or recipients of nursing care. Twenty-nine studies identified a potential relationship between nurse bias and nursing care, with 27 of those suggesting a negative impact. Reported differences involved respectful communication, interaction time, pain management, documentation and triage. Only 12 reports evaluated an intervention. Not every difference in care results from bias. These findings show why nurses and organizations should examine clinical decisions rather than assume good intentions guarantee fair and equitable care.

Move From Awareness To Practice

Educational awareness alone is not the finish line. Hagiwara et al. (2024)

reviewed 77 studies involving healthcare students, residents, fellows, faculty members and practicing clinicians across 16 specialties. Only five studies assessed provider behavior, and none evaluated patient outcomes. The authors concluded that it remains premature to determine whether implicit bias training improves patient care.

Training becomes more useful when nurses can practice a specific skill and receive feedback. At one academic medical center, Tjia et al. (2023) developed a program for internal medicine residents and Doctor of Nursing Practice students. Learners practiced bias-mitigating, patient-centered communication with diverse standardized patients, received feedback, and participated in structured debriefing. The program demonstrated feasibility and acceptability; the study did not evaluate patient outcomes.

At the bedside, nurses can interrupt bias in the moment by pausing before a judgment becomes an action. They can use this author-developed clinical pause:

- What objective information supports this conclusion?
- Have I included the patient's words, preferences, and concerns?
- Would I interpret the same findings similarly for another patient?
- What clinical information or perspective might be missing?

Nurses can also:

- use observable, neutral language in documentation and handoff;
- apply standardized assessment and escalation criteria; and
- seek a second clinical perspective when findings and impressions do not align.

Build and Measure Sustainable Change

Although implicit bias has been associated with disparities in care, evidence that implicit-bias training improves patient outcomes remains insufficient. A recent review found that most interventions measure awareness, attitudes, or simulated performance rather than sustained clinical behavior or patient health outcomes (Hagiwara et al., 2024).

Greenwald et al. (2022) recommend pairing education with preventive safeguards and methods for identifying disparities. Leaders can select one care process in which clinical discretion may affect the outcome and review it across relevant patient groups. Measures might include timely pain reassessment, time to escalation, use of qualified interpreters, or patient reports of being heard and respected. Training completion measures participation, but these process and experience measures begin to show whether care changed.

Individual courage needs organizational support. The American Nurses Association's *Code of Ethics for Nurses* calls nurses to improve the ethical work environment through both individual and collective effort because that environment affects nursing care and nurses' well-being (American Nurses Association, 2025). Educators can provide realistic practice and feedback. Leaders can establish reliable standards, review patterns without labeling individuals, and support nurses who raise concerns.

Every nurse can interrupt bias. We can pause, question an assumption, invite a missing voice, apply objective standards, and make the patient's voice harder to overlook. That is not blame. It is professional accountability—and how we recognize and reduce hidden harm in nursing practice. ■

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