



# UNCONSCIOUS BIAS: SILVER BULLET OR JUST A USEFUL TOOL?

JOY WARMINGTON AND ROGER KLINE

November 2015



# 1 INTRODUCING UNCONSCIOUS BIAS

You have to go back almost 65 years to find the last time the British public elected a prime minister of below average height – and even then it was the post-war hugely popular Winston Churchill. Before him, only two 20th century Prime Ministers (Clement Atlee and David Lloyd George) could be described as ‘short’ and both were mocked in the press because of it.

The increasingly popular concept of “unconscious bias” offers one explanation for this curious statistic. It argues people’s perceptions are filtered through the assumptions they’ve been socialised into. So we attribute certain qualities to certain people because of the values adverts, newspapers, and other aspects of society attach to them. In this case, it may be that people equate height with leadership and authority.

Unconscious bias theory also claims these biases can ‘leak’ as inappropriate – even discriminatory – behaviour in our day-to-day activities. In the 1970s an MIT professor, Mary Rowe, coined the term ‘microinequities’ to describe how these apparently trivial actions – women being talked over in meetings or colleagues expressing surprise at a Black person’s competence – could subtly communicate to people that they were somehow ‘different’.

Many NHS organisations are currently using unconscious bias training to help staff understand how their biases influence their personal, cognitive decision-making processes. Unconscious bias is an important cause of discrimination in many aspects of workplace activity. Such bias, or judgments about, and behaviour toward others that we are unaware of, is all around us. It is now well established that it affects how staff are shortlisted, appointed, promoted, paid, disciplined and even bullied at work. It affects all manner of decisions, notably in discrimination where research has extensively documented its impact on women, and ethnic minority staff in particular.

Unconscious bias appears to be “natural,” a way of helping human beings make quick decisions about what is “normal” or “safe.” A whole industry has grown up around this understanding. It is now possible to take an online unconscious bias test.

## 2 A CAUTIONARY NOTE

However, as useful as this training can be, a better understanding of the training’s limitations will help organisations capitalise its benefits.

To start, let’s get over the idea that unconscious bias training is a silver bullet for tackling discrimination. Data from the British Social Attitudes Survey shows that one

in three people self-declare as having some level of racial prejudice; research by the University of Kent shows one in five admit to being prejudiced against women. Simply revealing to these people how unconscious bias plays out in the workplace will have little effect on their desire to change their behaviour. Indeed, it is doubtful that any type of training programme would be able to overcome bias among those who are not motivated to be fair or who are explicitly opposed to hiring women and minorities. If people don't want to change their behaviour, this type of training may even be counterproductive. Duguid and Thomas-Kent recently suggested unconscious bias training may be counterproductive, making biases (as on race or gender) seem "normal" and may make people less concerned to change their attitudes and behaviours. They suggest that "it could be that this strategy creates a norm for stereotyping, which paradoxically undermines desired effects. The present research demonstrates that individuals who received a high prevalence of stereotyping message expressed more stereotypes than those who received a low prevalence of stereotyping message or no message.

Unconscious bias training alone will not overcome conscious and unconscious biases though it can raise awareness and trigger reflection. In a major study in the US Kalev considered how effective such approaches were, using federal data on the workforces of 708 private-sector establishments from 1971 to 2002 and survey data on organizational employment practices. They concluded that attempts to reduce managerial bias through diversity training and diversity evaluations were the least effective methods of increasing the proportion of women in management. They found that programmes which targeted managerial stereotyping through education and feedback (i.e., diversity training and diversity evaluations) were not followed by increases in diversity. Equally interesting for NHS organisations whose next best plan after "unconscious bias" training is often mentoring and networking programs, this research also demonstrated that such programmes did not greatly help to increase diversity.

On the other hand, the research found that approaches which established accountability, through monitoring outcomes within a framework where leadership expected change, were more effective and were followed by increases in diversity. One approach, for example, is to lessen unconscious bias by obliging interview panels to make their decisions more transparent and accountable through including on panels experts whose role is to specially ensure accountability and best practice, including on diversity. This has been an approach with good early results adopted by a number of NHS organisations where the Trust leadership (Bradford Teaching Hospitals NHS Foundation Trust and North East London NHS Foundation Trust for example) has successfully recognised the need to change past practices.

Organisations need to complement unconscious bias training with a set of robust accountability measures. But here comes the rub: how do you hold people to account when their biases can manifest themselves in such small ways? How do you

know when a manager has placed slightly less weight on an employee's accomplishments during an appraisal, for example? Or when a recruiter has given someone the benefit of the doubt after they've stumbled during an interview? Our traditional reliance on having policies and processes in place to cover issues like recruitment, appraisals, disciplinaries, and so on is not, by itself, good enough. Such processes may help tackle some of the more overt discrimination that can occur, but are unlikely to eliminate microinequities.

Part of the answer is for organisations to actively scrutinise data on the outcomes of their policies and procedures to identify potential 'hot spots' of discrimination. In doing so they need to move away from a blame approach to adopt, wherever possible, patient safety principles and distinguish between individual actions and mistakes and systemic shortcomings. When appointment panels know they will have to justify their choices to a higher authority they tend to engage in more complex decision making processes, which encourage them to challenge their assumptions. Furthermore, research by the City University of New York shows that holding individuals accountable for their personnel decisions can reduce bias in hiring and promotion. Priest et al. explored this framework further and its approach underpins the Workforce Race Equality Standard.

### 3 TRAINING AND ITS BENEFITS (AND LIMITS)

In addition to these practical measures, organisations will have to radically change how they think about training and how they measure its benefits. Since detecting unconscious bias is so difficult, it ultimately falls on managers whose staff have attended such training to ensure they put it into practice. Managers will have to actively question the thinking behind their staffs' actions and challenge their decisions in a supportive and insightful way. For most managers, this will be a new skills set they will need support to develop. Unfortunately, it's rare for organisations to invest in such post-training support, particularly when the outcomes can't be measured in a quantifiable way. However, this is vital if the learning and understanding gained from unconscious bias courses are not to be lost.

Getting to the point where we can foster and challenge cultures which discriminate is an equally essential precondition for making progress on equality. If we are to make small changes matter, then supporting and embedding more thoughtful thinking and behaviour is important. But raising *awareness* of unconscious biases is not sufficient to end the organisational consequences of them in workplace decisions on recruitment, promotion and discipline for example.

After all, culture – to misquote a famous phrase – eats process for breakfast.

## 4 A NOTE ON THE AUTHORS

**Joy Warmington** is Chief Executive of brap and a non-executive director of an NHS Trust.

**Roger Kline** is Research Fellow, Middlesex University Business School and the Author of *The Snowy White Peaks of the NHS*.



November 2015

brap is transforming the way we think and do equality. We support organisations, communities, and cities with meaningful approaches to learning, change, research, and engagement. We are a partner and friend to anyone who believes in the rights and potential of all human beings.

brap

The Arch, Unit F1, First Floor, 48-52 Floodgate Street, Birmingham, B5 5SL

Email: [brap@brap.org.uk](mailto:brap@brap.org.uk) | Telephone: 0121 272 8450

[www.brap.org.uk](http://www.brap.org.uk) | Twitter: [@braphumanrights](https://twitter.com/braphumanrights) | Facebook: [brap.human.rights](https://www.facebook.com/brap.human.rights)

Registered Charity Number: 1115990 | UK Registered Company Number: 03693499