

Being mindful of one's implicit bias in the treatment of patients with cancer who have substance use disorders is fundamental to quality of care and good patient outcomes. Implicit bias held by healthcare professionals could negatively affect patient assessment, diagnosis and treatment decisions, and follow-ups at discharge.

#### AT A GLANCE

- Unrecognized implicit bias may negatively affect health outcomes.
- People with cancer experiencing substance use or opioid use disorders have two life-threatening illnesses that need to be addressed.
- Developing an evidence-based implicit bias education program for healthcare professionals specific to oncology and substance use disorder biases may be one option to address the situation.

#### KEYWORDS

addiction; stigma; implicit bias; substance use disorder; opioid use disorder; oncology

#### DIGITAL OBJECT

#### IDENTIFIER

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# Implicit Bias Training

Improving outcomes for patients with cancer who have substance use disorders

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Substance use is linked to many health problems, such as lung or heart disease, mental illness, weakened immune system, and cancer (American Cancer Society, 2019). Pain remains one of the most feared and onerous symptoms associated with cancer and its therapies (Vitzthum et al., 2020). Well-known risks with prolonged opioid use include dependency, misuse, drug diversion, and unintentional overdosing (Vitzthum et al., 2020). Stigma and bias in healthcare professionals toward individuals with substance use disorders (SUDs) negatively influence patient care delivery and outcomes (Lanzillotta-Rangeley et al., 2020).

In the United States, there are about 17 million cancer survivors, with predicted growth to as many as 21 million cancer survivors during the next 10 years (American Cancer Society, 2019). Opioids have been the most effective treatment for pain management in cancer, and this increases the risk of developing SUDs and opioid use disorders (OUDs) (Dowell et al., 2016). Reports have indicated higher prescription rates for opioids among cancer survivors than the general population (Jairam et al., 2020). In patients with cancer, addiction patterns and rates are not clearly defined; a systematic review by Yusufov et al. (2019) reported that substance use rates could be as high as 35%, with median use rates of 18% for opioids.

Addiction is a chronic and relapsing disease of the brain triggered by repeated

exposure to substances (Volkow et al., 2019). Individuals may be more vulnerable to addiction because of genetics, environment, and individual life experiences (Volkow et al., 2019). SUDs involve harmful use and are associated with health consequences (National Institute on Drug Abuse, 2020). Substances may be classified into seven categories based on the pharmacologic and behavioral effects (McLellan, 2017). The categories are nicotine, alcohol, cannabinoids, opioids, depressants, stimulants, and hallucinogens (McLellan, 2017), and they may be legal or illegal. SUDs are widespread across the cancer continuum, with growing concern given the opioid epidemic (Yusufov et al., 2019).

Stigma is based on undesirable attitudes or bias toward an individual based on perceived characteristics associated with stereotypes and leads to labeling (Nyblade et al., 2019). Implicit bias is unconscious bias and unintentionally influences and activates human behavior (Gopal et al., 2021). Nonverbal behaviors, such as eye contact, body language, vocal tone, pitching, and volume, may convey oblivious beliefs and feelings (Hagiwara et al., 2020). Implicit bias adversely affects patient-provider communication, treatment determination, treatment adherence, and patient health outcomes (Givens, 2021).

The aim of this article is to focus on a hospitalwide interprofessional survey conducted to characterize baseline experiences and critical knowledge gaps. This