



HOFLING ET AL. (1966)

Aim: To investigate the levels of obedience shown by nurses to doctors in a hospital

Hofling et al. (1966) decided to investigate the reactions of nurses to orders from a person who they believed to be a doctor. They decided to test how far they would be willing to obey the doctor in unusual and unethical practices. The study took place in a hospital, and so was a **field study**.

Field Study -

an experiment which takes place in a natural setting where natural behaviour should occur

AIMS

Hofling et al. wanted to study the doctor-nurse relationship. They wanted to specifically look at health care, and many of the involved researchers were medical personnel. In particular, they were interested to see how nurses would respond to a doctor giving them orders which went against their usual professional standards, as this was an occupational issue

THE ORDERS

To make the orders contrary to the nurses professional standards, some of the doctor's requests were:

- ❖ asking the nurse to give an excessive dosage of medicine (would actually be a placebo)
- ❖ transmit the order over the phone (against hospital policy)
- ❖ use an unauthorised drug (either one not on the ward stock list or one not yet cleared for use)
- ❖ have the order given to the nurse by an unfamiliar voice

SETTING

The situation for the main study involved 12 wards in public hospitals and 10 wards in private hospitals. Questionnaires were distributed to graduate nurses at a separate hospital in order for usage as a matched control. The questions in the questionnaire asked the nurses what they would do in the situations the nurses experienced in the real study, to see what ordinary nurses *believed* they would do. The same questionnaire was also given to some student nurses to see how less-experienced nurses would respond to the same situations on paper

PROCEDURE OF THE MAIN STUDY

Pill boxes were central props in the study, each labelled "Astroten, 5mg capsules. Usual dose, 5mg. Maximum daily dose, 10mg." The boxes contained placebo capsules and were placed on the wards. The doctor would give the nurse the orders via phone, and this would follow a script. Standard responses to potential questions were prepared. The caller, a supposed doctor the nurses had not heard of before, was always courteous yet self-confident. Researchers would always monitor the phone calls to check the tone was appropriate

There was an observer on each ward, who would stop the experiment:

- if the nurse had the medication ready and moved towards the patient's bed
- the nurse refused and ended the conversation
- the nurse began to contact another professional person

The observer would then interview the nurse to obtain more information, and also offered "psychiatric first aid"

The experiment was run on medical, surgical, paediatric and psychiatric wards from 7pm to 9pm, when administration of medication does not normally happen, and doctors are not normally present, so the nurses would have to make their own decisions



THE PHONE CALL

Circumstances to end the phone call:

- participant complies
- participant refuses
- participant insists on referring to someone else
- participant becomes upset
- participant is unable to find the medication
- the call lasts longer than ten minutes

THE INTERVIEW

After the incident, a nurse-investigator would follow up within half an hour and request a follow-up interview. The interviews were unstructured (but the nurse-investigator would have had the tape recording of the call, as well as the observer's report). Information asked for was:

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| <ol style="list-style-type: none"> 1 Unguided narrative 2 Emotions 3 Discrepancies 4 Any similar incidents 5 Retrospective view 6 Biographical data | <p>(what happened...?)
(what are your feelings...?)
(are you sure it happened that way...?)
(has this happened before...?)
(what do you feel about it now...?)
(what is your age, religion, etc...?)</p> | <p>The nurse-investigator also offered support and promised anonymity</p> |
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QUESTIONNAIRES

Questionnaires were sent to graduate and student nurses. The participants were closely matched for age, sex, race, area of origin, marital status and experience at work. Twelve graduate nurses were given the questionnaires with a doctor explaining the whole imaginary scenario to them. The nurses were not only expected to answer what they would do, but also what they predicted the majority of other nurses would do in the same situation. The same questionnaires were handed out to 21-degree programme nursing students

An example of the question might have been: "You are the only nurse on the ward. Now will you please give Mr Jones a stat dose of 20mg – that's four capsules – of Astroten? I will be up within ten minutes and I will sign the order for them then. Write down what do you do?"

RESULTS OF THE MAIN STUDY AND QUESTIONNAIRE RESEARCH

Main Study	Graduate Nurses Questionnaire	Student Nurses Questionnaire
21/22 nurses were prepared to give the medication	10/12 said they would <i>not</i> give the medication	21/21 said they would <i>not</i> give the medication
11 were aware of the discrepancy between the maximum dose and the dose they were told to give but assumed it must be safe and correct if a doctor had ordered it	7 mentioned the discrepancy when explaining why they would not have given the medication	19 noticed the excessive dosage, 8 of which student nurses used as the reason for which they would not have followed the doctor's instructions
Phone calls were brief – no hostility or need for written conformation		
Most nurses said the circumstances were not unusual	7 nurses thought that most other nurses would have behaved in the same way as them	
Reactions afterwards ranged from scientific interest in the study to anger, outrage (of being observed without their knowledge) and guilt		

The researchers drew the following conclusions:

- 1 None of those asked thought that nearly all the nurses would obey in the experiment. However, the obedience showed the strength of the doctor-nurse relationship, and how a patient can suffer as a consequence. The researchers say that instead of two "intelligences" – the doctor and the nurse – working for the patient, one of them seems to be non-functioning

- 2 The nurses were affected by the study: they were upset that they had been observed without their permission and also that their specific behaviour had been noted
- 3 Nurses think that they will defend their patients and are proud of being professionals. However, the reality seems to be different (the evidence of this is the discrepancy)
- 4 The nurses appeared to trust the doctors, which may be a valuable trait. They were willing to act promptly and efficiently, again a valuable trait. However, this study suggests nurses need to be encouraged to use their own intellectual and ethical resources

The researchers behind the experiment concluded that there was definite potential for nurses to be encouraged to question and think more clearly about orders, especially in these types of circumstance, without being disloyal or discourteous to doctors.

EVALUATION

The experiment took place in a hospital, where nurses would not feel out-of-place. Also, they were unaware that they were being observed by researchers, therefore normal behaviour would have occurred. This gave the experiment **ecological validity**. Nurses were going about their usual work (psychologists soon discovered that these “stranger doctor” phone calls were not an unusual experience for the nurses) and because it wasn’t strictly unusual for something against the rules to happen, the experiment was very realistic, and certainly true to life: therefore having **experimental validity**.

The study was **replicable**, i.e. could be repeated many times to find similar or identical results. It was replicable because of such strong controls on the experiment. Examples of these controls include the phone call following the same script, the type of drug and how much to be “prescribed”, the voice and tone of the caller and the place to put the fake pill boxes – all kept the same throughout. Replicability is a good test for **reliability**, therefore the study is reliable.

However, there are numerous faults with the experiment in terms of **ethical issues**. The main issue is that the nurses were being observed and their actions were being noted without their permission. This upset the vast majority of the nurses, and even angered a few of them, as they felt themselves it was very unethical. On the other hand, the counterpoint of this argument is that this withholding of information was necessary to maintain experimental validity. Another ethical issue breached by the experiment, tying into the lack of information to the nurses, is the lack of informed consent. This also meant that they had no specific right to withdraw from the study.

Extraneous variables (those other than the ones you’re testing) could have also intervened with the data. For example, the study could have actually produced results for a different reason, i.e. as the study was done in 1966 when it was practically all male doctors and female nurses, it could have simply produced results identifying the female-obeying-male relationship, rather than the nurse-obeying-doctor relationship. The experiment could also be said to be **ethnocentric** in that it was only tested in one area, so you cannot guarantee the results would be identical if the same study was carried out elsewhere. The experiment may therefore lack **population validity (generalisability)**.

Ethnocentricity -
the idea of findings from a piece of data being confined to one location due to social or cultural influences on the piece of research