

How rudeness leads to Anchoring in life and death situations

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We've seen it all too often. A rush of blood to the head, a moment of insanity, an "emotional" decision taken through the spoken word, or an action that can never be taken back.

Often it is a reaction to someone's lack of courtesy, outright rudeness, or worse. When we obsess about the rude encounter and allow it to colour our decision-making process, it's called the anchoring bias.

Now, researchers in the United States have revealed how incidental rudeness can influence our decision-making, which in some cases turns deadly.

The "anchoring bias" is what happens when we fixate on a minor detail when making an important decision, clouding our judgment in critical situations. Those situations often play out in hospitals, where anchoring can play a pivotal role in how a doctor diagnoses a patient, according to experts.

Research co-authored by management professor Trevor Foulk at the University of Maryland's Robert H. Smith School of Business, titled "Trapped by A First Hypothesis: How Rudeness Leads to Anchoring" [https://www.rhsmith.umd.edu/research/when-rudeness-becomes-matter-life-or-death] shows that in certain situations rudeness of minor consequence can end up being deadly.

"If you go into the doctor and say 'I think I'm having a heart attack', that can become an anchor and the doctor may get fixated on that diagnosis, even if you're just having indigestion," Foulk stated. "If doctors don't move off anchors enough, they'll start treating the wrong thing."

In the report, Foulk and his co-authors Binyamin Cooper of Carnegie Mellon University, Christopher R. Giordano and Amir Erez of the University of Florida, Heather Reed of Envision Physician Services, and Kent B. Berg of Thomas Jefferson University Hospital researched how rudeness amplifies the anchoring bias.

Having studied rudeness for years, Foulk knew that when people experience rudeness it "takes up a lot of their psychological resources and narrows their mindset". This, they believe, plays a role in the anchoring bias. "In simulations, we're finding that mortality is increased by rudeness. People could be dying because somebody insulted the surgeon before they started operating," Foulk says.

As part of the research, the team conducted medical simulations with anaesthesiology residents at an American university. A total of 138 medical students participated. Participants were randomly split equally into either a rudeness or control condition. The students were required to diagnose and treat the patient, however, before the treatment started students were given a false diagnosis.

"Participants were told they would assume the role of Leslie Wilder, MD (a gender-neutral name), a physician at the hospital's Emergency Department (ED)," the study says. "They were further told that as physicians who work in the hospital's ED, they would see patients with a variety of conditions, ranging from patients with emergent conditions, such as strokes and injuries from car accidents."

In order to make the simulation more realistic, participants were asked to listen to conversations that are typical in the emergency department. "They listened to a recording of an interaction between an attending emergency medicine physician named Bill, whom they were tasked with shadowing that day, and another senior emergency medical physician (who was not the direct supervisor of Bill)," the study explains.