**Escape From the Diffusion of Responsibility: Review Findings for Building Ethical Practice in Nursing**

**Scott S. Christensen, DNP, MBA, APRN, ACNP-BC**
*Nursing Administration, University of Utah Health, Salt Lake City, UT, USA*

Review Aims:

1. The aim of this review was to help nurses understand, recognize, and mitigate occasions of diffused responsibility.
2. Bridge a gap in nursing literature by highlighting the classic examples of diffused responsibility shared by Dr. Stanley Milgram and Dr. Philip Zimbardo.

Background:

Excuses are commonly used in nursing and are manifested by expressions such as "I was following orders," "I'm just the nurse," "Someone else will do it," "It's not my fault," "That's not my job," and "Boys will be boys" (Christensen, 2019). These excuses reflect a lack of accountability described as the *diffusion of responsibility*: when an individual feels disconnected or less responsible for their own actions because others share in the responsibility (Beyer, Sidarus, Bonicalzi, & Haggard, 2017).

Although the pioneering research of Milgram (1963) and Haney, Banks, and Zimbardo (1971) brought light to the concept of responsibility diffusion, their work has generally not been cited in nursing publications. This gap in nursing knowledge is concerning because several factors place nurses at risk for diffusing responsibility, including the need for nurses to follow orders, nurse participation in group settings, and the hierarchical/stressful work environment of nursing (Mannion & Thompson, 2014; Starck & Holeman, 2014; Price, Duffy, McCallum, & Ness, 2015). The consequences of the diffusion of responsibility include nurses who fail to recognize that they are engaging in unethical practices and nurses who do not take responsibility for their actions.

It is highly important for nurses to develop an understanding of responsibility diffusion; those who have this understanding are better prepared to recognize and escape ethical hazards (Onishi & Hebert, 2016).

Methods:

A narrative review was conducted to provide more insight about the topic of diffused responsibility and how it is seen in nursing care settings. Articles selected for inclusion provided information about the diffusion of responsibility, including definitions, clinical care examples, and leadership implications. Scopus, CINAHL, PubMed, Business Source Premier, and ProQuest databases were surveyed for the following search terms: "Diffusion of Responsibility," "Nursing," "Management," "Ethics," "Obedience," "Authority," "Groupthink," "Social Conformity," "Bully," "Milgram," and "Zimbardo." 65 sources were identified including 17 from nursing publications.

In order to address the two aims of this review, the selected sources were reviewed and synthesized by theme into a narrative review manuscript. Some selected articles were later excluded from the manuscript as a way of reducing the word count to meet publisher requirements. These articles were selected for exclusion because other cited materials drew the same conclusions. In final, the narrative review manuscript was comprised of 32 total publications including seven from nursing sources.

Findings:

Despite using a broad method for selecting articles, a gap in nursing knowledge discussing the diffusion of responsibility was shown in that only 17 sources from nursing publications were identified. To put this in context through example, the better represented topic "caregiver burnout" yielded 311 academic journal sources in CINAHL alone, after narrowing the search using the CINHAL subject headings "Nursing Staff, Hospital" AND "Burnout, Professional."

The discussion of responsibility diffusion in the manuscript was categorized into three major themes: Obedience to authority, role fulfillment, and groupthink. Seminal social psychology examples were provided, reinforced through relevant examples in nursing, and leadership implications were discussed.

The manuscript was submitted to the Journal of Nursing Management, underwent peer-review, and was published (Christensen, 2019).

Conclusions:

The aims of this project were fulfilled by developing and publishing a narrative review manuscript discussing the diffusion of responsibility in the context of nursing. This effort was important because nursing practice may lead to situations when responsibility for personal action can be unintentionally ascribed to authority figures, workplace roles, and groups. It is therefore essential for nurses to take action and escape from the cycle of diffused responsibility.

Clinical Relevance:

This article was unique among scholarly nursing publications in thoroughly discussing three categories of responsibility diffusion and by highlighting classic social psychology examples. By contrast, only small aspects of this topic were discussed in the individual nursing sources used in this review. This gap in nursing knowledge needs to be addressed through nursing research and further dissemination.

This review provided several important clues in recognizing, mitigating, and avoiding the effects of diffused responsibility. The onus is on individual nurses to enhance the ethics of their practice by surveying, pondering, and applying these concepts.

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**Abstract Summary:**

The diffusion of responsibility occurs commonly in nursing, resulting in nurses who fail to recognize or take responsibility for unethical practices. This narrative review helps nurses to be more accountable by bridging a gap in nursing literature. Seminal examples from Milgram and Zimbardo are discussed and applied to nursing settings.

**Content Outline:**

Escape the Diffusion of Responsibility: Review Findings for Building Ethical Practice in Nursing

1. Introduction
    1. The diffusion of responsibility occurs commonly in nursing, resulting in nurses who fail to recognize or take responsibility for unethical practices.
    2. The aims of this review were to: 1) help nurses understand, recognize, and mitigate occasions of diffused responsibility; and 2) bridge a gap in nursing literature by highlighting the seminal examples of diffused responsibility shared by Dr. Stanley Milgram and Dr. Philip Zimbardo.

1. Body
    1. Methods
        1. Narrative review process
            1. Databases were surveyed for the following search terms: "Diffusion of Responsibility," "Nursing," "Management," "Ethics," "Obedience," "Authority," "Groupthink," "Social Conformity," "Bully," "Milgram," and "Zimbardo."
            2. 65 sources identified including 17 from nursing publications.
            3. Selected sources were reviewed and synthesized by theme into a narrative review manuscript.
            4. Some selected articles were later excluded from the manuscript as a way of reducing the word count to meet publisher requirements. These articles were selected for exclusion because other cited materials drew the same conclusions.
            5. In final, the narrative review manuscript was comprised of 32 total publications including seven from nursing sources.
        2. Findings
            1. Gap in nursing literature
                1. In spite of broad search approach, a gap in nursing literature discussing diffusion of responsibility was shown in that only 17 sources were identified from nursing publications.
            2. Manuscript themes
                1. Diffusion of responsibility was categorized into three major themes: Obedience to authority, role fulfillment, and groupthink.

      2. Seminal social psychology examples were provided, reinforced through relevant examples in nursing, and leadership implications were discussed.

    3. Manuscript dissemination
      1. The manuscript was submitted to the Journal of Nursing Management, underwent peer-review, and was published.

- Conclusion
  1. The aims of this project were fulfilled by developing and publishing a narrative review manuscript discussing the diffusion of responsibility in the context of nursing.
  2. This effort was important because nursing practice may lead to situations when responsibility for personal action can be unintentionally ascribed to authority figures, workplace roles, and groups. It is therefore essential for nurses to take action and escape from the cycle of diffused responsibility.

First Primary Presenting Author
*Primary Presenting Author*
Scott S. Christensen, DNP, MBA, APRN, ACNP-BC
University of Utah Health
Nursing Administration
Nursing Director
Salt Lake City UT
USA

**Author Summary:** Scott Christensen holds a Doctor of Nursing Practice, an MBA, licensure as an Advance Practiced Registered Nurse, ANCC certification as an Acute Care Nurse Practitioner, and is enrolled in University of Utah's Nursing Ph.D. program. He is employed at University of Utah Health as a Nursing Director and supports University of Utah's College of Nursing as an adjunct instructor. He has developed and implemented numerous quality improvement initiatives, while building knowledge and practice in nursing.