

8.1: Logic and Purpose of Hypothesis Testing

Let's consider a hypothetical experiment to determine whether James Bond can tell the difference between a shaken and a stirred martini. Suppose we gave Mr. Bond a series of 16 taste tests. In each test, we flipped a fair coin to determine whether to stir or shake the martini. Then we presented the martini to Mr. Bond and asked him to decide whether it was shaken or stirred. Let's say Mr. Bond was correct on 13 of the 16 taste tests. Does this prove that Mr. Bond has at least some ability to tell whether the martini was shaken or stirred?

This result does not prove that he does; it could be he was just lucky and guessed right 13 out of 16 times. But how plausible is the explanation that he was just lucky? To assess its plausibility, we determine the probability that someone who was just guessing would be correct 13/16 times or more. This probability can be computed to be 0.0106. This is a pretty low probability, and therefore someone would have to be very lucky to be correct 13 or more times out of 16 if they were just guessing. So either Mr. Bond was very lucky, or he can tell whether the drink was shaken or stirred. The hypothesis that he was guessing is not proven false, but considerable doubt is cast on it. Therefore, there is strong evidence that Mr. Bond can tell whether a drink was shaken or stirred.

Let's consider another example. The case study Physicians' Reactions sought to determine whether physicians spend less time with obese patients. Physicians were sampled randomly and each was shown a chart of a patient complaining of a migraine headache. They were then asked to estimate how long they would spend with the patient. The charts were identical except that for half the charts, the patient was obese and for the other half, the patient was of average weight. The chart a particular physician viewed was determined randomly. Thirty-three physicians viewed charts of average-weight patients and 38 physicians viewed charts of obese patients.

The mean time physicians reported that they would spend with obese patients was 24.7 minutes as compared to a mean of 31.4 minutes for normal-weight patients. How might this difference between means have occurred? One possibility is that physicians were influenced by the weight of the patients. On the other hand, perhaps by chance, the physicians who viewed charts of the obese patients tend to see patients for less time than the other physicians. Random assignment of charts does not ensure that the groups will be equal in all respects other than the chart they viewed. In fact, it is certain the groups differed in many ways by chance. The two groups could not have exactly the same mean age (if measured precisely enough such as in days). Perhaps a physician's age affects how long physicians see patients. There are innumerable differences between the groups that could affect how long they view patients. With this in mind, is it plausible that these chance differences are responsible for the difference in times?

To assess the plausibility of the hypothesis that the difference in mean times is due to chance, we compute the probability of getting a difference as large or larger than the observed difference ($31.4 - 24.7 = 6.7$ minutes) if the difference were, in fact, due solely to chance. Using methods presented in later chapters, this probability can be computed to be 0.0057. Since this is such a low probability, we have confidence that the difference in times is due to the patient's weight and is not due to chance.

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