

Study 3 - Conspiracy mentality and vaccination (#46409)

Created: 08/19/2020 01:51 AM (PT)

Public: 07/12/2021 05:19 AM (PT)

Author(s)

Kevin Winter (IWM Tübingen) - k.winter@iwm-tuebingen.de
Lotte Pummerer (IWM Tübingen) - l.pummerer@iwm-tuebingen.de
Kai Sassenberg (IWM Tübingen) - k.sassenberg@iwm-tuebingen.de

1) Have any data been collected for this study already?

No, no data have been collected for this study yet.

2) What's the main question being asked or hypothesis being tested in this study?

Research question: Does conspiracy mentality reduce the impact of subjective norms on vaccination intentions?

Hypothesis: The positive relationship between perceived subjective norm and vaccination intention is weaker, the stronger people's conspiracy mentality is.

3) Describe the key dependent variable(s) specifying how they will be measured.

Main DV: Intention to get vaccinated against COVID-19, once a vaccination becomes available; measured with 1 item "How likely do you think it is that you will get vaccinated against the new Corona virus?" (0% to 100%)

4) How many and which conditions will participants be assigned to?

No experimental conditions, only measured independent variables:

- IV1: Conspiracy mentality (12 items from Imhoff & Bruder, 2014; 7-point scale)
- IV2: Subjective norm (1 item): "People I care about probably think I should be vaccinated." (1 = do not agree at all, 7 = do fully agree)

5) Specify exactly which analyses you will conduct to examine the main question/hypothesis.

Multiple regression analysis with vaccination intention as dependent variable. Conspiracy mentality and subjective norm as well as their interaction will be entered as predictors. Both independent variables will be mean-centered prior to analysis. Attitude toward vaccinations (5 items, 7-point scale) and perceived behavioral control (2 items, 7-point scale) will be added as covariates.

6) Describe exactly how outliers will be defined and handled, and your precise rule(s) for excluding observations.

Requirements for participation:

- fluent in German (language-sensitive materials)
- aged 18-35 years (we mainly recruit an undergraduate sample and people aged >35 are much more likely to be infected than those 15-34, see <https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4>)
- no psychology students
- not familiar with materials
- no chronic illnesses that speak against getting a vaccination

After excluding participants according to these criteria, data will be checked for outliers using studentized deleted residuals (SDR) from a multiple regression of the main DV on the main IVs and their interaction. Participants with an absolute SDR > 2.59 will be regarded as statistical outliers.

7) How many observations will be collected or what will determine sample size? No need to justify decision, but be precise about exactly how the number will be determined.

Desired N = 240 based on an a-priori power analysis with g^* power (Faul et al., 2009): $f^2=0.033$ (small effect) for a single regression coefficient in a multiple regression analysis with 5 predictors; alpha .05; power .80

8) Anything else you would like to pre-register? (e.g., secondary analyses, variables collected for exploratory purposes, unusual analyses planned?)

For exploratory reasons, we will assess perceived societal norm with 1 item ("Most people would probably get vaccinated", 1 = do not agree at all, 7 = do fully agree) and test whether the same results occur when analyzing this item instead of perceived subjective norm (from the main analysis). In addition, we will assess self-reported critical thinking abilities (3 items from Lantian et al., preprint; 7-point scale) in order to explore its mediating role in the hypothesized effect.

The study will be conducted in German.