Running Head: COVID-19 TRUSTWORTHINESS

Trustworthiness of Online COVID-19 Preventative Messages.

Jeremy W. Grabbe¹, Regina A.C. Grabbe², Alexander. P.T. Grabbe², and Daniella P.Y. Grabbe²

¹State University of New York, Plattsburgh

²Big Cross Elementary School

Correspondence concerning this article should be addressed to Dr. Jeremy Grabbe

Psychology Department, SUNY Plattsburgh, 101 Broad Street, Plattsburgh, NY 12901.

E-mail: jgrab001@plattsburgh.edu.

A critical factor in decision making is how people rate the reliability of sources of information (Tverskey & Kahneman; 1974) such as news outlets and authorities. During this time of social distancing, the effort to get people to comply with social distancing will rely on not just the message, but the messenger. A person's rating of the validity of online information can vary by the source (Grabbe,2015). The trustworthiness of a source could have a significant impact upon whether people comply with the message.

In this study participants viewed a message on preventing the spread of COVID-19 and then completed an online survey derived from the Trust in Online Health Information (TOHI) scale (Rowley, Johnson, & Sbaffi, 2014). The results highlight similarities in trustworthiness of sources of information that promote social distancing. An effort to have messages of social distancing from trustworthy sources could help to prevent the spread of COVID-19. Method

Eighty-nine participates completed an online survey. Each participate viewed the same message about preventing the spread of COVID-19 (see Appendix 1). This message was from the Center for Disease Control (CDC) website (https://www.cdc.gov/coronavirus/2019ncov/prevent-getting-sick/prevention.html). People were randomly assigned to four categories. One group was told the post was found on a popular social media site. The second group was told that the message was from the CDC. The third group was told that the message was from a nonprofit organization of professional healthcare workers. A fictitious nonprofit was used to prevent confusion with any existing organization. The fourth group was told that the message came from a fictitious member of congress. A gender neutral name and no mention of political party was used to reduce bias. Subjects then completed the Trust in Online Health Information (TOHI) scale (Rowley, Johnson, & Sbaffi, 2014) and responded to each item on a five-point Likert scale. Higher scores indicated more trust in the information/source. Results

The data was subjected to a between-subjects ANOVA. The result of the ANOVA was not significant, F(3, 84) = 0.686. p = 0.563. Refer to Figures 1-3. Although subjects viewed the organization of healthcare workers as the most trustworthy and the politician as the least trustworthy, the lack of statistical significance indicated that all subjects viewed the information as a trustworthy means of preventing the spread of COVID-19.

Discussion

During this COVID-19 pandemic many people are receiving information from different sources. People's compliance with preventative measures such as hand washing and social distancing may depend upon how trustworthy they view the source and the advice. Methods designed to promote analytical thinking and reason can reduce believe in false online narratives (Swami et al.; 2014). Reassuringly, subjects in this experiment viewed reliable, scientifically endorsed guidance about preventing the spread of COVID-19 as trustworthy regardless of the source. This could indicate that the ubiquity of preventative measures has led to significant understanding among the populace.

References

- Grabbe, J. W. (2015) Climate Change Source Ratings. *Journal of Research in Environmental* and Earth Sciences, 2. 13-15.
- Rowley, J., Johnson, F., & Sbaffi, L. (2015). Students' trust judgements in online health information seeking. *Health Informatics Journal*, *21*(4), 316–327.
- Swami V, Voracek M, Stieger S, Tran US, Furnham A. (2014). Analytic thinking reduces belief in conspiracy theories. *Cognition*, 133, 572-585. doi: 10.1016/j.cognition.2014.08.006
- Tversky, A., and D. Kahneman, (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185, 1124–1131.





Rating of sources.





Another figure of rating of sources.





Yet another figure of rating of sources.

Appendix 1

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact

- Avoid close contact with people who are sick
- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.

Stay home if you're sick

• Stay home if you are sick, except to get medical care

Cover coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Wear a facemask if you are sick

• If you are sick: You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room.

If you are NOT sick: You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.

Clean and disinfect

• Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

• If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.