

Correcting COVID-19 misconceptions may require speaking to individuals' moral values

September 10 2020



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The effectiveness of educational content aimed at correcting misconceptions about the risks, transmission, and prevention of COVID-19 is largely influenced by a person's prevailing moral values,

according to a new study published today in *Educational Researcher*, a peer-reviewed journal of the American Educational Research Association.

Study authors Gregory Trevors and Melissa Duffy, both of the University of South Carolina, found that people with strong moral concerns for the well-being of individuals were more likely to update their existing COVID-19 beliefs when presented with new information. Conversely, people who place strong moral value on protecting group cohesion and people who value protecting individual freedoms were more likely to reject new information and maintain COVID-19 misbeliefs. The three moral orientations examined are commonly associated with, respectively, liberal, conservative, and libertarian ideologies, according to the authors.

"Our results indicate that messages relaying basic facts about COVID-19 risks and prevention may be rejected by individuals when they are perceived to conflict with strongly held [moral values](#)," said Trevors, an assistant professor of educational psychology and research. "Perceived conflicts between [public health messages](#) and moral values evoke negative emotions, such as doubt, anger, or confusion, which spark cognitive disbelief and rejection of new information."

"A one-size-fits-all approach to communication is not likely to succeed with the [general public](#)," Trevors said. "Instead, information and calls to action need to be framed differently to connect with various moral beliefs."

For example, for people who value social cohesion, COVID-19 messaging could highlight mask wearing as a patriotic act. For people who value individual liberty, messaging could emphasize mask wearing as self-protection that enhances personal freedom to participate in work or recreational activities.

"The public health responses to the pandemic, such as mask-wearing, stay-at-home orders, business closures, may be viewed as undermining [social cohesion](#) or personal autonomy, depending on a person's moral orientation" said Trevors.

For their study, Trevors and Duffy surveyed a sample of 518 U.S. adults recruited online from 12 states—Alaska, Arizona, Arkansas, Colorado, Idaho, Kansas, Montana, North Dakota, Oklahoma, South Dakota, Utah, and Wyoming. These states have been identified in previous research as among those whose residents are most likely to favor an immediate return to normal economic activity and most likely to travel outside the home. The study authors surveyed respondents on the importance of providing for the vulnerable, obeying authority, and protecting personal liberties, to assess their prevailing moral orientation. The authors then examined respondents' knowledge of COVID-19 risks and prevention and their responses to messages correcting common COVID-19 misconceptions.

"Our findings come at a time when disagreements over COVID-19 knowledge are undermining collective action, and shared understanding and consensus are crucially needed," said Trevors. "It is clear that messages about evolving evidence and practices during the pandemic need to take into consideration the moral values of the intended audiences and their potential cognitive and emotional reactions to those messages."

"We will need to promote the acceptance of the best available COVID-19 evidence in ways that allow Americans to act in accordance with differing moral values," said Trevors. "This will take creativity, patience, trust, [mutual respect](#), and communication between elected policymakers and public health officials at the national, state, and local levels."

More information: Greg Trevors et al, Correcting COVID-19 Misconceptions Requires Caution, *Educational Researcher* (2020). [DOI: 10.3102/0013189X20953825](https://doi.org/10.3102/0013189X20953825)

Provided by American Educational Research Association

Citation: Correcting COVID-19 misconceptions may require speaking to individuals' moral values (2020, September 10) retrieved 26 April 2024 from <https://medicalxpress.com/news/2020-09-covid-misconceptions-require-individuals-moral.html>

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