



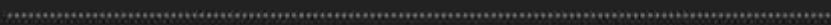
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DAYS OF APPLIED PSYCHOLOGY

CURRENT CHALLENGES IN PSYCHOLOGICAL
SCIENCE

BOOK OF ABSTRACTS

Niš, Serbia
23rd and 24th September, 2022



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.325), while the Level of willingness to be vaccinated can also be predicted based on the main personality traits ($R^2 = .107$, $F(5, 113) = 2.705$, $p = .024$), (Extraversion $\beta = .090$; Agreeableness $\beta = .108$; Conscientiousness $\beta = .077$; Neuroticism $\beta = .307$; Openness $\beta = .170$). This research could be applied in psychotherapy, clinical psychology and counseling psychology, because it could help individuals with high levels of COVID-19 related fear.

Keywords: fear of COVID-19, personality traits, motivation for vaccination

THE ROLE OF FEAR OF ADVERSE EFFECTS IN THE YOUTHS' INTENTION TO BE VACCINATED AGAINST COVID-19: THE REASONED ACTION APPROACH

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The aim of this study is to test the moderating effect that fear of adverse effects has in the relationship between three predictors of Reasoned Action Approach and youths' intention to be vaccinated against COVID-19. The online-based research was conducted in July 2022 on a sample consisting of 311 (70.7% female) participants with an age range from 15 to 25 ($M = 21.19$, $SD = 2.545$). Referring to the predictors: attitudes toward vaccination were measured on a five-items scale ($\alpha = .963$), subjective norms on a four-item scale ($\alpha = .879$), and perceived behavioral control on a two-item scale ($\alpha = .877$), while intention to be vaccinated against COVID-19 was measured on a three-item scale ($\alpha = .992$). All of the items had values from 1 to 7. Fear of adverse effects was measured on a single-item scale had values from 1 to 10. Hierarchical regression analysis indicated that the model was statistically significant in the second block, when interaction of fear of adverse effects and attitudes ($R^2 = .875$, $F(3, 307) = 333.997$, $p < .01$); subjective norms ($R^2 = .784$, $F(3, 307) = 163.286$, $p < .01$);

and perceived behavioral control were introduced ($R^2 = .631$, $F(3, 307) = 67.637$, $p < .01$). Interaction was registered only in terms of attitudes and fear of adverse effects ($\beta = -.060$, $p < .05$) and subjective norms and fear of adverse effects ($\beta = -.081$, $p < .05$). Youth with positive attitudes towards vaccination have significantly higher intention to get vaccinated if they fear adverse effects less than youths who fear them more. Also, youth with low fear of adverse effects have higher intention in conditions of both lower and higher social pressure, than youth with higher fear.

Keywords: reasoned action approach, fear of adverse effects, COVID-19, youth

THE ROLE OF TRUST IN THE HEALTH-CARE SYSTEM IN THE RELATIONSHIP BETWEEN TRUST IN OFFICIAL MODERN MEDICINE AND YOUTHS' ATTITUDES TOWARDS VACCINATION AGAINST COVID-19

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The aim of this study was to test the moderating effect that trust in the health-care system has in the relationship between trust in official modern medicine and youths' attitudes towards vaccination against COVID-19. The online research was conducted on Serbian sample consisting of 311 (70.7% female) participants with an age range from 15 to 25 ($M = 21.19$, $SD = 2.546$). Both the predicting and the moderating variable were measured on a single-item scale, with a ten-point answer scale, in which participants answered how much they trust the official medicine and the health-care system, respectively. Five-item scale ($\alpha = .963$) was used to measure youths' attitudes towards COVID-19 vaccination. Therefore, the participants evaluated vaccination against COVID-19 on the semantic differential scale from 1 to 7 (harmful-useful; unnecessary-necessary; bad-good; unpleasant-pleasant; stressful-relaxing). Hierarchical regression analysis

shows that the model is statistically significant ($R^2 = .350$, $F(3, 307) = 55.010$, $p < .01$) in the second block when interactive effect of trust in official medicine and trust in the health-care system was introduced ($\beta = .121$, $p < .05$). The results suggest that with the increase of trust in official medicine the more positive are youths' attitudes toward vaccination ($\beta = .493$, $p < .01$), yet in people with higher levels of trust in the health-care system this relationship was stronger. In other words, in the conditions of low trust in official medicine the youths' attitudes are steadily negative, no matter the level of trust in the health-care system. Meanwhile, in the conditions of high levels of trust in official medicine the ones who have also higher levels of trust in the health-care system have significantly more positive attitudes than those with lower levels of trust in the health-care system. The theoretical and practical implications of these results will be discussed.

Keywords: institutional trust, trust in health system, trust in official modern medicine, attitudes towards COVID-19 vaccination, youth

INSTITUTIONAL TRUST AS A MODERATOR OF RELATION BETWEEN FEAR OF GETTING INFECTED AND ADHERENCE TO PRECAUTIONARY MEASURES DURING COVID-19 PANDEMIC

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The aim of this research is to test the moderating effect that institutional trust (in government and healthcare system) has in the relationship between fear of getting infected and adherence to precautionary measures during COVID-19 pandemic. In April 2020, 1387 (82.6% female) participants took part in this online-research, with an age ranging from 18 to 85 ($M = 37.00$, $SD = 12.62$). All variables were measured on one-item scale. Hierarchical regression analysis indicated that the model was statistically significant in the second block, when interaction between the trust in healthcare system and fear of getting infected was introduced (R^2

= .067, $F(1, 1383) = 5.533$, $p = .019$), while this statistical significance was not registered when the interaction between the trust in government and fear of getting infected was introduced ($R^2 = .057$, $F(1, 1383) = 2.287$, $p = .131$). Significant main effects of fear of getting infected ($\beta = .221$, $p < .01$) and trust in government were registered ($\beta = .071$, $p < .01$), while their interactive effect was not ($\beta = -.040$, $p = .131$). So, the greater the fear of getting infected and the greater the trust in the government, the respondents report greater adherence to precautionary measures. In terms of trust in healthcare system, a significant main effects of trust in the healthcare system ($\beta = .107$, $p < .01$) and fear of getting infected ($\beta = .219$, $p < .01$) were registered, as well as their interactive effect ($\beta = -.062$, $p < .05$). People with low trust in healthcare system in conditions of low fear of getting infected adhere less to measures than persons who have greater trust in the healthcare system. When people fear more, they are increasingly adhering to precautionary measures, regardless of the level of trust in the healthcare system.

Keywords: institutional trust, fear of getting infected, precautionary measures, COVID-19

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