Corrigendum: The Decoy Effect as a Nudge: Boosting Hand Hygiene With a Worse Option

The original online-first version of this article contained three sets of errors. First, the accuracy of the scales used to measure hand-sanitizer use was not reported correctly. Second, inspection of the last-digit distribution in Study 3 suggested the possibility of measurement error, although not in a direction that would systematically bias the results. Third, the original article lacked details regarding what information was and was not communicated to the factory supervisor and to the quality control personnel who measured the outcome variables. These concerns will now be corrected in the online version of the article (the version of the article printed in this issue has already been corrected). Note that these changes do not affect the statistical results or the conclusions of the experiments.

The first two sentences of the last paragraph in the Procedures section will be replaced with the following:

None of the researchers were directly involved at the factory during any of the experiments. We told the factory supervisor that we were conducting a study aimed at improving hygiene practice; however, the supervisor was not told the experimental hypothesis or which bottle we expected would be used more frequently, and casual communication during the study indicated that the supervisor’s expectation was different from the hypothesis (the supervisor thought sanitizer use would increase as a result of workers’ use of the decoy option). Quality control personnel did not know that an experiment was being conducted, nor did they know that the changes to the factory’s hygiene regimen were part of a study. The quality control personnel merely placed the decoy options in the workrooms and collected the measures that served as our dependent variables under the instruction of a factory supervisor. These measures were (a) alcoholic sanitizer use, (b) hand sanitary condition, and (c) worktable sanitary condition, and quality control personnel collected them for every worker every day of the experiment, as they routinely did before the experiment began. They then provided these measurements to the supervisor, who in turn provided the data to the research team. Alcoholic sanitizer use was measured out of sight of the workers during off hours by determining the difference in sanitizer bottle weight between the beginning and end of the day (bottles were then refilled to the same volume), using electronic scales accurate to at least 5 grams (Experiment 1) or 0.01 grams (Experiments 2 and 3).1

A Notes section will be added to the article, and the endnote attached to the above sentence will read as follows:

1. During the baseline period in Experiment 1, the quality control personnel accidentally used more than one type of scale to measure sanitizer usage (including scales accurate to 1 gram), instead of only scales accurate to 5 grams as planned. As a result, 8.4% of the total data points from all 40 days were not divisible by 5. This practice was corrected at the beginning of the intervention phase, after the research team received baseline data from the factory and communicated to the factory that only scales accurate to 5 grams should be used. In addition, inspection of the data in Experiment 3 shows that the distributions of the last digits of sanitizer usage data (two digits after the decimal point, at the level of one hundredth of a gram) were not uniform, as would be expected with a sensitive scale free of any mechanical constraints. For example, the digits 0 to 4 each occurred at frequencies ranging from 4.1% to 7.1%, while the digits 5 to 9 occurred at frequencies ranging from 11.8% to 15.2%. We were unable to ascertain the source of this unexpected distribution of the last digit (whether it was a mechanical constraint or human error during either measurement or recording) but want to point it out to readers out of caution, because we did not have perfect quality control in data collection under the field experimental setting.