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A Communication Researchers' Guide to Null Hypothesis Significance Testing and Alternatives

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This paper offers a practical guide to use null hypotheses significance testing and its alternatives. The focus is on improving the quality of statistical inference in quantitative communication research. More consistent reporting of descriptive statistics, estimates of effect size, confidence intervals around effect sizes, and increasing the statistical power of tests would lead to needed improvements over current practices. Alternatives including confidence intervals, effect tests, equivalence tests, and metaanalysis are discussed.

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In a companion essay, Levine, Weber, Hullett, Park, and Lindsey (2008) focused on the problems associated with null hypothesis significance testing (NHST). A complete ban on NHST, however, is neither tenable nor desirable. NHST is deeply ingrained in social science education, thinking, and practice and, consequently, calls for an outright prohibition are probably unrealistic. Furthermore, as Abelson (1997) argues, there is a need to distinguish true effects from those that are explainable in terms of mere sampling error. Although a p < .05 from a NHST does not logically provide 95% or better confidence in a substantive hypothesis, a statistically significant finding can provide some degree of evidence (Nickerson, 2000; Trafimow, 2003), especially when supplemented with additional information and interpreted in an informed and thoughtful manner.

Many of the problems outlined in the companion article could be minimized by relatively simple alterations to how NHST is used. A number of alternatives to traditional hybrid NHST are also available. Therefore, this paper explores some of these options. The goal here is providing applied, constructive, and concrete advice for students, researchers, journal reviewers, and editors.

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Increased reliance on descriptive statistics

Whereas NHST and many of the alternatives and solutions discussed here involve different applications of inferential statistics, the communication research literature would benefit greatly from the simple reporting of descriptive statistics. At minimum, all research should report means, standard deviations, and descriptions of the distributions for all measures. If distributions are skewed, medians, modes, or both should be reported. Descriptive findings should always inform the substantive conclusions drawn from data.

Rozin (2001) argues persuasively that in an effort to be more "scientific," social scientists often prematurely test hypotheses with inferential statistics, and that theory development would often be well served by preliminary descriptive work aimed at achieving a deeper initial understanding of the topics under study. Even in research where inferential statistics are needed, additional valuable information can be gained from the reporting of central tendency, dispersion, and the shape of distributions.

Examining descriptive statistics is essential for a number of reasons. Most NHST involve assumptions about dispersion and distributions, and therefore descriptive information is needed to determine if the assumptions behind inferential statistics are met. If the distributions are highly skewed or bimodal, it may not even make sense to look at means, much less compare the means with a NHST. The reporting of descriptive statistics is also highly valuable for subsequent meta-analysis. But, perhaps most importantly, descriptive statistics carry important substantive information that can change the interpretation of results if ignored.

For example, Burgoon, Buller, Dillman, and Walther (1995) had participants rate the honesty of truthful and deceptive messages in an interactive deception detection experiment. They concluded that their hypothesis that participants would "perceive deception when it is present, was confirmed with a deception main effect on ERs' self-reported suspicion (deception M=3.38, truth M=2.69), F(1,108)=9.31, p=.003" (p. 176). Arguably, however, the interpretation of these findings depends on the scale range of the dependent measure. If 7-point scales were used, for example, then participants in the deception condition were not especially suspicious, even though they were significantly more suspicious than those in the truthful condition. This might lead to the rival conclusion that rather than people being able to detect deception, people generally believe others regardless of their veracity, an interpretation more consistent with the results of a subsequent meta-analysis (Bond & DePaulo, 2006). Thus, a focus on p values to the exclusion of the descriptive values can drastically alter substantive conclusions.

As a second example, Levine (2001) examined differences in perceived deceptiveness of several types of messages. In terms of mean ratings, both lies of omission and equivocal messages were rated as moderately deceptive and not significantly different from each other. Examination of the distributions of ratings, however, showed that ratings of equivocal messages were normally distributed around the scale midpoint, whereas ratings of omissions were bimodal with many participants

rating the message as honest, whereas others rated it moderately deceptive. In this example, examining only the means and the *t* test of those means was misleading and it masked a theoretically important difference. Simple examination of the distributions was all that was needed to arrive at a more informative interpretation of the results.

In short, much valuable insight can be gained from descriptive statistics. The current authors strongly urge researchers to report and interpret central tendency, dispersion, and the shape of distributions along with NHSTs, effect sizes, and confidence intervals.

Effect sizes

Besides examining descriptive statistics, one of the easiest solutions to minimizing the adverse consequences of many of the problems associated with NHST is to report and interpret estimates of effect size in addition to the *p* values from NHST. Effect sizes are estimates of the magnitude of a difference or the strength of a statistical association. As a general rule, it is good practice to report estimates of effect size in conjunction with all tests of statistical significance.

Reporting and interpreting effect sizes in conjunction with *p* values minimizes the sensitivity to sample concern because effect size is largely independent of sample size. Reporting effect sizes in conjunction with confidence intervals also provides a solution to the *null-is-always-true* problem when effect tests (see below) are not feasible. In practice, shifting focus to effect sizes requires decisions about which measure of effect size to report and assessing what a given effect size finding means.

A large number of effect size indices are available, and researchers need to decide which estimate of effect size to report (cf. Thompson, 2007). For t tests and ANOVA, our preference is for ω^2 when cell sizes are relatively small (e.g., less than 30) and r or η^2 in studies with larger samples. η^2 and r are preferred for reasons of convention and familiarity. There is nothing wrong with reporting d, but communication readers are less likely to be familiar with it and, therefore, it is less useful. There are good reasons, however, to avoid partial η^2 because it is more likely to be misleading and less useful for meta-analysis (see Hullet & Levine, 2003; Levine & Hullett, 2002).

For multiple regression analysis, questions of effect size can be more complicated. Two major approaches to multiple regression include (a) finding a model to predict an outcome of interest (i.e., prediction focused) and (b) examining which of the predictors are responsible for the outcome of interest (i.e., explanation focused or theory testing) (Pedhazur, 1997). For the first approach, effect size is more straightforward, and the squared multiple correlation, R^2 , or better yet, adjusted R^2 , indicates the amount of variance in the dependent variable accounted for by all the predictors included in the analysis. For the second approach to multiple regression, however, what constitutes an effect size for each predictor does not have an easy

answer. Because it is likely that the predictors are related to each other to some extent, complications such as multicollinearity and suppression can arise, and consequently no easy solutions exist for isolating the amount of each predictor's contribution. Commonly used and suggested measures for effect size include standardized regression coefficients (β), partial r, semipartial r, $R_{\rm change}^2$, or structure coefficients. These, however, are not without complications or problems because among many other things, they are impacted by the order in which each predictor is entered into the model. For example, the common practice of interpreting β as analogous to r or relying only on significance testing of β can be misleading because β can be near zero even when the predictor explains a substantial amount of the variance in the outcome variable when other predictors correlated with the predictor claim the shared variance (Courville & Thompson, 2001; Thompson & Borrello, 1985). Azen and Budescu (2003) provide a summary and critique of these measures for effect size and a refinement of Budescu's (1993) dominance analysis for evaluating predictor importance.

Regardless of which unit of effect size is reported, substantive interpretation of that value is required. Rules of thumb exist, and Cohen's (1988) labels of small (r = .10), medium (r = .30), and large (r = .50) are perhaps the most widely known. Such rules of thumb, however, are arbitrary, and the meaning of a finding depends on a number of contextual considerations (cf. Thompson, 2007). For example, the complexity of a phenomenon should be considered because the more independent causes of an outcome, the smaller the effect size for any given predictor. Effect sizes typical of the particular literature in question might also be considered. For example, the median effect in social psychology research is r = .18(Richard, Bond, & Stokes-Zoota, 2003) and the mean sex difference in communication is r = .12 (Canary & Hause, 1993). In comparison, twin studies in IQ research typically find correlations exceeding .80 for identical twins (Plomin & Spinath, 2004). Thus, r = .30 might be a large effect in one literature, whereas r = .50 might be small in another. Finally, the pragmatic implications of the outcome need to be considered. Consider that calcium intake and bone mass, homework and academic achievement, and the efficacy of breast cancer selfexams are "small effects" on the Cohen criteria (Bushman & Anderson, 2001). Surely, one would not advocate avoiding dietary supplements, homework, and self-exams on the basis of Cohen's labels.

When the focus is on the magnitude of an effect, there is a tendency to presume that bigger is necessarily better and that studies reporting small effects are inherently less valuable than studies reporting larger effect. There are, however, at least three exceptions to the bigger is always better presumption. First, sometimes small effects are important and small differences can have important consequences (Abelson, 1985; Prentice & Miller, 1992). This can happen, for example, when predicting infrequent events, when there is little variance in the predictor or outcome, when the inductions are small, or when the outcome is important but resistant to change. Second, large effect sizes sometimes suggest validity problems such as a lack of

discriminant validity or the presence of undetected second-order unidimensionality. For example, if two measures of different constructs correlate at .80, one might question if they are really measuring different constructs. So, effect sizes can be too large. Finally, small effects can be informative when large effects are expected from some accepted theory or argument but are not found in a well-conducted study. Convincingly, falsifying evidence can be more informative than supportive evidence and can result in major advances in understanding.

Finally, there is sometimes confusion regarding what to make out of a large but nonsignificant effect. When the focus is shifted to effect size, there is a tendency to presume such a large effect must be both real and substantial, and that the finding would be statistically significant if only the sample were larger. Such thinking, however, is counterfactual. Confidence intervals, replication, or meta-analysis are needed to make sense of these findings.

In sum, although reporting and interpreting effect sizes along with *p* values is not sufficient to resolve all the problems with NHST, it is an easily accomplished partial solution that ought to be encouraged. Thus, it is strongly recommended that effect sizes be reported and interpreted in conjunction with *p* values for NHST. Effect sizes become even more useful when used in conjunction with confidence intervals.

Confidence intervals

By far, the most frequently advocated alternative to NHST is the reporting of effect sizes with confidence intervals. Although confidence intervals can stand alone as an approach to statistical inference, they can also be used in conjunction with NHST. Of all the inferential tools available to researchers, confidence intervals can be among the most useful and, therefore, the use of confidence intervals is strongly endorsed here.

Confidence intervals provide, with some specified degree of certainty, the range within which a population value is likely to fall given sampling error. Confidence intervals can be reported around descriptive statistics (e.g., means), test statistics (F, χ^2 , t), or effect sizes. The focus here is on confidence around effect sizes, as this is especially informative.

Reporting confidence intervals around an effect size can provide all the information contained in a NHST and more. A "statistically significant" result is one where the null hypothesis is outside the confidence interval; hence, confidence intervals typically provide the same information as a NHST (Natrella, 1960). In addition, confidence intervals focus attention on effect sizes and present an upper bound in addition to a lower bound and a precise lower bound rather than simply zero or not. Although it is the case that confidence intervals suffer from some of the same limitations as NHST (e.g., reliance on statistical assumptions and potential for misunderstanding and misuse; Nickerson, 2000), a strong case can be made for the merits of confidence intervals over mere NHST and, therefore, it is reasonable to advocate the use of confidence intervals either as an alternative or as an supplement.

Readers are referred to Cumming and Finch (2005) for a recent and accessible treatment of confidence intervals in general.

The calculation of confidence intervals around effect sizes can be more complex than around a pair of means. For example, the equations for determining the standard errors of regression coefficients (intercepts and slopes) vary depending upon the measurement (e.g., continuous or categorical), transformation (e.g., centering), the number of the predictors, and so on (Aiken & West, 1991; Cohen, Cohen, West, & Aiken, 2003). It is also the case that calculations of confidence intervals differ depending on whether random or fixed-effects designs are being used (Mendoza & Stafford, 2001). Finally, somewhat complex procedures are required for determining the confidence intervals for noncentral test distributions of t and t (e.g., for Cohen's t, or t0 when the assumption of the nil–null hypothesis is not reasonable (Cumming & Finch, 2001; Smithson, 2001). These calculations often require computer patches, many of which are provided by Smithson, Bird (2002), and Fidler and Thompson (2001). It is beyond the scope of this section of the paper to provide all such calculations here. However, a brief discussion of the calculation of confidence intervals around t1 is provided below.

One of the most common indices of an effect is the Pearson correlation, r, which can be calculated directly as the measure of association between two variables or obtained through a conversion formula from an independent samples t. The standard deviation of the sampling distribution (standard error) for the population correlation, ρ , is not useful for constructing confidence intervals around a correlation because the sampling distribution deviates increasingly from normal as the value of the correlation deviates from zero (Ferguson, 1966). It is therefore suggested that the formula $\sigma_r = \frac{1-\rho^2}{\sqrt{N-1}}$ be avoided for anything other than with meta-analysis (Hunter & Schmidt, 1990). Instead, the nonsymmetrical nature of the confidence interval can be obtained with Fisher's z transformation of $r(Z_r)$. Cohen et al. (2003) present formulas for z_r and standard error and also explains the necessary calculation steps with numeric examples on pp. 45–46 and includes a table for z_r on p. 644 to help researchers to minimize computation. Tables and r-to- z_r calculators were also readily available online. An illustration on how to calculate confidence interval on correlation is shown in Table 1.

The construction of confidence intervals for the regression of a dependent variable onto multiple predictors is also relatively straightforward. One can obtain standard error of unstandardized regression coefficient, b, and confidence interval for each predictor, using formulas that can be found on pp. 86–87 of Cohen et al. (2003) and from SPSS output. For confidence interval, for effect size, the formulas for calculating standard error and confidence interval for R^2 and numeric examples can be found on p. 86 of Cohen et al. For effect size measures of each predictor, however, confidence interval construction is less straightforward. As discussed previously, some issues are involved in what constitutes an effect size in multiple regression. Nevertheless, for confidence interval on squared semipartial correlation (or R_{change}^2), interested readers can be directed to Alf and Graf (1999) and Graf and

Table 1 Step by Step Illustration of the 95% CI Calculation for a Correlation of r = .50 and n = 199

Steps	Instructions	Numeric Examples
1	Transform <i>r</i> to z' by using a table on p. 644 of Cohen et al. (2003) or by formula	$r = .50 \Rightarrow z' = .549$
2	Calculate standard error for z'	$SE_{Z'} = \frac{1}{\sqrt{n-3}} = \frac{1}{\sqrt{199-3}} = \frac{1}{14} = 0.071$
3	Multiply 1.96 and SE _{z'}	$1.96 \times 0.071 = 0.139$
4	Obtain lower bound and upper bound for z'	Lower bound: $.549 - 0.139 = .410$; Upper bound: $.549 + 0.139 = .688$
5	Convert lower bound and upper bound for z' to lower bound and upper bound of CI for r by using a table on p. 644 of Cohen et al.	Lower bound: .39; Upper bound: .60; 95% CI: .39 $\leq \rho \leq$.60
6	Report <i>r</i> and CI	For example: The result showed that the correlation is significant, $r(197) = .50$, $p < .001$ with 95% CI: $.39 \le \rho \le .60$

Note: CI = confidence interval.

Alf (1999). An illustration on how to calculate confidence interval on squared semipartial correlation is shown in Appendix A of this article.

Statistical power

Low statistical power and corresponding Type II errors reflect a frequently encountered problem with NHST, and a problem that has especially dire consequences. The problem is that NHST is often not sensitive enough to find an existing effect. Consider, for example, that a review of 322 meta-analyses summarizing 25,000 studies reports that the mean effect size reported is r = .21 and the mode was less than r = .10 (Richard et al., 2003). For observed effects sizes in this range, the statistical power for independent sample t tests with between t = 20 to t = 50 per group ranges from .05 to .50. Thus, if the nil–null is false, under these very realistic research scenarios, NHST is more likely to produce an incorrect conclusion than to get it right—tossing a coin would even do better!

The only solution for those using NHSTs under such conditions is to increase the power of the tests. Statistical power is increased by increasing sample sizes, ensuring adequate variability in measures, having strong inductions, meeting statistical assumptions, using highly reliable measures, and relying less on single studies and more on meta-analysis. Accomplishing these preconditions is, of course, a major challenge. Unfortunately, there are no shortcuts.

Although having sufficient power is absolutely essential for valid use of NHST, power calculations are a more thorny issue. Researchers are often advised to do

power analyses prior to data collection. To meaningfully do this, however, (a) a likely or meaningful population effect size must be known and (b) either ideal data (e.g., data free of measurement error and restriction in range) are required or the impact of less than ideal data must be factored into the calculations. Absent the former, the power analysis is arbitrary, and absent the latter, the resulting power analysis will be overly optimistic and misleading. Further still, if the population effect is approximately known and not zero, then the nil—null is false a priori, disproving it is uninformative and effect significance tests (see below) rather than NHST are preferred. That is, if enough is known about the phenomena under study to meaningfully calculate power beforehand, a NHST makes less sense because the nil—null is false anyway. Nevertheless, so long as researchers know the magnitude of effect size they want to be able to detect, and issues of variability and reliability are well understood, power analyses are useful in planning sample size needs for data collection and avoiding Type II errors.

Post hoc power analyses are generally less useful than power analyses for planning purposes. Especially ill-advised are power analyses that are based upon the effect size observed in the actual data (Hoenig & Heisey, 2001), and this type of "post hoc" or "observed power" analysis should typically be avoided, even though it is an option on SPSS output. One reason is that the post hoc, observed power, and the observed p value from a NHST are completely redundant. Nonsignificant results, by definition, lack observed power. Only "after the fact" power analyses that are based on projected population effect sizes of independent interest are potentially meaningful (O'Keefe, in press). So, journal editorial policies that instruct authors to report "power estimates when results are nonsignificant" might specify that reported power be based not on observed effects but on what is a meaningful effect in the given research context. Finally, power analyses absolutely should not be used as evidence for accepting the nil-null. A nonsignificant result for a traditional NHST cannot be interpreted as supporting a nil-null even if the power to detect some nonzero effect is high. Arguments for a null require ranged null hypotheses and equivalence tests (see below).

Effect testing

Effect testing is a useful alternative to nil–NHST when the anticipated effects can be more precisely articulated. In effect testing, like NHST, the null hypotheses is tested and rejected or not based on the probability of the data under the null. But, unlike standard two-tailed NHST, the null is no longer a point null but instead covers a range of values. Different from standard one-tailed NHST, the upper bound of the null is not zero. Thus, the primary conceptual difference between effect testing and standard NSHT is more flexibility in the construction of the null hypothesis.

One of the problems with the typical NHST approach is that the standard nil-null hypothesis is almost always literally false. Testing a pure "sign hypothesis"

 $(H_0: effect \leq 0; H_1: effect > 0$, i.e., an effect is either positive or negative) with standard nil–NHST is neither risky nor informative for more advanced theoretical reasoning in communication research. Researchers may want more than just not zero. As an alternative to nil–null hypotheses, researchers could use null hypotheses reflecting reasonable assumptions about an effect that would count as a trivial effect. This is the rationale for effect testing.

 Δ in effect testing is defined as an effect that is considered inconsequential on the basis of substantive theoretical and practical considerations. In other words, Δ is defined as the maximum effect that is still considered as "no effect" (maximum no effect). Δ reflects the bounds of the null hypothesis and any effect that is "significant" needs to be greater than Δ at p < .05. Thus, for a positive effect, the one-tailed effect test specifies a null hypothesis of H_0 : effect $\leq \Delta$ (H_1 : effect $> \Delta$) instead of just H_0 : effect ≤ 0 as in nil–NHST.

Statistically, Δ can be depicted as a Pearson correlation and can be understood as a universal population effect size measure (Cohen, 1988) to which other effect size measures (e.g., standardized mean differences) can be converted. Provided that researchers are able to meaningfully define Δ , many of the nil–NHST problems, including the problem that the null is never literally true, can be avoided (cf. Klemmert, 2004). Those effect tests are riskier because stronger effects, better theories, and, ultimately, better data are needed to reject effect-null hypotheses. Adopting effect tests over nil–NHST challenges communication scholars to define better models and to build better theories because researchers are forced to define which effect sizes are of interest and which are not.

As an example, consider an experiment recently published in HCR examining the impact of argument quality on attitude change (Park, Levine, Kingsley Westerman, Orfgen, & Foregger, 2007). Park et al. exposed $n_1 = 335$ research participants to strong arguments and $n_2 = 347$ to weak arguments. A meta-analysis also reported in Park et al. showed that previous research found that strong arguments are more persuasive than weak arguments and this effect can be quantified with a Pearson correlation of r = .34.

In order to conduct an effect test on the Park et al. (2007) data, the key question is what qualifies as the *maximum no effect* (Δ) in this research. Note that Δ defines a *maximum no effect* (i.e., Δ belongs to the effect-null hypothesis) and *not* a minimum substantive effect. That is, Δ defines the null hypothesis not the alternative hypothesis; it is a value that can be rejected if p < .05. Deciding what qualifies as the *maximum no effect* (Δ) is probably the most difficult question involved in effect testing and significance testing in general. Murphy and Myors (1999) suggest using an average effect found in meta-analyses, converting this effect to an explained variance, and use half of the explained variance as orientation for a *maximum no effect*. With r = .34 in this example's meta-analysis, the explained variance is $r^2 = .1156$. This divided by 2 results in an explained variance of $r^2 = .0587$. The square root of this result then defines the *maximum no effect*, which is $\Delta = .24$.

Because our example uses rating scales and compares two means (mean attitude change of weak arguments μ_1 vs. strong arguments μ_2), the standardized mean difference δ is used here, which is defined as:

$$\delta = \frac{\mu_1 - \mu_2}{\sigma}$$

 σ is the standard deviation of attitude change (dependent variable). The standardized mean difference δ can easily be converted to the correlation measure Δ and vice versa using the following formulas (cf. Cohen, 1988; Kraemer & Thiemann, 1987):

$$\Delta = 1.25 \frac{\delta}{\sqrt{\delta^2 + 1/(pq)}}$$

$$p = \frac{n_1}{n} \quad q = \frac{n_2}{n} \quad n_1 + n_2 = n$$

$$\delta = \sqrt{\frac{\Delta^2/pq}{1.25^2 - \Delta^2}}$$

Thus, $\Delta = .24$ in the example corresponds to a standardized mean difference of $\delta = 0.39$ ($n_1 = 335$, $n_2 = 347$).

For this demonstration, we follow first Murphy and Myor's (1999) recommendation and use $\Delta = .24$ or $\delta = 0.39$ as the *maximum no effect*. Thus, our effect test hypotheses in this example are:

$$H_0: \frac{\mu_1 - \mu_2}{\sigma} \le 0.39 \quad H_1: \frac{\mu_1 - \mu_2}{\sigma} > 0.39$$

Identical to nil–NHST, effect tests calculate the probability of empirical results that are equal or more distant from the H_0 parameter (in direction to the H_1 parameter) on condition that the null hypothesis sampling distribution is true. In nil–NHST, the null hypothesis sampling distribution for a standardized mean difference is a central t distribution with $n_1 + n_2 - 2$ degrees of freedom. In effect–NHST, however, this distribution is replaced by a noncentral t distribution with $n_1 + n_2 - 2$ degrees of freedom and a noncentrality parameter t that can easily be calculated according to the following formula (t is the above defined *maximum no effect* of .39; t and t are the sample sizes):

$$\lambda = \delta \sqrt{\frac{n_1 n_2}{n_1 + n_2}}$$

Using a noncentral test distribution basically means that for $\lambda > 0$ (positive effects), the test distribution is skewed to the right and for $\lambda < 0$ (negative effects) skewed to the left (Cumming & Finch, 2001).

Similar to nil–NHST, effect–NHST (for positive effects; one-tailed test) rejects the null hypothesis if:

$$t_{\rm emp} > t_{\rm crit}(1 - \alpha; n_1 + n_2 - 2; \lambda)$$

$$t_{\rm emp} = \frac{\bar{x}_1 - \bar{x}_2}{s} \sqrt{\frac{n_1 n_2}{n_1 + n_2}}$$

The empirical t value corresponds to the standard two independent groups t test that tests a nil–null hypothesis and can be read off a standard SPSS output (s is the sample standard deviation of attitude change). In the Park et al. (2007) study, the empirical t value of a standard two independent samples t test is 8.2, $n_1 = 335$ (strong argument), $n_2 = 347$ (weak argument), and thus, $\lambda(\delta = 0.39) = 5.09$.

Unfortunately, effect tests and noncentral test distributions are not part of the menu options in standard statistical software packages such as SPSS. Nevertheless, p values that are based on noncentral distributions can be calculated with SPSS and other statistical software. To do so, one first needs to create a new data file that contains only one case with the values of the following four variables: (a) empirical t value (read off a standard t-test table in SPSS based on the same data, variable name is t); (b) n_1 (sample size in group 1, weak argument, variable name is n_1); (c) n_2 (sample size in group 2, strong argument, variable name is n_2); and (d) δ (.39 in this example, variable name is d_1). The following SPSS syntax commands calculate the parameter δ and the d_2 value of an effect test (positive effect; one-tailed test).

```
COMPUTE lambda = delta * SQRT( n1 * n2 / (n1+n2) ). COMPUTE df = n1+ n2 - 2. COMPUTE p = 1 - NCDF.T(t, df, lambda). LIST delta df lambda p. EXECUTE.
```

Table 2 contains p values for different Δ and δ , including $\delta = 0.39$ for this example. As one can see, the results indicate a substantial impact of argument quality on attitude change assuming that effects smaller than $\Delta = .24$ or $\delta = 0.39$ indicate no effect. The interpretation of data for the present example is that the observed

Table 2 Δ , δ , and p Values of a Noncentral t Distribution ($t_{\rm emp} = 8.2$, $n_1 = 335$, $n_2 = 347$) Associated with Park et al. (2007)

Δ (Max No Effect)	δ (Max No Effect)	p Value
.10	0.16	< .0001
.24	0.39	.0012
.30	0.50	.0446
.34	0.57	.6111
.50	0.87	.9991

standardized mean difference is greater than the maximum no effect value $\delta = 0.39$ (or the effect size expressed as a correlation of $\Delta = .24$) and that difference is very unlikely due to chance (p < .0,012).

Similar to this example, one can create effect tests that involve dependent samples, more than two means, bivariate and multiple correlations, negative effects, and two-tailed tests (cf. Klemmert, 2004; Weber, Levine, & Klemmert, 2007). Thus, effect testing is flexible and can be used in a variety of situations where researchers want a test more stringent than a nil—null test.

There are alternative strategies to defining a *maximum no effect*. Klemmert (2004) proposes conservative, balanced, and optimistic strategies. In the conservative strategy, the *maximum no effect* equals an average substantial effect found in meta-analyses. Thus, Δ would be assumed as .34 as indicated by the meta-analysis in our example. In an optimistic strategy, Klemmert and also Fowler (1985) recommend using Cohen's (1988) effect sizes categorization, which suggests using Δ = .10 or δ = 0.16 (small effect) as a *maximum no effect*. In a balanced strategy, the *maximum no effect* would be assumed as the middle course of the conservative and optimistic strategy, thus Δ would be assumed as the mean of .34 and .10, which is .22 and close to Δ = .24 as suggested by Murphy and Myors (1999) and used above.

Thus, applied to our example, if the conservative strategy is applied to the Park et al. (2007) data, the result would be nonsignificant. This means that the observed effect in the Park et al. study is not statistically greater than the average effect found in other studies ($\Delta=.34$, the average effect in the meta-analysis) and would be considered as no effect. However, as shown in Table 2, the Park et al. results are statistically significant when using either the balanced or the optimistic strategies. Table 2 also provides p values for $\Delta=.10$ (small effect), $\Delta=.30$ (medium effect), and $\Delta=.50$ (large effect) as maximum no effect as well.

There are at least two reasons why effect testing, as an alternative to classical nil–NHST, is seldom if ever used in communication research. First, the concept of effect-null hypotheses and its theoretical background may be unfamiliar to many communication scholars (and other quantitative social scientists) because unfortunately it is not part of the typical statistical training. Second, effect-null hypothesis tests require noncentral sampling distributions that are often not available as preprogrammed statistical procedures in most standard statistical software packages (such as SPSS, SAS, STATISTICA). Klemmert (2004) and Weber et al. (2007), however, provide a description of various risky effect tests and also equivalence tests (for mean differences, correlations, etc.), including simulations of test characteristics and relatively simple programs for standard statistical software. Therefore, effect–NHST will hopefully be used more frequently in social scientific communication research in the future.

Equivalence testing

Equivalence tests are inferential statistics designed to provide evidence for a null hypothesis. Like effect tests, the nil–null is eschewed in equivalence testing. However,

unlike both standard NHST and effect tests, equivalence tests provide evidence that there is little difference or effect. A significant result in an equivalence test means that the hypothesis that the effects or differences are substantial can be rejected. Hence, equivalence tests are appropriate when researchers want to show little difference or effect.

It is well known that NHST does not provide a valid test of the existence of "no effect" or the equivalence of two effects. That is, with NHST, a nonsignificant result does not provide evidence for the null. We either reject or fail to reject the null. It is never accepted. As a consequence, current researchers likely have few known options when the null hypothesis is the desired hypothesis. For instance, media scholars may be interested in showing that exposure compared with non-exposure to violent messages does not translate into different levels of aggressive behavior (cf. Ferguson, in press). Examples that are more common include testing the assumption of statistical tests that population variances are homogeneous, testing fit in structural equation models, and testing effect homogeneity in meta-analysis. Although most researchers know that a nonsignificant result under the assumption of a nil–null hypothesis cannot be used as good evidence for equivalence, nonsignificant results are nevertheless interpreted as equivalence with an unfortunately high frequency.

Although equivalence tests do not provide a solution for classical NHST, they offer a correct alternative for NHST when the goal of a test or a study is to demonstrate evidence for a null hypothesis rather than for a research hypothesis. Equivalence tests are the logical counterpart of effect tests and the basic analytical logic is the same. The null hypothesis of an effect test (positive effect, one-tailed test) is specified by H_0 : effect $\leq \Delta$ (H_1 : effect $> \Delta$, see above) and Δ has been defined as maximum no effect. The null hypothesis of an equivalence test is H_0 : effect $\geq \Delta$ (H_1 : effect $<\Delta$). The difference is that Δ in equivalence tests is defined as minimum substantial effect. A significant result in an equivalence test provides evidence that an effect is significantly smaller than Δ and, therefore, is considered as functionally equivalent. To simplify, in NHST, the null hypothesis always defines the conditions that we want to disprove. So, while null hypotheses in effect tests try to exclude effects that are too small or in the wrong direction, null hypotheses in equivalence tests try to exclude too-large effects.

As an example, consider a media communication scholar who wants to find evidence that playing violent video games is *not* linked to increased aggressive thoughts in players. In an experiment, the researcher assigns n=251 research participants randomly to two versions of a game—one version with violent content $(n_1=127)$ and another version with all violent content replaced with nonviolent content $(n_2=124)$. The number of aggressive thoughts in a story completion task serves as the dependent variable. From a recent meta-analyses (cf. Ferguson, in press), the average correlation between exposure to violence in video games and aggressive thoughts is assumed to be r=.25. Because this average correlation has been found and documented in many independent studies, our researcher uses this

information as a minimum substantial effect of $\Delta = .25$, which corresponds to a standardized mean difference ($n_1 = 127$, $n_2 = 124$) of $\delta = .41$. The question, then, is: If $\Delta = .25$ or $\delta = .41$ is considered as *minimum substantial effect*, is the effect that the researcher found in his/her study small enough then to count as evidence for equivalence? Hence, the hypotheses for this equivalence test example are:

$$H_0: \frac{\mu_1 - \mu_2}{\sigma} \ge 0.41$$
 $H_1: \frac{\mu_1 - \mu_2}{\sigma} < 0.41$

This equivalence test (for positive effects; one-tailed test) rejects the null hypothesis if:

$$t_{\text{emp}} < t_{\text{crit}}(\alpha; n_1 + n_2 - 2; \lambda)$$

$$t_{\text{emp}} = \frac{\bar{x}_1 - \bar{x}_2}{s} \sqrt{\frac{n_1 n_2}{n_1 + n_2}}$$

Again, the empirical t value corresponds to the one of a standard two independent sample t test that tests a nil–null hypothesis and can be read off a standard SPSS output (s is the sample standard deviation of the number of aggressive thoughts). In our example, the found sample means are $\bar{x}_1 = 4.124$ and $\bar{x}_2 = 3.955$ and the empirical t value in the SPSS standard output is $t_{\rm emp} = 1.26$ ($n_1 = 127, n_2 = 124$). With $\delta = .41$, λ equals 3.25 (see formula in section "Effect testing"). The SPSS file and the SPSS commands that are needed to calculate the equivalence test's (one-tailed test; positive effect) p value are identical to the ones for the effect test (see above) with one exception: The command line "COMPUTE p = 1 - NCDF.T (t, df, lambda)" for the calculation of p value in a noncentral t distribution has to be replaced with "COMPUTE t0 = t1. Hence, the empirically observed standardized mean difference in this study is significantly smaller than a minimum substantial effect of t2 = 0.41 and is very unlikely due to chance (t3 = 0.023).

Note that a nonsignificant equivalence test result does not provide evidence for either the null or the alternative. Just as a nonsignificant NHST does not mean that the null is accepted, a nonsignificant equivalence test does not provide evidence that the effect is substantial. A nonsignificant equivalence tests means that a substantial effect is not ruled out.

The reasons why correctly conducted equivalence tests are rarely used in communication research (in contrast to other research fields such as pharmaceutical research) are likely the same as for effect tests. Hopefully, though, as communication researchers become aware of equivalence tests as an option, they will use them when needed. For a more detailed discussion of equivalence tests, including equivalence tests for the most relevant test variants in communication research and their correct execution with standard statistical software, see Weber et al. (2007).

Meta-analysis

Meta-analysis involves cumulating effects across studies. Findings from all the studies testing a hypothesis are converted to the same metric with a conversion formula, the effects are averaged, and the dispersion of effects is examined. Although meta-analysis can never replace original research (meta-analysis cannot be done absent original research to analyze), meta-analysis does offer a solution to many of the problems created by NHST. Therefore, less reliance on NHST in individual studies and a greater reliance on quantitative summaries of across-study data (Schmidt & Hunter, 1997) are recommended.

Meta-analysis is especially useful at overcoming the power and Type II error problems. Because effects are summed across studies, meta-analyses deal with larger sample sizes than individual studies and consequently offer greater statistical power and more precise confidence intervals. Meta-analysis, too, like confidence intervals, focuses attention on effect size rather than just the *p* value.

Meta-analysis also helps overcome another problem with NHST that was not explicitly discussed in the companion paper. Absent meta-analysis, confidence intervals, or both, the reliance on NHST makes integrated, across-study conclusions within research literatures difficult if not impossible.

Low power and methodological artifacts that attenuate effect sizes guarantee that some large proportion of tests of any viable substantive hypotheses will be nonsignificant (Meehl, 1986; Schmidt & Hunter, 1997). Schmidt and Hunter estimate that 50% or more of NHSTs result in false negative findings. Alternatively, infrequent Type I errors, systematic error due to confounds and spurious effects, and a publication bias favoring statistically significant results can produce significant findings supporting erroneous substantive hypotheses (Meehl, 1986). Meehl demonstrates how 70% of published tests of a false substantive hypothesis could be statistically significant. The net result is that virtually all quantitative social science literatures contain a confusing collection of significant and nonsignificant results, and raw counts (or proportions) of statistically significant findings are uninformative (Meehl, 1986). The media violence literature may be a good example of this point. Well-conducted meta-analyses offer a solution by summarizing effects across a literature, assessing variability that might be due to sampling error and artifact, addressing publication biases by conducting failsafe N analyses (Carson, Schriesheim, & Kinicki, 1990; Rosenthal, 1979), and systematically looking for identifiable moderators.

A potential but avoidable limitation in meta-analysis is that NHST can be misused and misunderstood within meta-analyses just as it can in single studies. For example, NHST is often used to test the across-study average effect against the nil–null and to assess homogeneity of effects as an indicator of the presence of moderators. Although low statistical power is less of a problem in the former use, NHSTs should be replaced by (a) risky effect significance tests (see above) to demonstrate a substantial significant effect, (b) equivalence tests (see above) to assess homogeneity of effects, and c) confidence intervals around average effect estimates.

Summary and conclusion

Severe problems with standard NHST exist (Levine et al., 2008). Fortunately, the negative impact of many of the problems associated with standard NHST can be minimized by simple changes in how NHST are used and interpreted. Supplementing the information provided by NHST with information for descriptive statistics, effect sizes, and confidence intervals is strongly advised. Furthermore, several viable alternatives to NHST also exist. These include confidence intervals, using effect or equivalence testing instead of testing standard nil–null hypotheses, increased reliance on descriptive statistics, and meta-analysis. Moreover, NHST and its alternatives need not be mutually exclusive options. The quality of the inference gained from a standard NHST are greatly improved when coupled with the thoughtful examination of descriptive statistics and effect sizes with confidence intervals.

Simple awareness of the inferential challenges posed by NHST and more informed interpretation of findings can overcome problems associated with misunderstanding and abuse. Using NHST mindlessly to make dichotomous support-reject inferences about substantive hypotheses should be avoided. Ensuring sufficient statistical power, interpreting results in light of observed effect sizes (or better defining effect-null hypotheses rather than nil–null hypotheses), confidence intervals, descriptive statistics, and using NHST along with sound research design and measurement would substantially improve the quality of statistical inference. Replication provides a guard against Type I errors and meta-analyses guards against Type II errors. More sophisticated researchers should make use of effect tests and equivalence tests.

None of these solutions is perfect and none are universally applicable. All are subject to misunderstanding and abuse. Nevertheless, more accurate and informed reporting and interpretation, a wider repertoire of data analysis strategies, and recognition that these options are not mutually exclusive are advocated.

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Appendix A

Calculation of a confidence interval for squared semipartial correlation is illustrated with an example with three predictors, using the theory of planned behavior (TPB) framework because TPB postulates attitude, subjective norm, and perceived behavioral control as three predictors of behavioral intention. A simulation data set is used for this example.

Table A1 Zero-Order Correlations Among the Four Variables of TPB

	Intention	Attitude	Subjective Norm		
Attitude	.49***				
Subjective norm	.33***	.36***			
Perceived behavioral control	.23**	.33***	.26***		

^{***}p < .001. **p < .01. *p < .05.

Multiple regression was run with attitude, subjective norm, and perceived behavioral control as predictors and intention as the criterion variable. SPSS produced the output summarized in the table below, except that the semipartial correlations were squared by hand. The results showed that the multiple correlation was significant, R = .520, $R^2 = .270$, F(3, 206) = 25.458, p < .001, and attitude and subjective norm were significant predictors.

Table A2 Regression Results

			95% CI	for b					
	b	SE	LB	UB	β	t	P	$r_{\rm sp}$	$r_{\rm sp}^2$
Attitude	0.555	0.088	0.381	0.729	.415	6.283	<.001	.374	.140
Subjective norm	0.115	0.045	0.027	0.203	.167	2.588	.010	.154	.024
Perceived behavioral control	0.025	0.033	-0.039	0.090	.049	0.774	.440	.046	.002

Note: Confidence intervals for unstandardized coefficient, b, can be obtained from SPSS output; $r_{\rm sp}$ = semipartial correlation. In SPSS, it is labeled as partial correlation. LB = lower bound; UB = upper bound.

The squared semipartial correlation can be used as one kind of effect size for each predictor, assessing its contribution to the explained variance in the criterion variable. The above results indicate that when attitude would be removed from the regression model (i.e., regression is run again with subjective norm and perceived behavioral control as two predictors of intention), the squared multiple correlation (R^2) would be reduced by .140 $(r_{\rm sp}^2$ for attitude), changing from .270 to .130. When subjective norm is removed from the regression model (i.e., regression is run again with attitude and perceived behavioral control), R^2 is reduced by .024 $(r_{\rm sp}^2$ for subjective norm), changing from .270 to .246. When perceived behavioral control is removed from the regression model (i.e., regression is run again with attitude and subjective norm), R^2 is reduced by .002 (r_{sp}^2 for perceived behavioral control), changing from .270 to .268. When the regression is run only with subjective norm and perceived behavioral control as two predictors of intention, the result is R = .361, $R^2 = .130$, F(2, 207) = 15.558, p < .001. The result of a regression analysis that includes only attitude and perceived behavioral control is R =.496, $R^2 = .246$, F(2, 207) = 33.903, p < .001. The result of a regression analysis that includes only attitude and subjective norm is R = .518, $R^2 = .268$, F(2, 207) =37.961, p < .001.

Alf and Graf (1999) presented formulas for calculating confidence intervals for the difference between two squared multiple correlations (i.e., $R_{\rm change}^2$). Squared semipartial correlation for a predictor indicates the difference between squared multiple correlation of the model with the predictor and squared multiple correlation of another model without the predictor. Following the procedure shown by Alf and Graf, a 95% confidence interval calculation for a squared semipartial correlation is illustrated below. Although the current illustration is for a single predictor (i.e., semipartial correlation), the procedure shown by Alf and Graf is also used for a set of predictors and its subset of predictors (i.e., $R_{\rm change}^2$ as the difference between a squared multiple correlation from a set of predictors, A, B, C, & D, and a squared multiple correlation from a subset of predictors, A & B).

For calculating 95% confidence intervals for the squared semipartial correlation for attitude, let $R_{0\rm A}$ be the multiple correlation for a regression with a set of predictors (in this case, attitude, subjective norm, and perceived behavioral control as three predictors) and $R_{0\rm B}$ be multiple correlation for a regression with a subset of predictors (in this case, subjective norm and perceived behavioral control as two predictors). Note that $R_{0\rm B}$ can be obtained either by calculating $\sqrt{R_{0\rm A}^2-r_{\rm sp}^2}$ or by running a regression only with subjective norm and perceived behavioral control and getting the multiple correlation from the output of the regression result as mentioned above. Recall that the multiple correlation for attitude, subjective norm, and perceived behavioral control as a set of three predictors $(R_{0\rm A})$ is .520 and that the multiple correlation for subjective norm and perceived behavioral control as a subset of the predictors $(R_{0\rm B})$ is .361.

$$R_{0B} = \sqrt{R_{0A}^2 - r_{\rm sp}^2} = \sqrt{.270 - .140} = \sqrt{.130} = .361$$

Let R_{AB} be correlation between the full set of predictors (attitude, subjective norm, and perceived behavioral control) and the subset of predictors (subjective norm and perceived behavioral control). A formula for R_{AB} simplified by Alf and Graf (1999) and its calculation for this data set are shown below.

$$R_{\rm AB} = \frac{R_{\rm 0B}}{R_{\rm 0A}} = \frac{.361}{.520} = .694$$

$$R_{AB}^2 = .482$$

The variance of the difference between the multiple correlation for attitude, subjective norm, and perceived behavioral control as a set of three predictors (R_{0A}), and the multiple correlation for subjective norm and perceived behavioral control as a subset of the predictors (R_{0B}) is shown below.

$$\operatorname{var}_{\infty}(R_{0A}^{2} - R_{0B}^{2}) = \frac{4R_{0A}^{2}(1 - R_{0A}^{2})^{2}}{n} + \frac{4R_{0B}^{2}(1 - R_{0B}^{2})^{2}}{n}$$

$$- \frac{8R_{0A}R_{0B}[0.5(2R_{AB} - R_{0A}R_{0B})(1 - R_{0A}^{2} - R_{0B}^{2} - R_{AB}^{2}) + R_{AB}^{3}]}{n}$$

$$= \frac{4 \times .270(1 - .270)^{2}}{210} + \frac{4 \times .130(1 - .130)^{2}}{210}$$

$$- \frac{8 \times .520 \times .361[0.5[(2 \times .694) - (.520 \times .361)](1 - .270 - .130 - .482) + (.694)^{3}]}{210}$$

$$= 0.0027 + 0.0019 - 0.0029 = 0.0017$$

Finally, calculation of the 95% confidence interval is shown below.

95% confidence limits =
$$(R_{0A}^2 - R_{0B}^2) \pm 1.96 \sqrt{\text{var}_{\infty}(R_{0A}^2 - R_{0B}^2)}$$

= $r_{\text{sp}}^2 \pm 1.96 \sqrt{\text{var}_{\infty}(R_{0A}^2 - R_{0B}^2)}$
= $.140 \pm 1.96 \sqrt{0.0017} = .140 \pm 0.081$

Thus, for the squared semipartial correlation for attitude, the 95% confidence interval is $.059 \le r_{\rm sp}^2 \le .221$.

For calculating 95% confidence intervals for the squared semipartial correlations of subjective norm and of perceived behavioral control, the above formula and the same calculation procedure can be used. However, although not shown here, the calculation of confidence intervals for squared semipartial correlations of subjective norm and of perceived behavioral control yielded the lower limit of its 95% confidence interval to be below the value of zero, even when a predictor has a statistically

significant regression coefficient (i.e., the result showed that subjective norm was a statistically significant predictor and had a small squared semiparital correlation). Researchers may encounter similar phenomena with their data. Normally, a value below zero is a mathematically impossible number because "in any sample, the multiple correlation between a criterion and a full set of predictors can never be less than the multiple correlation between that criterion and a subject of those predictors" (Alf & Graf, 1999, p. 74). Nevertheless, numerically it can happen and should not result in concluding no statistical significance for that predictor because the statistical testing provided by SPSS is not for a squared semipartial correlation but for a regression coefficient. If the difference between $R_{\rm 0B}$ and $R_{\rm 0A}$ (i.e., $R_{\rm change}^2$) is not significant according to an F test and/or very small, "then the approximation for this case will be inappropriate, regardless of sample size ... it is not possible to use these approximation methods to make a significant test" (Graf & Alf, 1999, p. 118). Therefore, caution should be exercised for confidence intervals for statistically insignificant $R_{\rm change}^2$ and/or very small square semipartial correlations.

Le guide du test de signification basé sur l'hypothèse nulle et de ses alternatives, à l'usage des chercheurs en communication

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Résumé

Cet article offre un guide pratique pour l'utilisation du test de signification basé sur l'hypothèse nulle (NHST) et de ses alternatives. Il se concentre sur la manière d'améliorer la qualité de l'inférence statistique dans la recherche quantitative en communication. Une divulgation plus cohérente de la statistique descriptive, une évaluation de l'ampleur de l'effet, des intervalles de confiance autour de l'ampleur de l'effet et une augmentation de l'efficacité statistique des tests mèneraient à de nécessaires améliorations des pratiques actuelles. Des alternatives sont commentées, dont les intervalles de confiance, les tests d'effet, les tests d'équivalence et la méta-analyse.

Anleitung und Alternativen zum Nullhypothesen-Signifikanztesten für Kommunikationsforscher

Dieser Artikel bietet eine praktische Anleitung zum Gebrauch von NullhypothesenSignifikanztests und zu möglichen Alternativen. Der Fokus des Artikels liegt dabei auf der
Qualitätsverbesserung von statistischen Inferenzschlüssen in der quantitativen
Kommunikationsforschung. Eine konsistentere Dokumentation und Offenlegung von deskriptiver
Statistik, Effektgrößen, Konfidenzintervallen der Effektgrößen und die Verbesserung der
statistischen Power von Tests würden zu einer Optimierung der bislang üblichen Praxis führen.
Alternativen wie Konfidenzintervalle, Effekttests, Äquivalenztests und Meta-Analysen werden
diskutiert.

Una Guía para los Investigadores de Comunicación sobre la Puesta a Prueba de la Significancia de la Hipótesis Nula y sus Alternativas

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Resumen

Este artículo ofrece una guía práctica para el uso de la puesta a prueba de la significancia (NHST) de las hipótesis nulas y sus alternativas. El enfoque se centra en mejorar la calidad de la inferencia estadística de la investigación de comunicación cuantitativa. Reportes estadísticos descriptivos más consistentes, estimaciones del efecto de tamaño, intervalos de confianza alrededor del efecto de tamaño, y el incremento del poder estadístico de las pruebas podrían conducir hacia mejoras necesarias de las prácticas corrientes. Las alternativas, incluyendo intervalos de confianza, pruebas de efecto, pruebas de equivalencia, y meta-análisis, son discutidas.

传播研究指南:零假设显著性之检测与其它选择

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本文提供零假设显著性检测(NHST)的操作指南和其它选择。 重点在改进定量传播研究中统计推理的质量。报告描述性数据, 效应度,置信区间的一致性和提高测试的统计能力都能给现在的惯例有所改进。我们也讨论了其它选择,包括置信区间, 效应检测, 相等性检测和元分析。

귀무가설 유의성검증과 대안에 대한 커뮤니케이션 연구자들의 지침

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요약

본 논문은 귀무가설 유의성 검증(NHST)의 사용과 이의 대안들에 대한 지침에 관한 것이다. 본 연구의 중점은 양적 커뮤니케이션 연구에 있어 통계학적 추론의 질을 향상시키고자 하는데 있다. 기술 통계학의 보다 일관적인 보고, 효과크기의 예측, 효과크기를 둘러싼 신뢰구간들, 그리고 테스트에서의 통계학적 파워의 증가들은 현재보다 더욱 좋은 연구를 위하여 필요한 것 들이다. 신뢰구간들, 효과 시험들, 동등 시험들, 메타 분석들 등의 대안들이 논의되었다.