

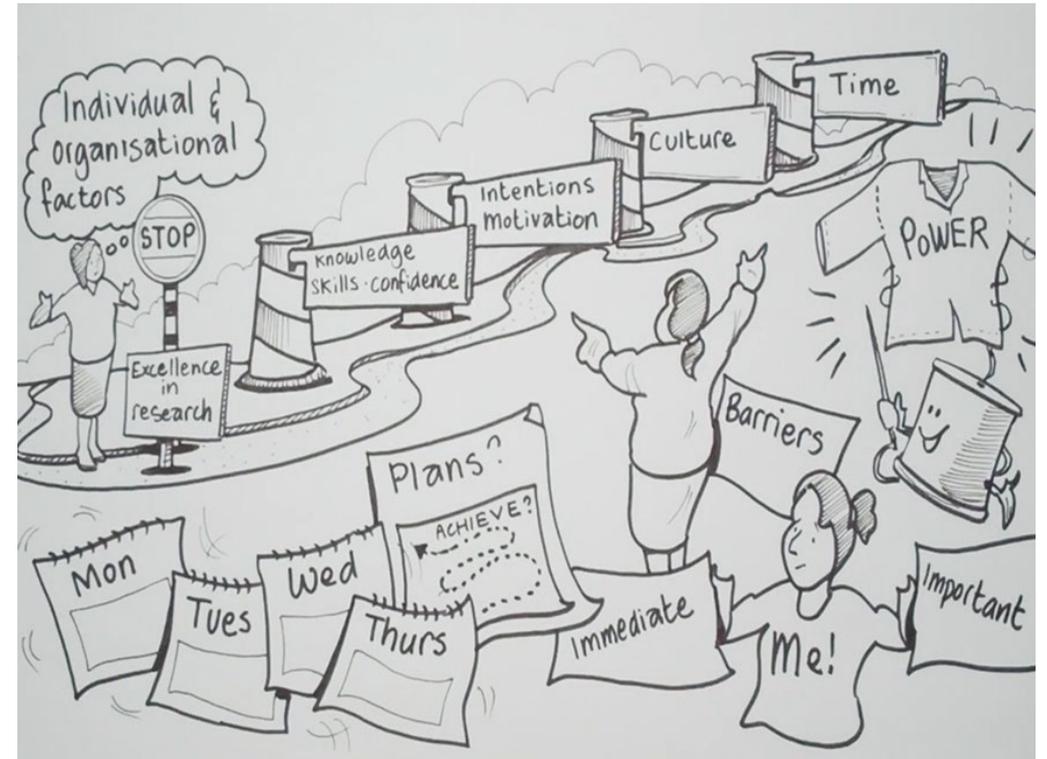
Insight into action: How can we support behaviour change?

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Why behaviour change

- 17 years to get evidence into practice.¹
- 30 SLRs of techniques to improve practice – no magic bullets.^{2,3}
- The bottom line – whatever the evidence – medicines, therapies, lifestyle recommendations. . typically . . . someone to “do” something/something differently (more or less of a specific action)
- Behaviour change? The things that *DETERMINE* our behaviours (or – we can say the barriers and facilitators).



Why behaviour change

- We need. . . .
 - To assess individual determinants
 - Tailor interventions accordingly
 - *Theory* – to *assess* and to *intervene*
- *WHY? Let me demonstrate.*

Why? Let me demonstrate – four questions 1 min each

- Type in the chat. . .

1. What are the barriers to your engaging in a health behaviour?
(e.g. What are the barriers to more exercise/going to the gym/running?
What are the barriers to healthy eating?
That is – what stops you from substituting lettuce for chips? What are the barriers to quitting smoking?)



Why? Let me demonstrate – four questions 1 min each

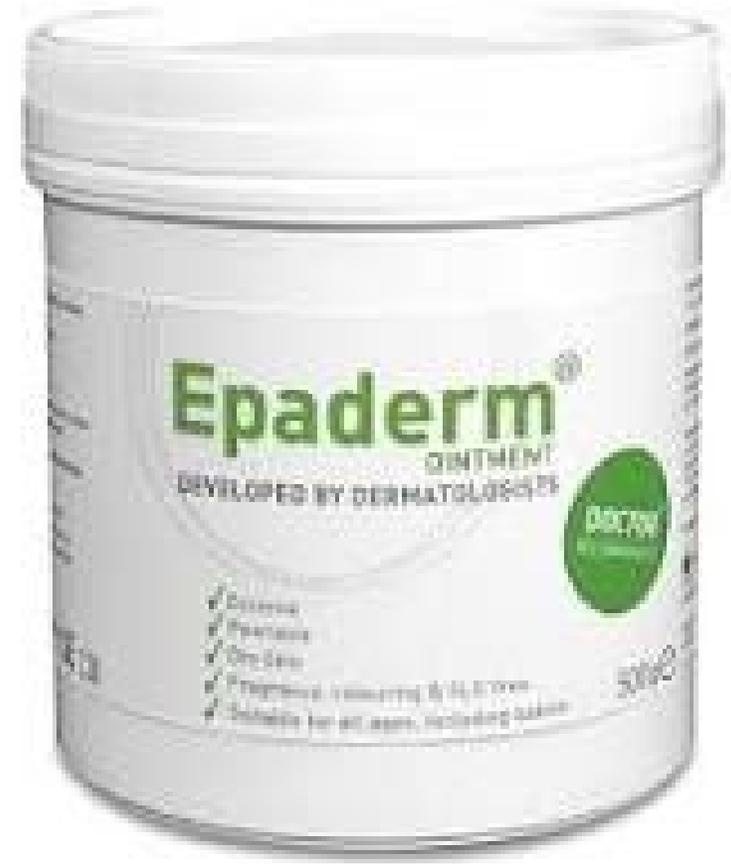
- Type in the chat. . .

2. You are a patient/service user.

What are the barriers to your adhering to your treatment plan?

(e.g. applying emollients?

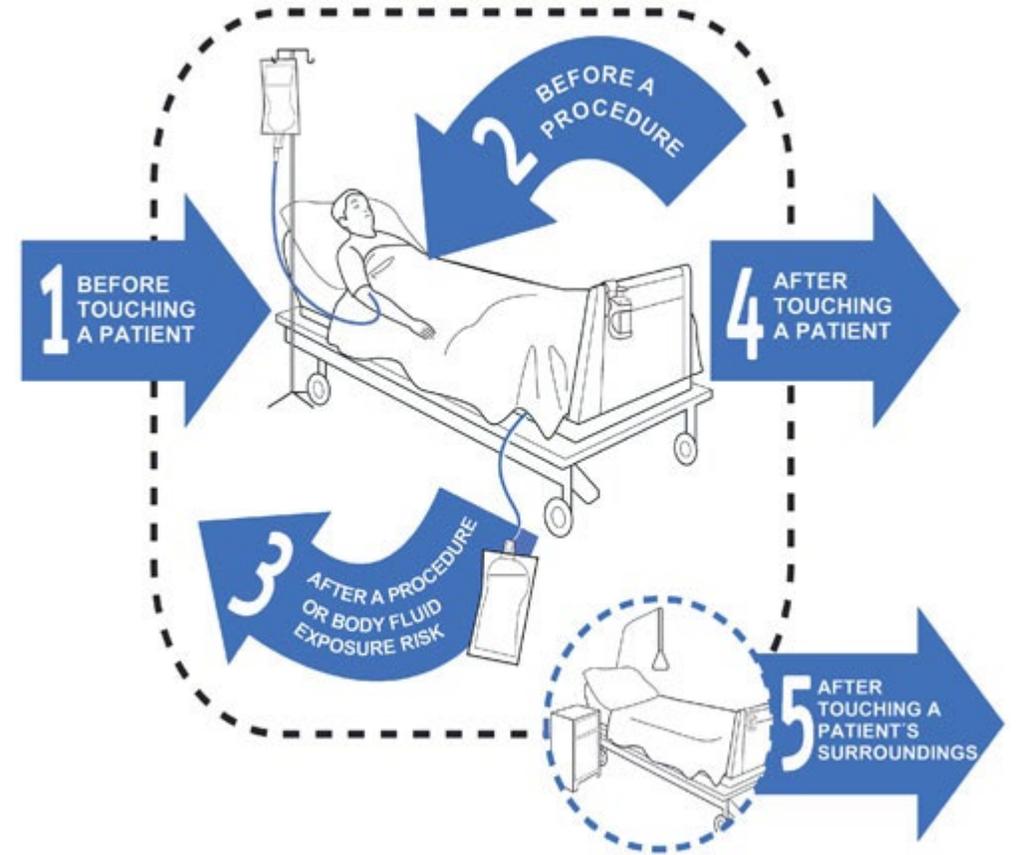
Monitoring your peak flow? Using the preventer inhaler? Dip-sticking your urine? Taking your meds?)



Why? Let me demonstrate – four questions 1 min each

- Type in the chat. . .

3. You are a care assistant (or a doctor, or a nurse or any secondary care front line practitioner). What are the barriers to your engaging in hand hygiene according to the WHO five moments?



Why? Let me demonstrate – four questions 1 min each

- Type in the chat. . .

4. What does your institution do to support optimal practice? (Think about after a SI, or never event, or day to day)

Why use theory to assess, tailor, underpin interventions? One I prepared earlier

Our health behaviour (cake, wine, exercise)	Patients concordance behaviour	Our implementation behaviour
Lazy, enjoyment/lack of enjoyment, motivation, stress, can't be bothered, forget, my mates do it.	Don't understand benefits, think they know better, don't know how.	Time, staffing levels, resources, forget, the consultant tells me to.

A six stage process

1. Form team
2. Specify and define the behaviour
3. Identify barriers to the target behaviour
4. Co-develop theoretically underpinned interventions to address barriers
5. Implement interventions
6. Evaluate

Specify and define the behaviour ⁴

Action – do what?

Actor – who does it?

Context – under what circumstances, where?

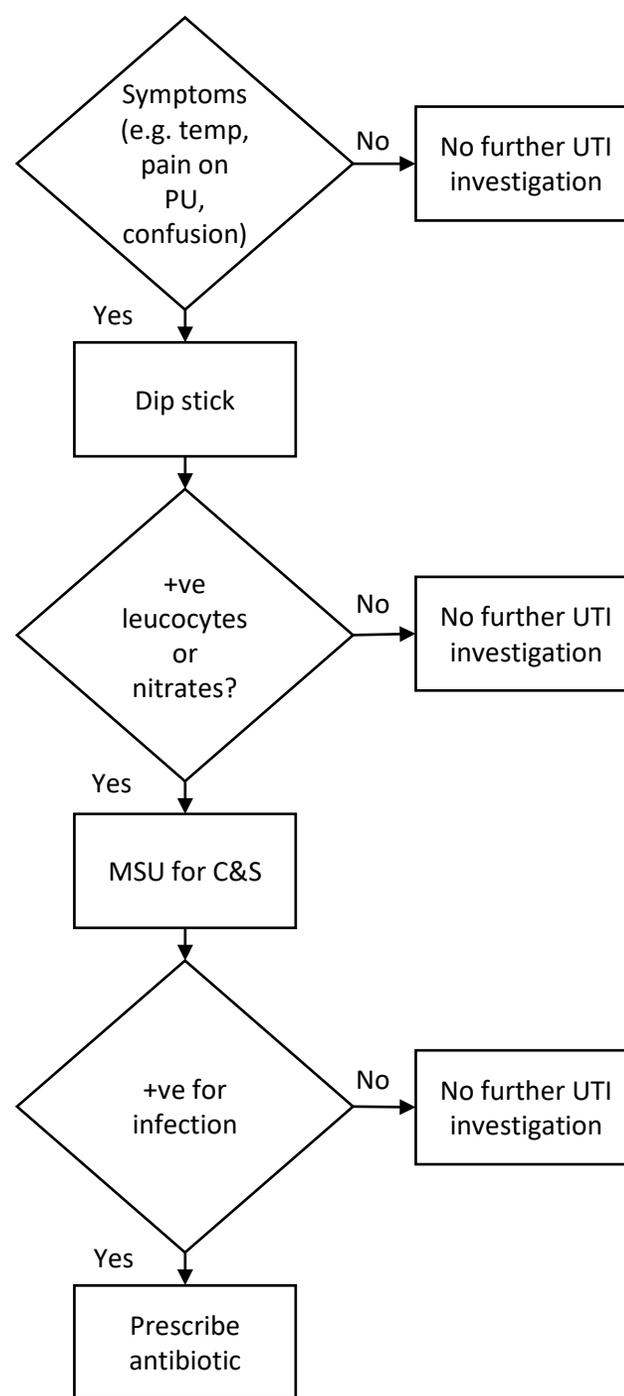
Target – who do we do “it” to/with?

Time – when and how frequently?

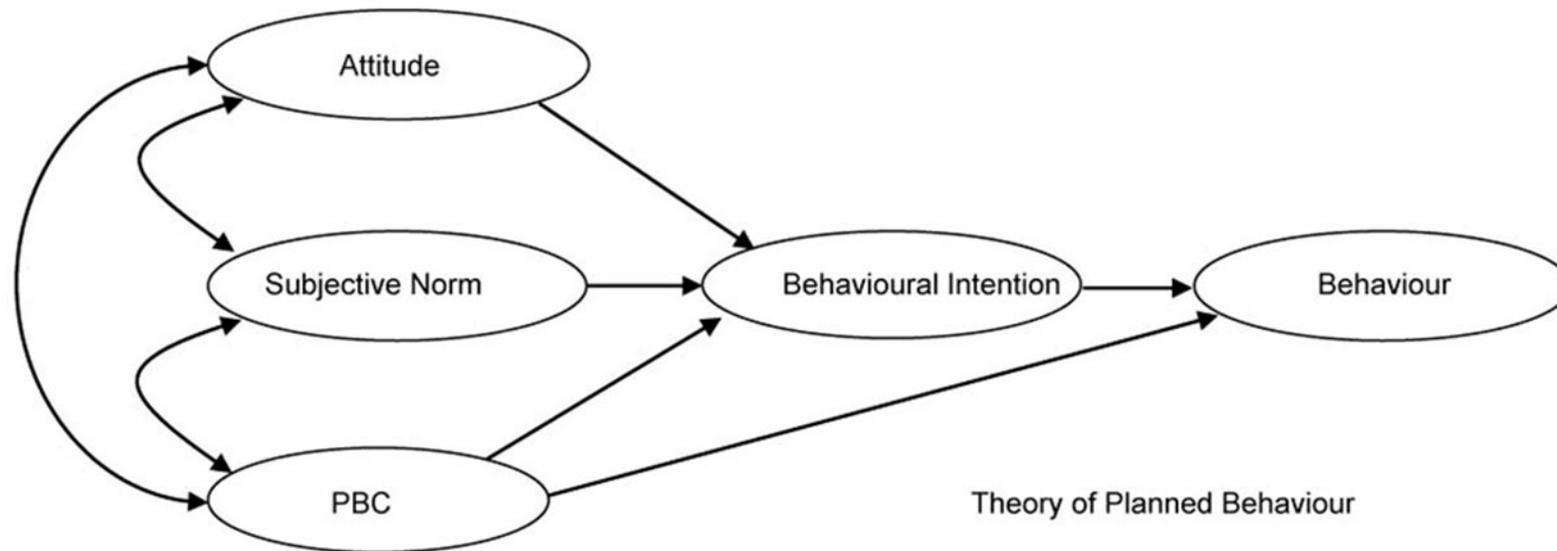
Its not always easy. . . .

- Junior doctors prescribe antibiotics for non-confirmed UTIs.
- Is this the behaviour?
- Audit and dominos

Process mapping



Problems with theory⁵



Making it easier (remember **why?** 1 – cognitive biases)

Domain ₆	Meaning
Knowledge	Does the person know they should be doing behaviour X? Do they understand the evidence?
Skills	Does the person know how to do the behaviour (X)? How easy or difficult does the person find behaviour?
Beliefs about capabilities	How easy is it for the person to do X? Have they previously encountered problems? How confident are they that they can overcome difficulties?
Motivation, goals, priorities	How much do they want to do X? How much do they feel the need to do X? Are there incentives to do X? Are there competing priorities?
Environment	To what extent do physical or resource factors hinder X? Are there any competing tasks or time constraints?
Beliefs about consequences	What do they think will happen if they do X? What are the costs/consequences of doing X? Does the evidence suggest that doing X is a good thing?
Emotion	Does doing X evoke an emotional response? To what extent do emotional factors help or hinder X? How does emotion affect X?
Social influences	To what extent do social influences help or hinder X? Will the person observe others doing X?
Role/identity	How much is doing X part of the person's identity? How much doing X important to the person?
Memory/attention/ decision processes	Can the person remember to do behaviour X? Do they usually do X?
Action planning	Does the person put plans in place to ensure they do the behaviour?

You will never guess . . . don't try . . co-create!

- You have to walk in the shoes of the group in question!
- For example . . . in the chat box . . .

What are the barriers for a nursing assistant in collecting and sending a mid-stream urine sample for C&S?

Why? 2. It allows us to select strategies (ingredients) that WORK! 😊

Technique for behaviour change	Techniques judged to be effective in changing each construct domain										
	1	2	3	4	5	6	7	8	9	10	11
Goal/target specified: behaviour or outcome	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Monitoring	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Self-monitoring	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Contract	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Rewards; incentives (inc. self-evaluation)	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Graded task, starting with easy tasks	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Increasing skills: problem-solving, decision-making, goal-setting	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Stress management	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Coping skills	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Rehearsal of relevant skills	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Role-play	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Planning, implementation	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Prompts, triggers, cues	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Environmental changes (e.g. objects to facilitate behaviour)	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Social processes of encouragement, pressure, support	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Persuasive communication	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Information regarding behaviour, outcome	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Personalised message	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Modelling/demonstration of behaviour by others	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Homework	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Personal experiments, data collection (other than self-monitoring of behaviour)	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Experiential: tasks to gain experiences to change motivation	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Feedback	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨

- 1 Social professional role
- 2 Knowledge
- 3 Skills
- 4 Bel Capabilities
- 5 Bel Consequences
- 6 Motivation/ goals/priorities
- 7 Memory/ attention/ decision processes
- 8 Env' context/ resources
- 9 Soc' Influences
- 10 Emotion
- 11 Action planning



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1. Any knowledge deficit? Prerequisite – but not enough?
2. Environmental barriers? E.g. enough kit? (time and staffing is a whole presentation)
3. Then - the biggest, baddest, most challenging. . . .

Some examples of cool interventions

- Main advice here. . . . BE CREATIVE – DON'T GET STUCK IN “workshop/poster land”. . forget its real . . . if the world was your oyster. . . .
- Talking cones (Barrier “I forget”, Domain – memory attention and decision processes, BCT – prompt, trigger, cue)
- MRSA (YMCA) on hospital radio



Some examples of cool interventions

- A certificate and a day extra annual leave
- “sister”
- Motorway service stations
- The woman in the opposite bed



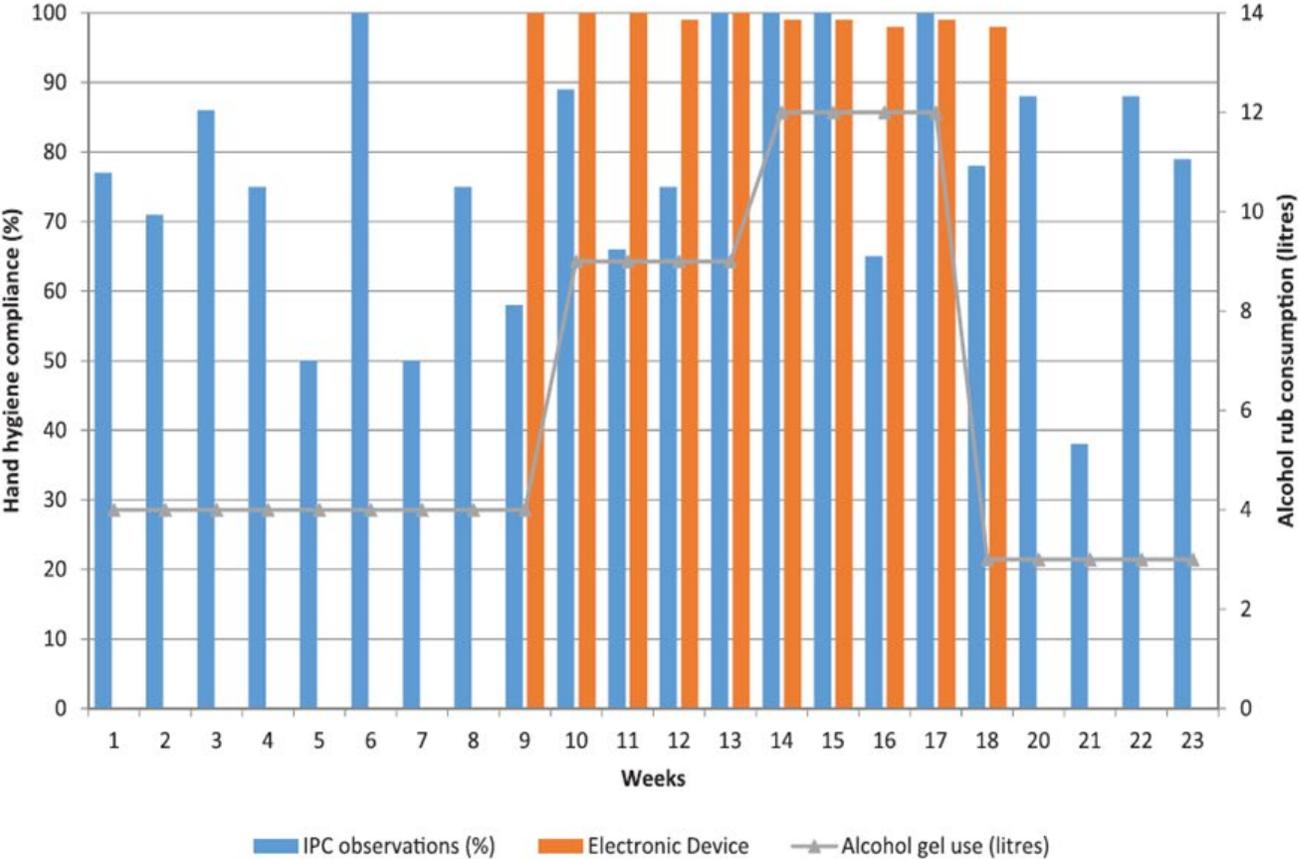
Before we implement consider – APEASE^{9,10}

- Affordability
- Practicability
- Effective? (at this stage based on logic)
- Acceptable
- Safety/side effects (e.g. opportunity cost)
- Equity



Why co-design, why appease? What happens if the intervention is not acceptable??¹¹

Figure 3. HH according to IPC observations, alcohol rub usage and electronic device before, during and after system installation.



Or . . (borrowed from a colleague – John Bibby)



Evaluate – structure, **process** and outcome – again may need some creativity

Donabedian¹²

- Structure (e.g. kit)
- **Process - behaviour** – is it now happening (notes audits, observations) (Logic model)
- Outcomes – incidences (e.g. HCAI/AKI/PU/falls)



Questions

And stay in touch!

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