

For the Change Makers

Professor Ivo Vlaev

How quality improvers can incorporate behavioural insights to change behaviours







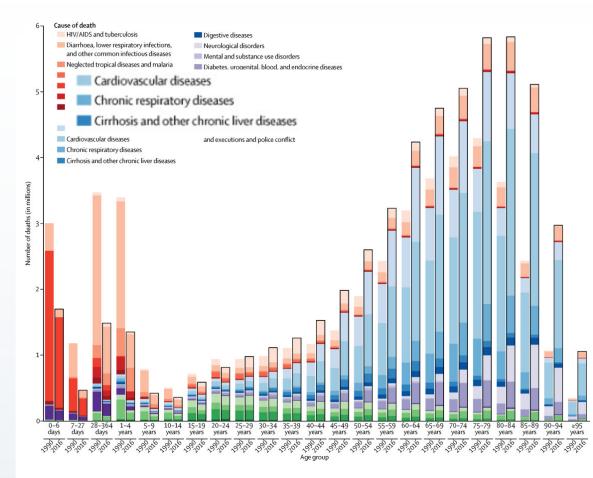








Why talk about behaviour change?

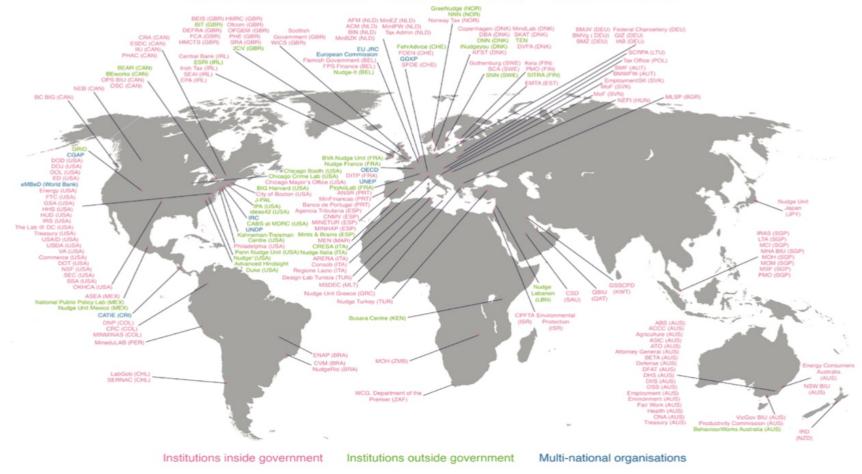


72.3% of deaths attributable to noncommunicable diseases

largely attributable
to modifiable
behaviours
e.g physical activity,
diet, smoking,
alcohol

Naghavi et al., 2017; *The Lancet*

Behavioural Insights and Public Policy: Institutions applying BI to public policy around the world



Source: OECD Research 2018²⁸

Behaviour is



Anything a person does in response to internal or external events

Actions may be

overt (motor or verbal) and directly measurable or,

covert (activities not viewable but involving voluntary muscles) and indirectly measurable

Physical events that occur in the body and are controlled by the brain



Is this a behaviour?

Walking in the park <a>Ims

Having the confidence to ride a bike 🗵

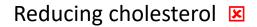
Taking a statin tablet 🗹

Losing weight 🗵

Speaking with a louder voice

Intending to eat 3 pieces of fruit a day 🗵

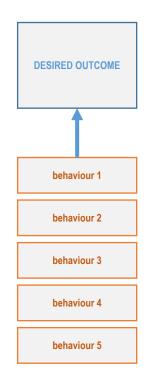
Smiling when talked to 🗹







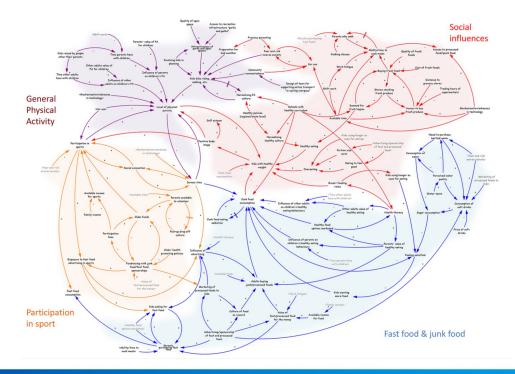
Our first task is to establish which behaviours are necessary to achieve the desired outcome



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Our first task is to establish which behaviours are necessary to achieve the desired outcome

System map: Obesity in a Community (Allender et al 2016)



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Health engagement zones in the care system

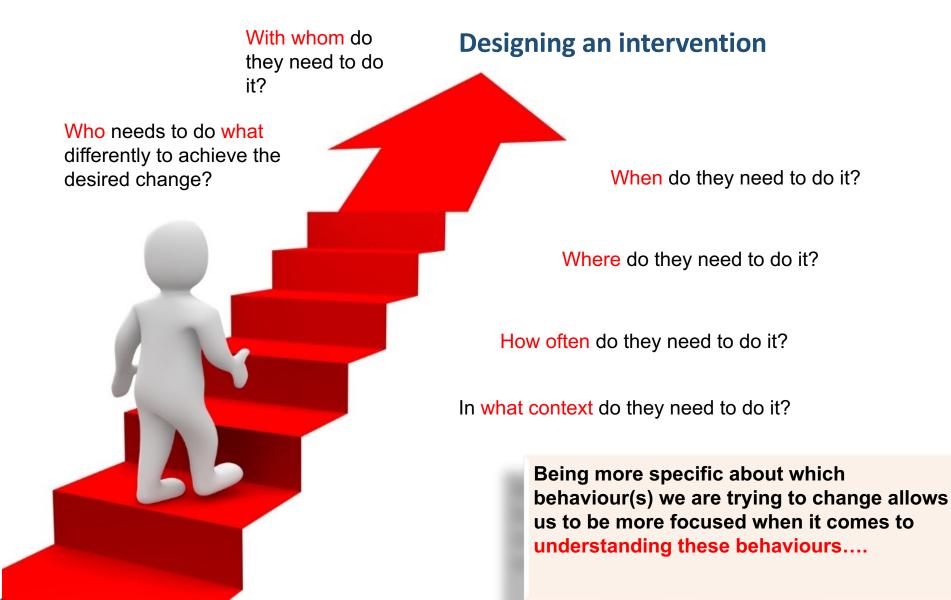


SYSTEMATIC REVIEW published: 25 January 2022 doi: 10.3389/fphar.2022.798916



A Systematic Review of Nudge Interventions to Optimize Medication Prescribing

Usman Talat^{1†}, Kelly Ann Schmidtke^{2*†}, Saval Khanal^{3†}, Amy Chan⁴, Alice Turner⁵, Robert Horne⁶, Tim Chadborn⁷, Natalie Gold^{8,9}, Anna Sallis⁷ and Ivo Vlaev^{3*†}



Behavioural specification

Task: Describe the target behaviour according to who needs to do what, when, where, how often and with whom	
Target behaviour	Cleaning hands using alcohol gel
<i>Who</i> needs to perform the behaviour?	All hospital staff
What do they need to do differently to achieve the desired change?	Clean hands using alcohol gel
When do they need to do it?	During each shift
Where do they need to do it?	On hospital premises
<i>How often</i> do they need to do it?	At the start of each shift After using the toilet Before physical contact with pa- tients After physical contact with patients, visitors or staff members After contact with potentially con- taminated materials
With whom do they need to do it?	Alone

What is a behaviour change intervention?





An action or set of activities to get individuals to behave differently from how they would act without such an intervention

It can change ... how people behave how often they perform a behaviour how long they act for over what time period



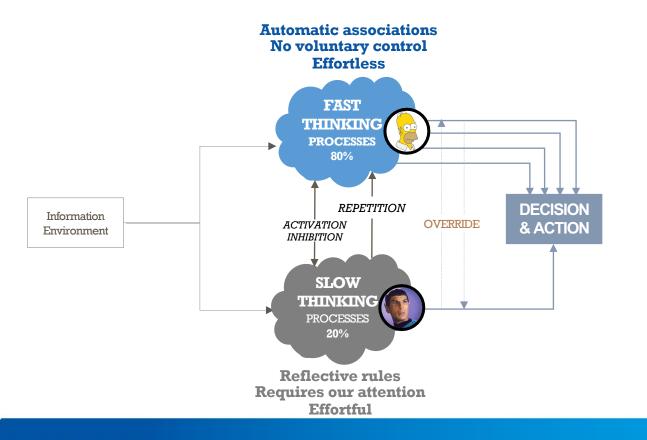


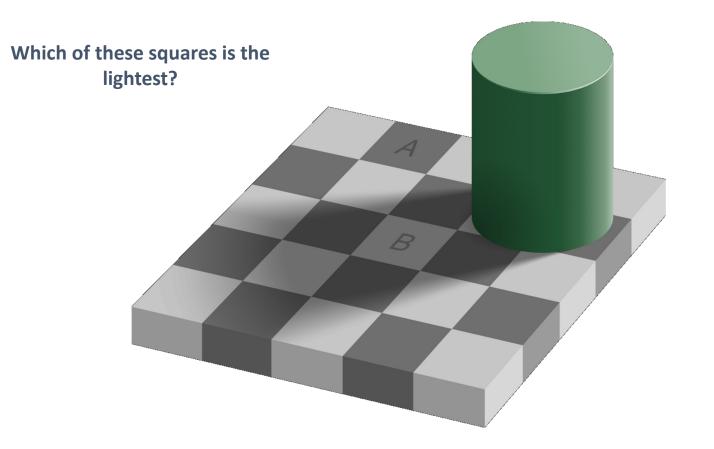




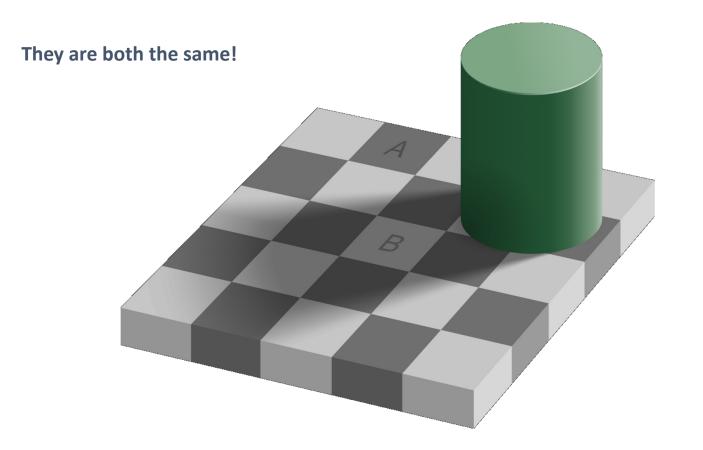
Two types of thinking

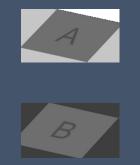
An interactive and complex division of labour producing behaviour





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Physicians were asked to read about a new asthma medicine:

Clinical data show that a new drug leads to significant reductions in both daytime and nighttime symptoms as well as improved lung function.

The trials also showed some reports of serious exacerbations leading to ER visits in the first few weeks of use. Loss aversion is the tendency to prefer avoiding losses than acquiring gains. The opportunity to gain something is highly pleasurable. But the fear of losing something is emotionally intense and provokes strong negative feelings.

> On a 1-to-10 (low-to-high) scale what is your enthusiasm for adopting the new medicine?

DATA POSITIVELY (GAIN) FRAMED: 95% of patients were not hospitalised with exacerbations during the first month of therapy

DATA NEGATIVELY (LOSS) FRAMED: 5% of patients were hospitalised with exacerbations during the first month of therapy **6.5** AVERAGE RATING

4.7 AVERAGE RATING

Wheeler MA. Applying Behavioral Economics to Research Physician Decision Making.

 $\label{eq:action} Available at: http://www.quirks.com/articles/applying-behavioral-economics-to-research-physician-decision-making and the second s$

Tastes of Behavioural Science

Think about two types of words:

Words with the letter 'k' in the first position, and

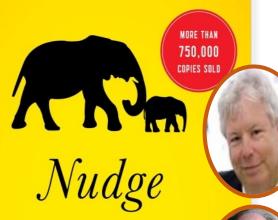
• Words with the letter 'k' in the third position.

Which type of word is more common in English?

Priming (availability) bias like bake ink take acknowledge

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NEW YORK TIMES BESTSELLER



Improving Decisions About

Health, Wealth, and Happiness

Richard H. Thaler and Cass R. Sunstein

Revised and Expanded Edition

"One of the few books I've read recently that fundamentally changes the way I think about the world." —Steven D. Levitt, coauthor of *Freakonomics* **Richard Thaler** Professor of Economics University of Chicago Behavioural Insight Team, UK Cabinet Office

Cass Sunstein Professor of Law Harvard University Regulatory Czar, Obama Administration **Nudge** is any aspect of the environment that *alters people's behaviour in a predictable way* without forbidding any options or significantly changing their economic incentives.

Libertarian paternalism is the idea

that it is both possible and legitimate for private and public institutions to affect behaviour (in order to make their lives longer, healthier, and better) while also respecting freedom of choice

Consider this...



Schiphol Airport, Amsterdam 80% decline in 'spillage'

And this...



Lake Shore Drive Chicago 36% fewer crashes



And this...

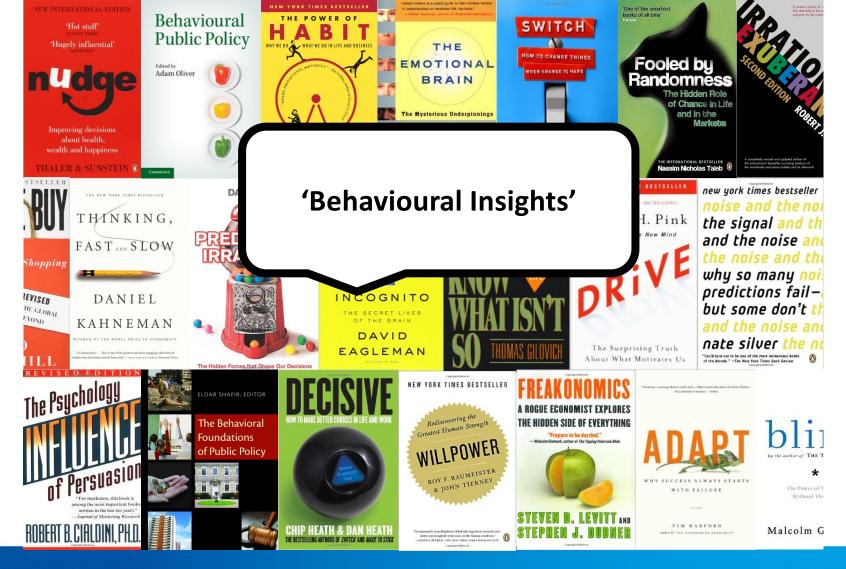


The power of cute

Video link: www.youtube.com/watch?v=s7YVCezBVtQ







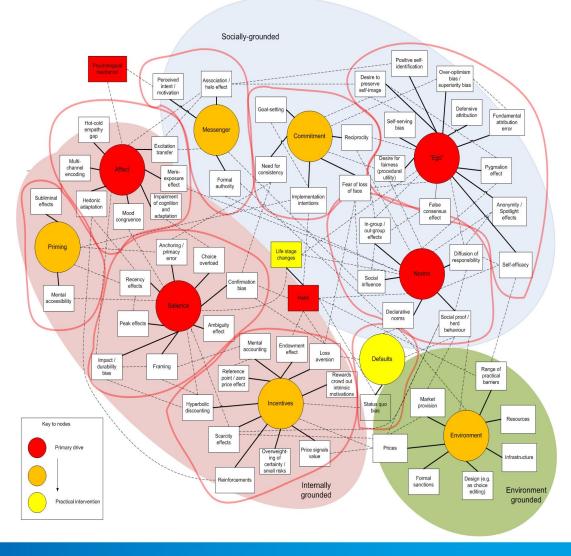
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Despite a plethora of reports, they fail in a large part to provide an operating framework for practitioners to use

The proven automatic effects on behaviour were grouped and labeled

MINDSPACE was born!



Engineering environments for better behaviours using MINDSPACE: 36 effects on behaviour grouped into 9 principles



Messenger Incentives Norms Defaults Saliency Priming Affect Commitment Ego

MINDSPACE EXPLAINED

MESSENGER

We are heavily influenced by who communicates information to us The weight we give to information depends greatly on the instinctive reactions we have to the source of that information

INCENTIVES

We often respond to incentives using mental shortcuts Incentives are used as a mechanism to motivate

behaviour change but we often respond to them in strange, but predictable ways

NORMS

We tend to do what those around us are already doing We behave in ways that are influenced by the

explicit or implicit behavioural expectations, or rules, of the society or groups we belong to

DEFAULTS

We 'go with the flow' of pre-set options Many decisions we take have a default option, whether we recognise it or not. It is seen that we have an in-built bias to accept the default, even if it has significant consequences

SALIENCE

We respond to things that are novel and that we can understand

We subconsciously filter out much of the information we receive. As a consequence our behaviour if greatly influenced by what our attention is drawn to

PRIMING

Our behaviour is often influenced by subconscious cues

We act in ways that can be altered if we are exposed to certain cues beforehand - such as sights, words or sensations

AFFECT

Emotional associations can powerfully shape the way we behave

We are strongly influenced by our feelings and emotions. Emotional responses can be rapid, so that we experience a behavioural reaction before we know what we are reacting to

COMMITMENT

We seek to be consistent with our public promises, and reciprocate acts We tend to procreatinate and delay taking

decisions that are in our best interests. Commitment devices are widely used to counter our will-power weaknesses

EGO

We act in ways that make us feel better about ourselves We tend to behave in ways that support the

impression of a positive and consistent selfimage.

WHAT IS MINDSPACE?

Influencing behaviour is central to public policymaking. Major advances in understanding what determines our behaviour means that we now have a new set of potentially powerful tools to use in challenging areas such as crime, obseity and recycling activities.

MINDSPACE outlines nine robust influences on human behaviour and change. These principles are underpinned by considerable research from the fields of social psychology and behavioural economics. They are therefore presented as the most robust effects that policy-makers should understand and, if appropriate, use.

MINDSPACE: Influencing Behaviour Through Public Policy Authors: Paul Dolan, Michael Hallsworth, David Halpern, Dominic King, Ivo Vlaev Find out more about MINDSPACE at

www.instituteforgovernment.org.uk/content/133/mindepace-influencing-behaviourthrough-public-policy



Havê yôu	Did you taken into account the following?
got the right Messenger?	 We are more likely to act on information if the messenger has authority and expertise (either formally or through life experience) and if we can associate with them (if they are like us in some way)
got the Incentives right?	 We dislike losses more than we like gains of an equivalent amount We live for today at the expense of tomorrow but tomorrow is not so strongly preferred to the day after We overweight small probabilities, which partly explains the popularity of lotteries
tapped into the appropriate Norms?	We are influenced by what those around us are doing or whose behaviour our attention is drawn to
thought about the Default option?	$\ensuremath{\bullet}$ We go with the status quo or default option, and will rarely opt out from whatever is the preset option
enhanced the Salience of the information?	We respond better to information that grabs our attention and that we can easily understand
accounted for Priming effects?	We are influenced by prior exposure to sights, smells and sounds, often outside our conscious awareness
tapped into the right Affect (feelings)?	$\ensuremath{^\circ}$ We are influenced by our emotional responses to words, images and events
got the right Commitment devices?	We try to be consistent with our commitments and promises, especially when they are made public
got the Ego effect right?	 We try to act in ways that are consistent with the images we have of ourselves, and when beliefs and behaviour come into conflict, it is often our beliefs that get altered

INFLUENCING BEHAVIOUR THROUGH



New insights from behavioural sciences could lead to significantly improved outcomes, at lower cost than conventional policy tools



Nowadays there are several operating frameworks for practitioners to use

Our acts are often influenced by subconscious cues





Despite traditional communication of 'motivational' benefits versus risks, use of hand sanitizer was too low

Health Psychology

© 2015 American Psychological Association 0278-6133/15/\$12.00 http://dx.doi.org/10.1037/hea0000239

BRIEF REPORT

"Priming" Hand Hygiene Compliance in Clinical Environments

Dominic King Imperial College London Ivo Vlaev University of Warwick

Ruth Everett-Thomas and Maureen Fitzpatrick University of Miami Miller School of Medicine Ara Darzi Imperial College London

David J. Birnbach University of Miami Miller School of Medicine

Warwick Business School

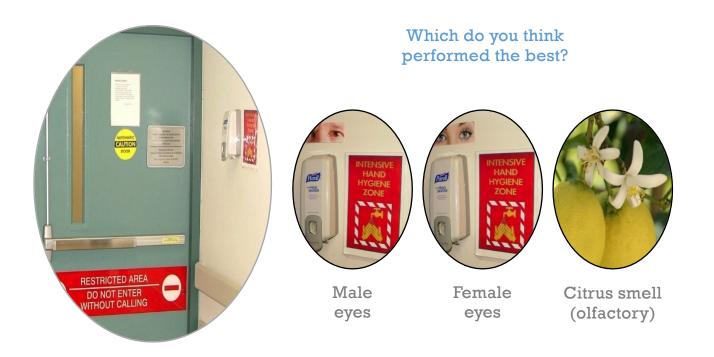
Our acts are often influenced by subconscious cues



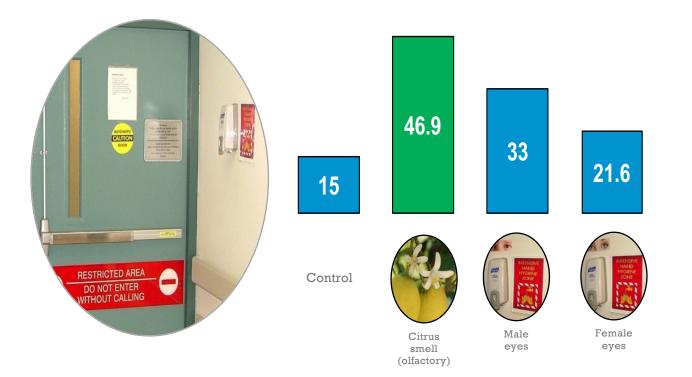
Taking learnings from behavioral science, three options were tested:



Our acts are often influenced by subconscious cues



Our acts are often influenced by subconscious cues



wbs.ac.uk

Environmental Engineering to increase Hand-Hygiene Compliance



Kelly Schmidtke, Abid Hussain, David Birnback, Joachim Marti, Tom Marshall, Kristopher Arheart, Gerard Hodgkinson, and Ivo Vlaev The Health Foundation

Design/Methods in Birmingham

Are two primes better than one? Will the primes' effects persist over a longer duration?



Renal



Haematology/ Oncology

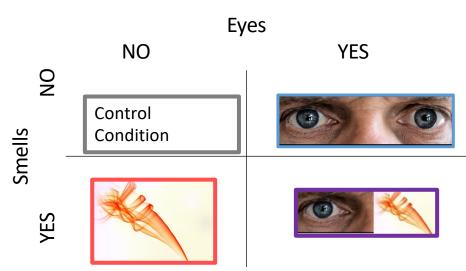


Gantt Chart.

Upper Gl



Admissions



	Jan					Fe	ь			Ma	r			Apr					Ma	9			Jun				Jul					Aug	,			Sep		
	1	8	15	22	29	5	12	19	26	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	3	10	17
Observation Trainign																																						
Intall ScentAir Equitme	nt																																					
Vard 03-Observations											Bo	th						Eye	rs -						Co	nt Ju	Jn 16	Jul	28			Sm	el					
Vard t2-Observations											Co	nt M	lar10	- Ap	r21			Both					Smell					Eyes										
Vard 19-Observations											Sm	el						Cont Apr28-Jun9			Eyes				Both													
Vard 20-Observations											Ege	s						Sm	ell						Bo	th						Co	nt A	ug4	- Se	p15		

Design/Methods

Title:	IRAS project ID:	Sponsor reference:	Primary investigator:
Environmental Engineering to Increase Hand-	212973	2016069ID	Ivo Vlaev
Hygiene Compliance			

Circle the item in each row that describes the current period of observation

Ward:	3		12	19	20
Day:	Monda	Y	Wednesday		Other:
Time:	9:15 - 10:15	10:30 - 11:30	1:30 – 2:30	2:45 – 3:45	Other:
Observer:	Schmidt	ke	Auila		Other:

Observer Signature	/ / Day Month Year
How many people asked you why you were on this ward?	
Describe any problems you experienced (write on external page if necessary).	For each problem, say whether the CI should be notified? (yes/no)

Ward	Date	Schmidt	Aujla	Patel	Male	Female	Doctor	Nurse	Other	Visitor	Gel
:	3 3/13/2017	1	0	0	0	1	0	0 0	1	0	0
:	3 3/13/2017	1	0	0	0	1	0	1	0	0	0
:	3 3/13/2017	1	0	0	0	1	0	1	0	0	1
	3 3/13/2017	1	0	0	0	1	0	0	0	1	0
:	3 3/13/2017	1	0	0	0	1	0	0	1	0	0
	3 3/13/2017	1	0	0	0	1	0	0	0	0	0
	3 3/13/2017	1	0	0	1	0	0	0 0	1	0	0
	3 3/13/2017	1	0	0	0	1	0	1	0	0	0
	3 3/13/2017	1	0	0	0	1	0	0 0	0	1	0
	3 3/13/2017	1	0	0	1	0	0	0 0	1	0	0
	3 3/13/2017	1	0	0	0	1	0	0 0	1	0	0
	3 3/13/2017	1	0	0	1	0	0	0 0	1	0	1
	3 3/13/2017	1	0	0	1	0	0	0 0	1	0	1
	3 3/13/2017	1	0	0	1	0	0	0 0	1	0	0
	3 3/13/2017	1	0	0	0	1	0	0 0	1	0	0
	3 3/13/2017	1	0	0	0	1	0	0 0	1	0	0
	3 3/13/2017	1	0	0	0	1	0	1	0	0	0
	3 3/13/2017	1	0	0	0	1	0	0 0	1	0	0
	3 3/13/2017	1	0	0	1	0	0	0 0	1	0	0
		- 1	^	0		1			1	0	0

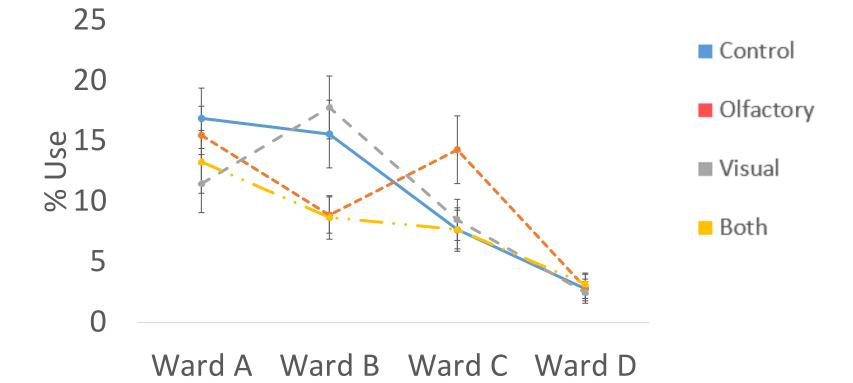
In the table below, each row represents a unique ward entry.

Put an X in the column that best describes the person and their actions during said entry.

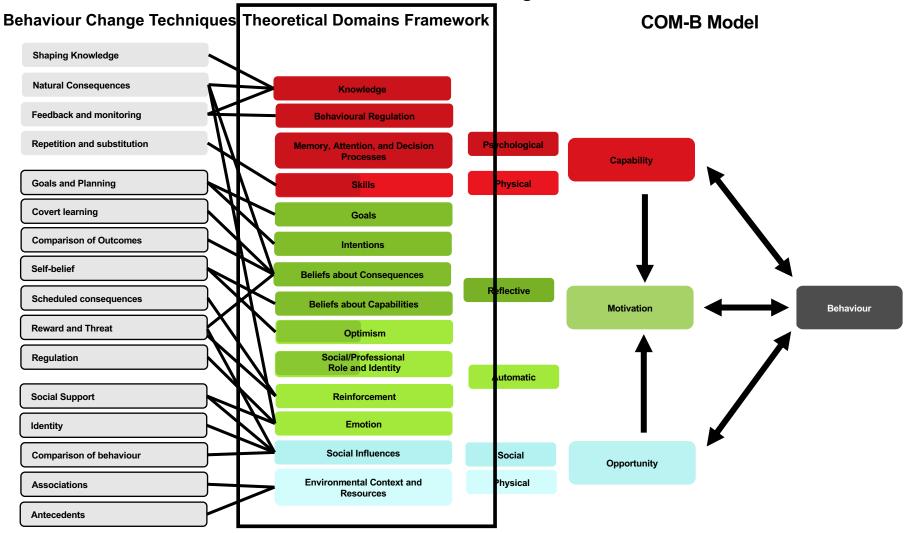
	Gend	er		Role at HE	FT	Disinfectant Use				
	Male	Female	Doctor	Nurse	Other Staff	Visitor	Gel	Soap		
1										
2										
3										
4										
5										
6										
7										
0	1	1	1	1	1	1	1	l		



Gel-Dispenser-activity by Ward and Condition



Behaviour Change Wheel



Design/Methods

Theoretical Domains Framework's domains

Knowledge Skills Memory, Attention and Decision Processes **Behavioural Regulation** Social Influences **Environmental Context and Resources** Social/Professional Role & Identity **Beliefs about Capabilities** Optimism Beliefs about Consequences Intentions Goals Social/Professional Role & Identity Optimism Reinforcement Emotion

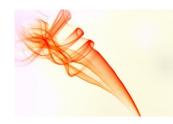
Please consider your own hand hygiene. Then circle the number between 1 and 7 that best reflects your opinion at present.

	Strongly agree						Strongly disagree
I engage in hand hygiene out of respect for my patients	1	2	3	4	5	6	7
11. I feel complacent about hand hygiene	1	2	3	4	5	6	7



Judith Dyson





7 High Belief-Cap. Belief-Con. Knowledge Prof.-Role Motivation/Goals Memory/Attention Environment Social-Influence Emotion Action-Plans 6-5-Barrier 9 4 3-Lov 2-T 1 feel complacent about hand hygiene cannot be bothered with hand-hygiene J feel frustrated when others omit hand hygiene Some strategies designed to improve hand hygiene influence my practice Hopital tarets reiting to infectoni or hand -hygiene has led to improvements in my hand hygiene Hand hygiene is part of my professonal culture hygiene The frequency of hand hygiene required makes it difficult for me to carry it out as often as necessary Jf I do not engage in hand hygiene I may catch an infection Jf I engage in hand hygiene it improves patient confidence If I miss out hand hygiene I will be subject to dissciplinary ac tion J disagree with some parts o fthe hand hygiene guidelines J am more likely to forget hand hygiene if I am tired It is difficit for me to attend hand hygiene courses due to time pressure My environment is cluttered TMy area of work has pooor staffing levels When staff engage in hand hygiene they are praised J engage in hand hygiene because I do not want to let the team down J feel angry if hand hygiene is not carried out by others ✓ feel ashamed if I omit hand hygiene Hand hygiene training is There are adverts or newsletters about hand hygiene in my workplace J engage in hand hygiene out of respect for my patients role J am reluctant to ask others to engage in hand hygiene J am confident in my Jf I omitted hand hygiene I would blame myself for infections Sometimes I miss out hand hygiene simply because I forget it Hand hygiene is not second nature for me Some government targets make hand hygiene more difficult (Such as high bed occupancy) Supervision from senior staff means that carrying out hand hygiene is easier for me 1My hand hygiene is encouraged by others Government targets have led to improvements in my hand hygiene Hand hygiene is a non-negotiable part of my There are sme practical barriers to hand hygiene because of my particular job/role Hand hygiene guidelines are easily accessible ability to carry out hand available to me Error Bars: 95% CI

97 Staff survey about Barriers and Facilitators to Hand-Hygeine

4 DECEMBER 2019



IMPROVING HAND HYGIENE

PROBLEM BRIEF



Co-designing theoretically informed, conceptual prototypes for interventions to increase hand hygiene in hospital settings: a case study

Krishane Patel, Kelly Ann Schmidtke, Umar Taj, NobuLali Dangazele, Danial Read & Ivo Vlaev

Warwick Business School

core design team

2 quality improvement experts2 behavioural scientists

judging panel

stakeholders who commissioned subject experts

5 sub- teams

5 behavioural scientists5 designers28 nurses, doctors, andpractitioners in charge ofinfection prevention and control

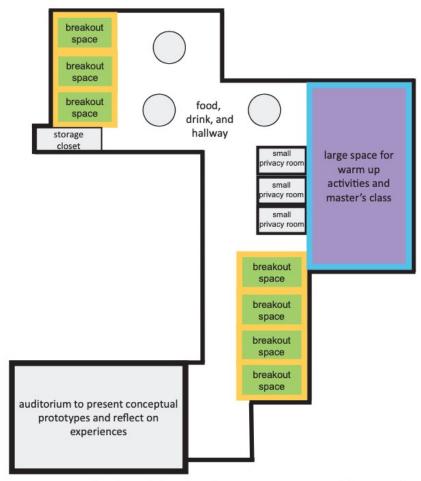


Figure 2. Layout (floorplan) of the physical space participant moved between during the workshop.

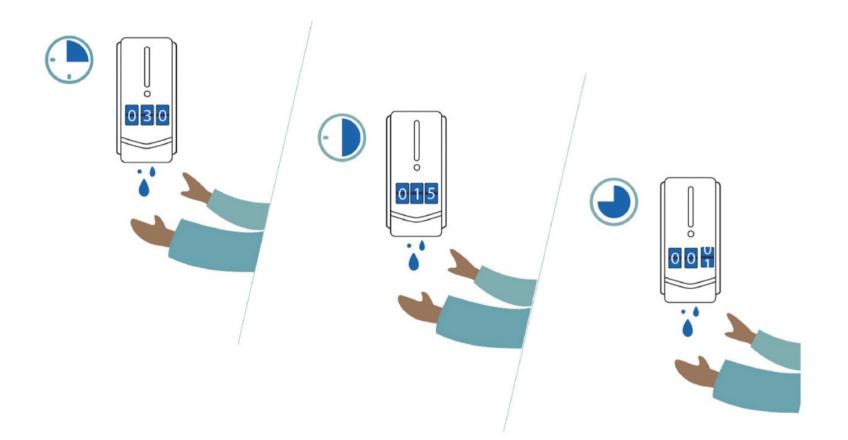


Figure 3. Gel dispenser redesign: a gel dispenser than counts down when used to give an indication of normal daily use.

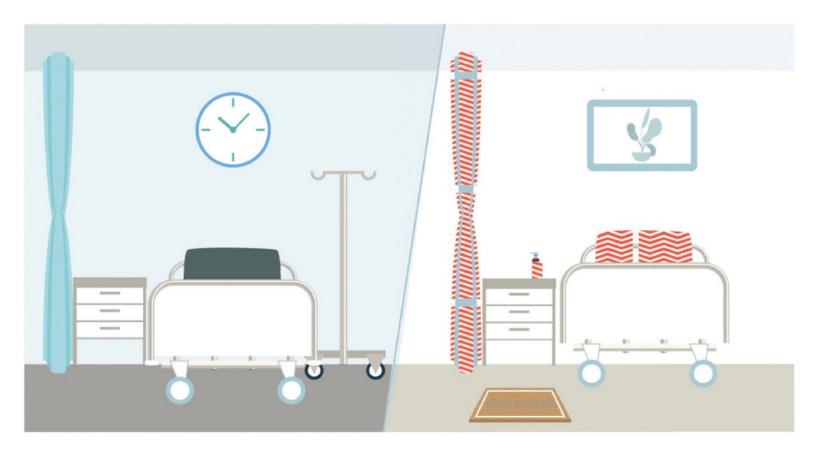


Figure 4. Shifting from our bed space to a patient's home space: reframing and redesigning the bedside space to feel and resemble a patient's home space.

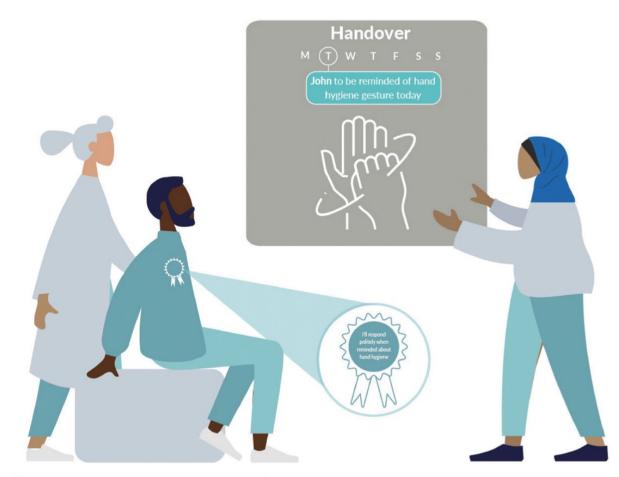


Figure 5. Promoting hand hygiene in handovers: making speaking up normal through role modelling at handovers.



Figure 6. Racoongo: gamifying hand hygiene through empowering children, families, and carers to support quality assurance of staff.

paediatric admission documents

Personal Care Plan)
Weight:	
Sleeping pattern:	
Bowel movements:	
*Please wash your hands before touching my child 🗭 I will wash my hands	

Figure 7. 'What matters to me' in my personal care plan: reminder prompts built into existing forms.

Thank you

