

THE CHALLENGES OF CHANGING PRACTICE

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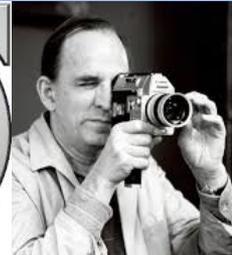


Linköping University
27 000 students
3 900 employees



Linköping, population 150,000
(fifth largest city in Sweden)

Population of Sweden: approx. 10m



“Behaviour change is inherent to the translation of evidence into practice, policy and public health improvements [...] ...it is necessary to understand the role of **behaviour change...**”

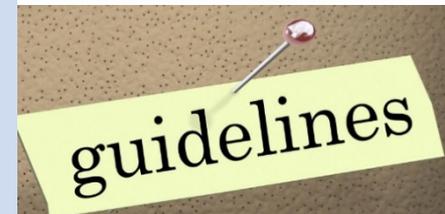
(Handley et al., 2016)

INDIVIDUAL-LEVEL INFLUENCES ON BEHAVIOUR CHANGE

Psychological theories are commonly used to analyze individual-level influences on implementation:

- ✓ Behaviorism
- ✓ Cognitivism
- ✓ Habit theory

NO 
SMOKING



Behaviorism

Early 1900s-1950s: Learning (= behaviour change) occurs as responses to stimuli

Key principle: Rewarded behaviours are reinforced and repeated, and punished behaviours are avoided (the Reinforcement principle).

Implication: Use financial incentives



Cognitivism

1950s-60s: partially a reaction to earlier focus on observable behaviours

“...focuses on processes which **intervene between** observable **stimuli and responses** in real-world situations” (Fiske & Taylor, 1991).

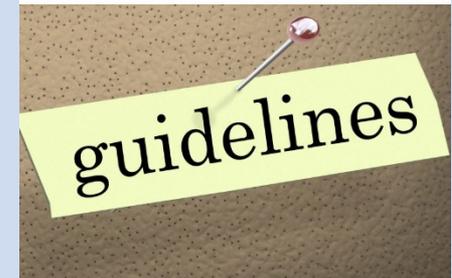


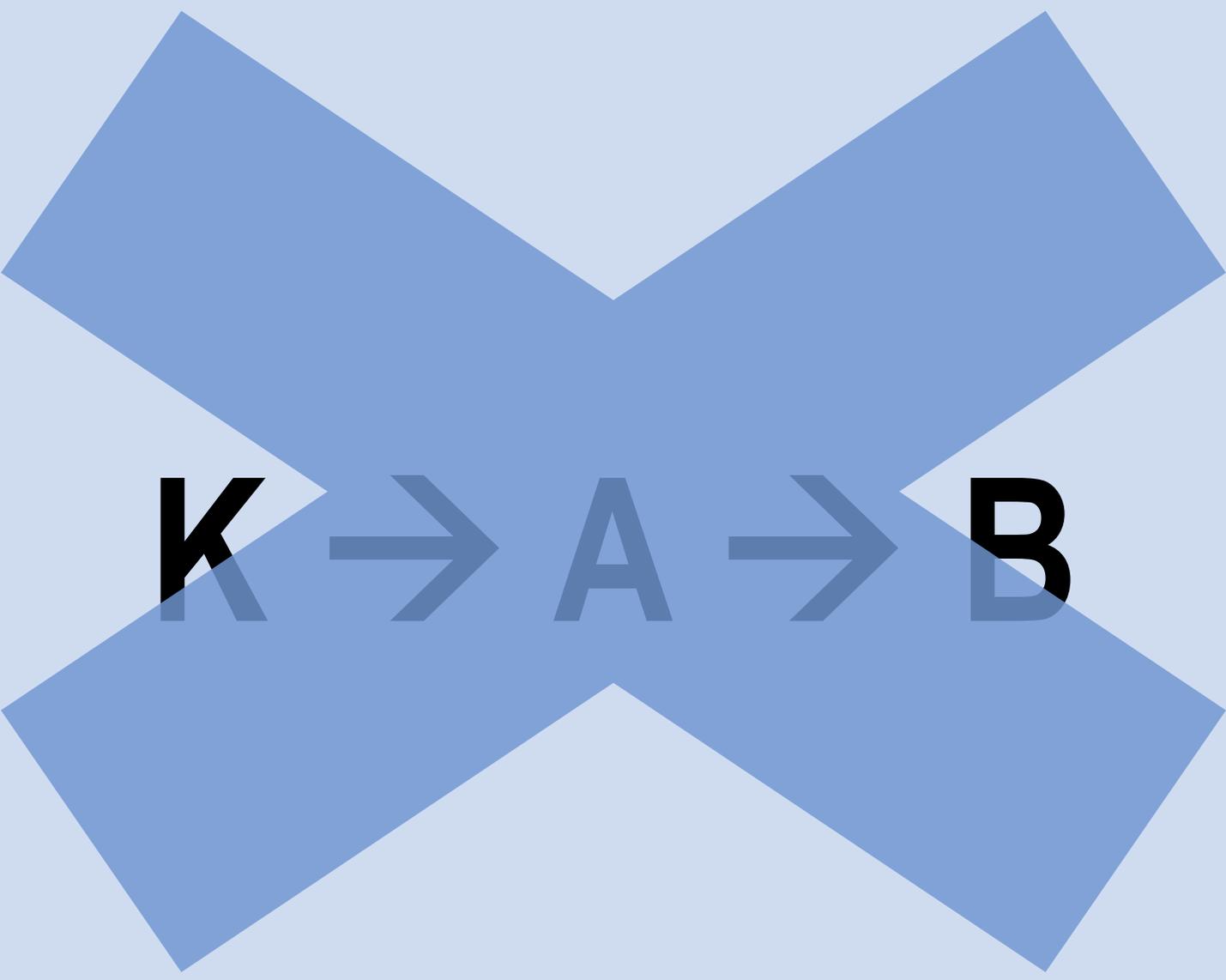
Sometimes it's assumed that...

K → A → B



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K → **A** → **B**

*More aspects than **K** and **A** determine **B** (besides, knowledge is not necessarily motivating)*

Social Cognitive Theory

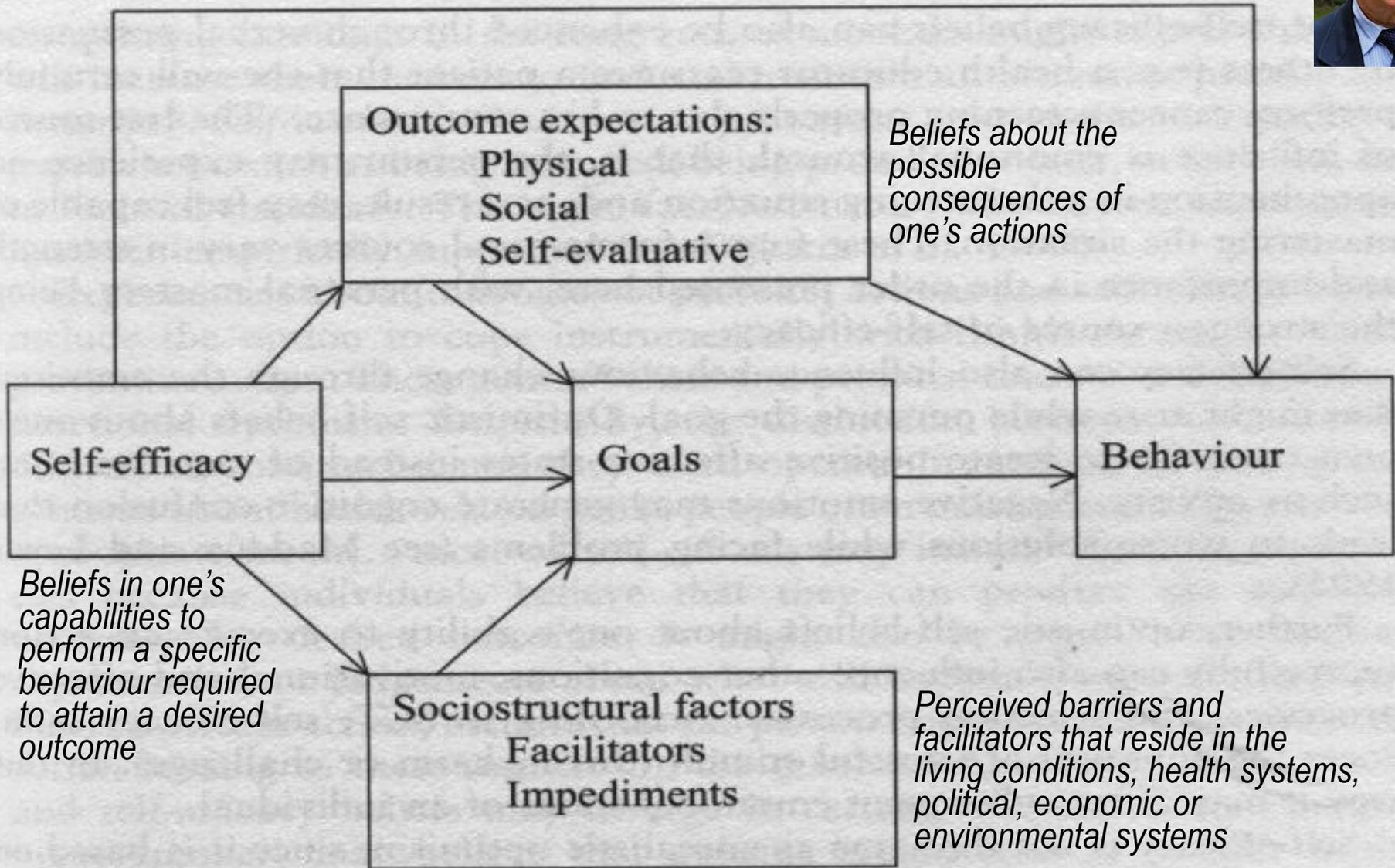


Figure 4.1 An illustration of social cognitive theory (see Bandura 2000b)

Key principle: Behaviour is determined by motivation, attitudes, self-efficacy, etc. concerning the behaviour

Implication: Influence attitudes, beliefs, motivation, etc. by means of information, education, skills training, etc.

Habit theory

In response to findings:

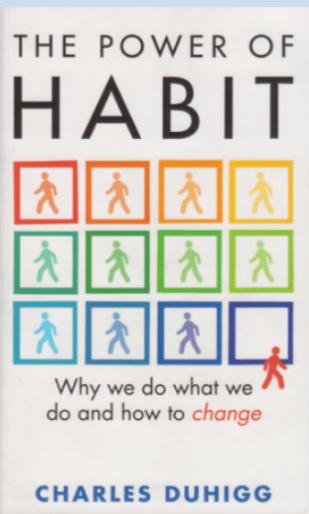
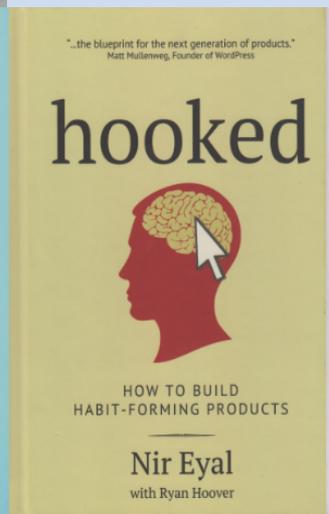
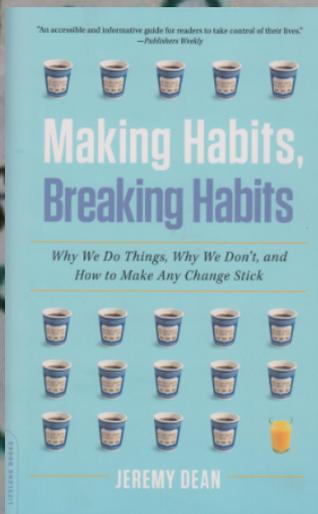
Increased knowledge, positive attitudes and strong motivation, etc. do not necessarily convert into behaviour change

Many social-cognitive theories assume that behaviours are a result of a careful weighing of pros and cons – realistic for repeated behaviours?

“...approximately 45% of everyday behaviours tend to be repeated in the same location every day” (Quinn & Wood, 2005; Wood *et al.*, 2002)

New Year's Resolutions for ~~2009~~ ~~2011~~ 2012

1. Lose ^{more} weight again
2. Get fit next year
3. Give up ~~alcohol~~ ^{and cigarettes!} drink
4. Stand up to boss ^{find job}
5. Be nicer to my ^{Try to} ex
6. Sort out junk in shed



Habits are “automatic responses to everyday contexts, learned through repeated performance in those contexts” – Gardner (2012, p.1)



Common contextual cues/triggers

Place

Time

Emotional state

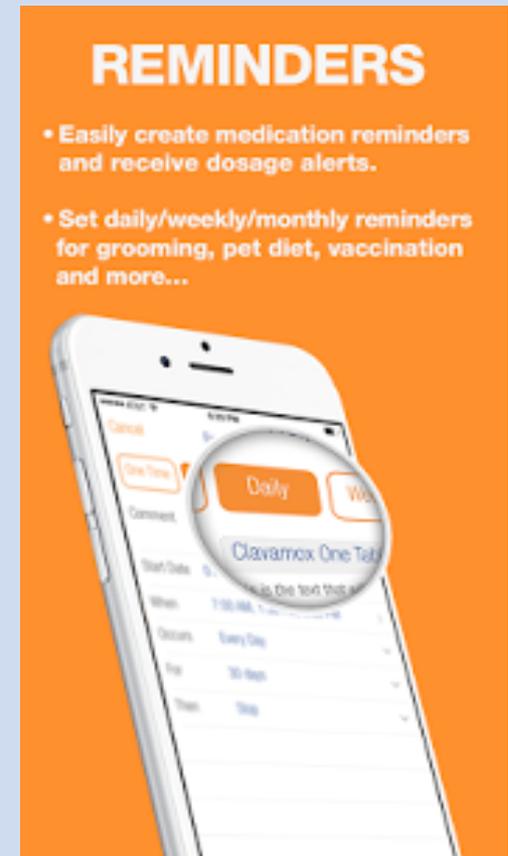
Other people

Just executed action



Key principle: When a behaviour is repeated in the same context, behaviour control is gradually transferred (“outsourced”) to contextual cues → the behaviour becomes habitual

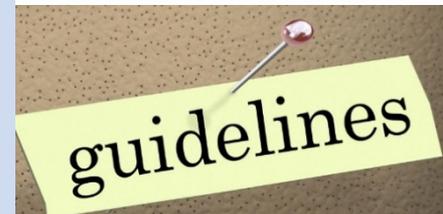
Implication: Breaking habits: change or modify the context to disrupt undesirable behaviours, using triggers/cues



COLLECTIVE-LEVEL INFLUENCES ON IMPLEMENTATION

- ✓ Culture
- ✓ Leadership

NO 
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Culture

Typical or expected
behaviours (unwritten rules)

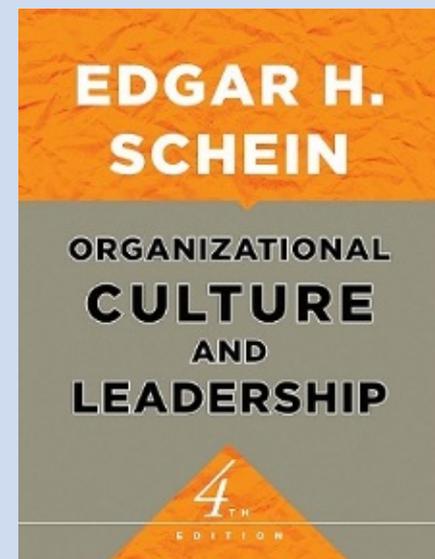


Beliefs or ideals about what are good/bad and desirable/undesirable **behaviours**, attitudes, etc.



Shared norms, values and beliefs which influence the **thinking** and **behaviours** among members of a social group (family, work unit, profession, community, organisation, etc.)
(Bang, 1999)

Schein (1992) emphasizes the importance of **underlying** beliefs, many of which can be **unconscious**



“Culture is the **most stable and significant force** that shapes how the professions think, behave and approach their work.”
(Grissinger, 2014)

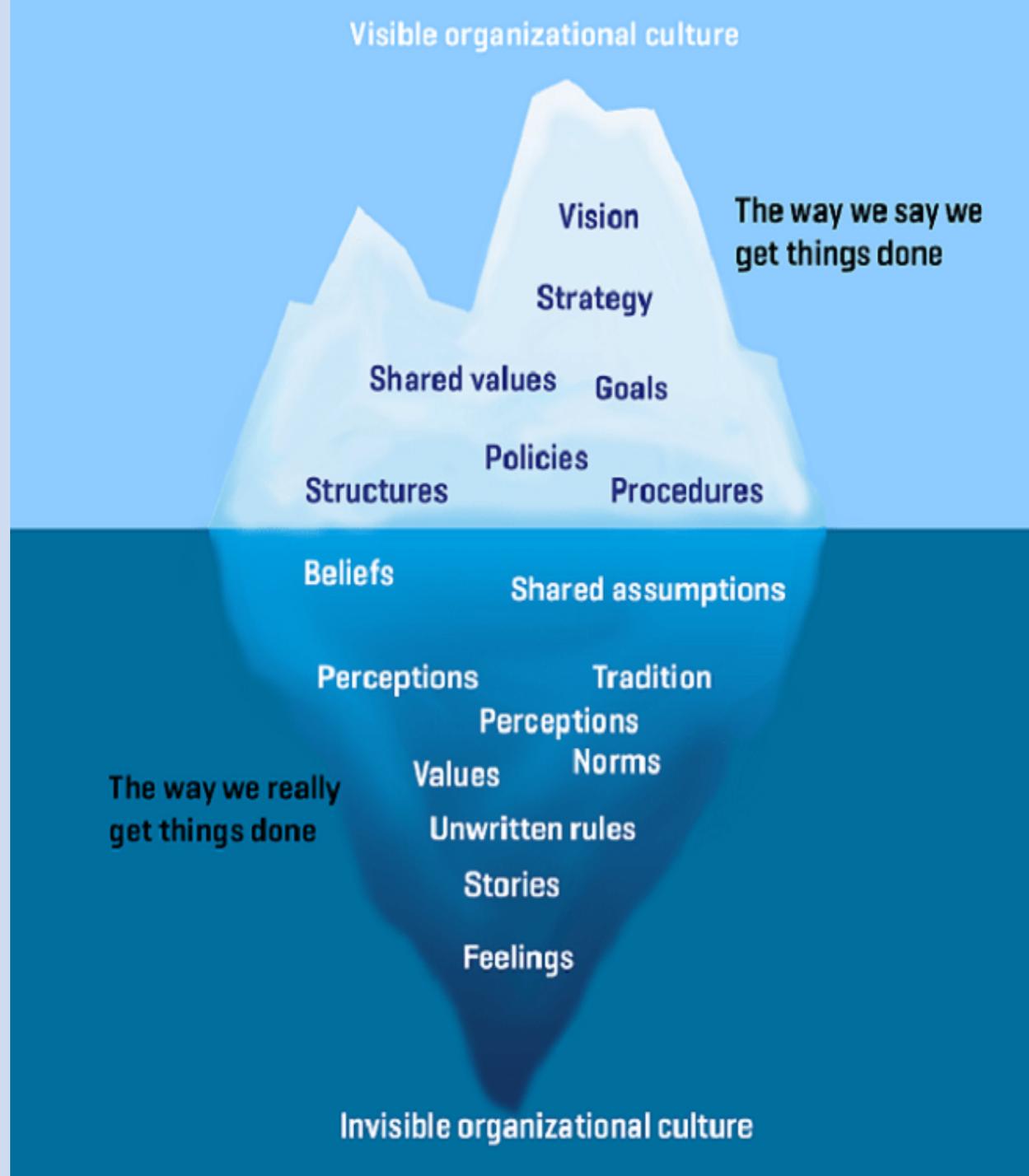


Professional cultures in health care

Studies have shown that professional loyalties may be stronger than those to the organization, which may impede change initiatives and implementation endeavours (Hillman, 1991; Hudson, 2002; Sutker, 2008; Mittman, 2012; Eriksson *et al.*, 2016).

”Culture eats strategy for breakfast.”

(allegedly Peter Drucker, management guru)



Leadership ↔ culture

A process of **social influence**, by which an individual influences another person, group, work unit, organization, etc. to attain certain goals

Leadership and culture – two sides of the same coin



Schein's embedding mechanisms: Leaders can impose their own values, norms and beliefs on others: what they pay attention to (and measure), allocation of resources, role modelling and reaction to critical incidents and crises.

Key principle: Leaders influence the culture through their norms, values and beliefs that influence behaviours

Implication: Use leadership to achieve desirable behaviours

WRAP-UP

**A simple model to consider both individual
and collective (culture) influences**

Individuals' behaviours are determined by a strong culture

2

1

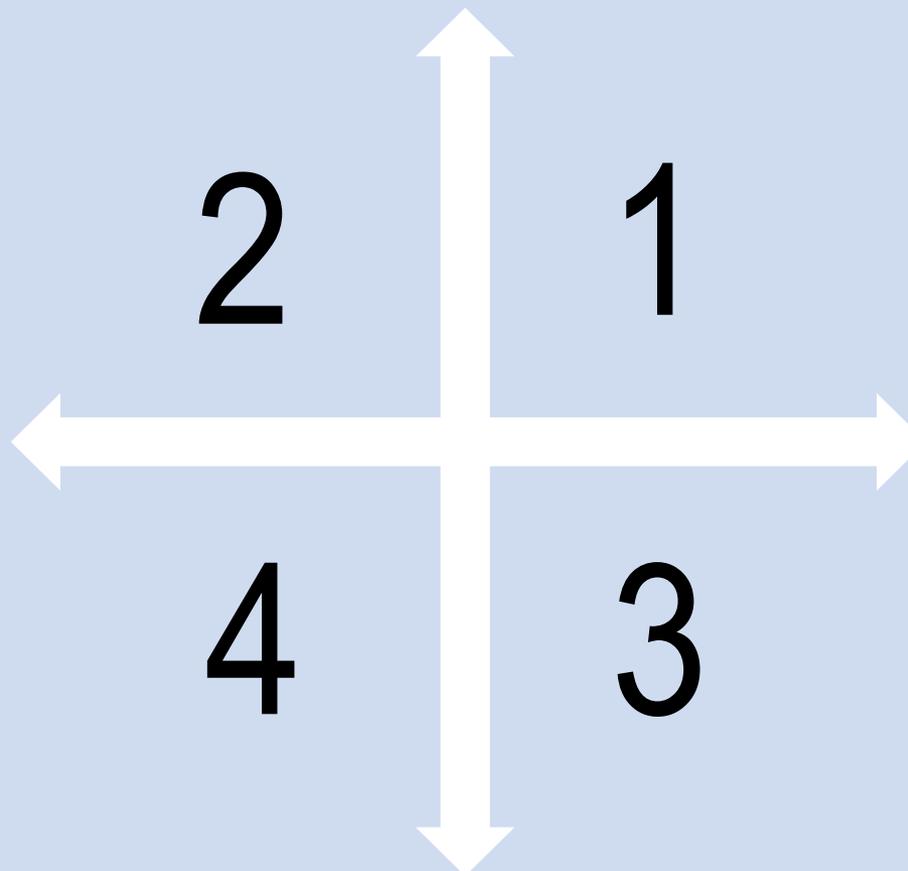
Individuals' behaviours are deliberate, conscious (i.e. "cognitive")

Individuals' behaviours are automatically enacted (i.e. habitual)

4

3

Individual autonomy
("weak" culture)



There is "cultural awareness" (of what is beneath the surface), but practice is still determined by the shared group norms, values, etc. (e.g. in a profession)

Very difficult to change current practice! The norms, values, etc. are shared and deeply embedded in the taken-for-granted, habitual patterns of everyday practice

Shared **conscious** norms, values and beliefs determine individuals' behaviours: "THIS IS THE WAY WE DO THINGS AROUND HERE"

Shared **unconscious** norms, values and beliefs determine individuals' behaviours: "WE'RE CREATURES OF HABIT"/HERD MENTALITY/GROUP THINK

Individuals' behaviours are deliberate, conscious (i.e. "**cognitive**"): RATIONAL MAN/WOMAN

Individuals' behaviours are automatic, unconscious (i.e. **habitual**): HABITUAL MAN/WOMAN

Not as common as we believe? Perhaps overly emphasized (focus on individuals, courses, training, etc.)?

Changing habitual practice requires other strategies than when attempting to influence "cognitively" guided behaviours!

The End