# Using Behavioural Science to Enable Learning Organisations

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### Outline of the presentation

#### 01 Definitions

What do we mean by 'learning organisation'?

### O2 The value of a systems perspective

Connecting systems approaches to behavioural approaches for complex problems

### 03 Using behaviour change frameworks

How behaviour change frameworks support implementation efforts

### 04 Sustaining innovation in organisations

Considerations for sustaining implementation as an organisational innovation

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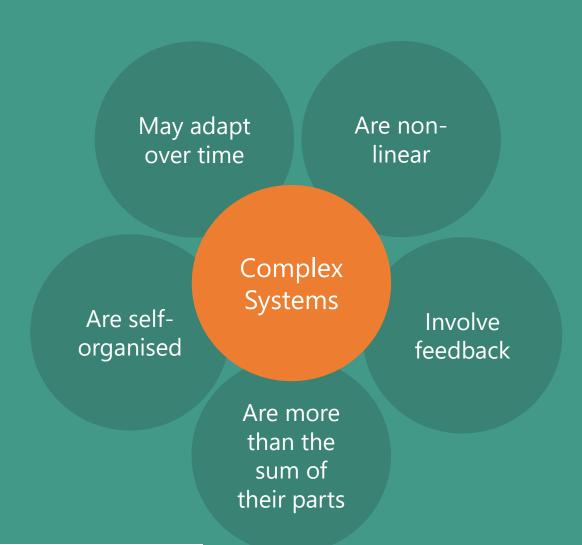
### Defining a 'learning organisation'



#### **Narrow definition:**

An organisation that can reflect on its activities and adjust them in a timely way to achieve its objectives

### Organizational change is a 'wicked' problem





### Organisational or behavioural change

"From years of study, I estimate today more than 70 per cent of needed change either fails to be launched, even though some people clearly see the need, fails to be completed even though some people exhaust themselves trying, or finishes over budget, late and with initial aspirations unmet." - John Kotter

- Implementing any organisational change requires understanding the complex ways in which people influence, and are influenced by
  - o each other
  - their environment
  - processes such as communication systems and incentive structures
- Change management models and methodologies rarely represent behaviour in a way that behavioural and implementation scientists would recognise
- Need to find a way to fill the gap between change management and behavioural/implementation science models

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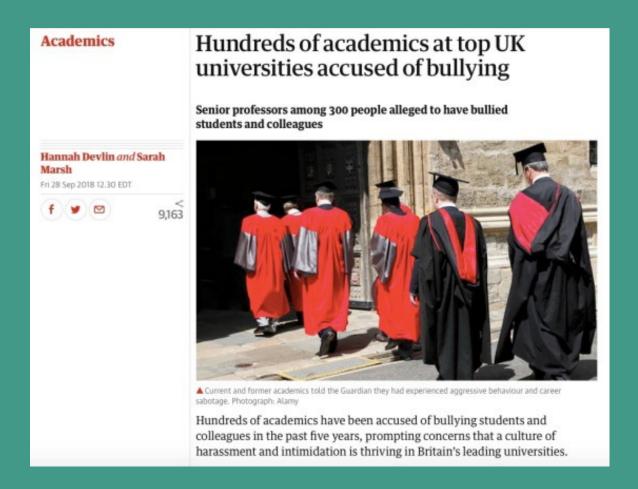
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### Slaying the unicorn



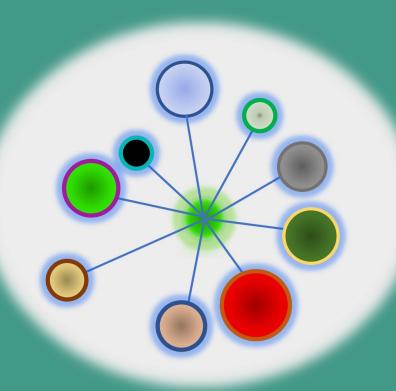
- Behavioural Science Unicorn; an intervention that returns very large impact via a simple intervention:
  - Nudge-based interventions
  - Narrow in scope, usually a form of environmental manipulation
  - Often 'default' type interventions (opt-out of pensions, donor status)
  - Restriction interventions (e.g., prescribing)
- Limited impact on complex problems

### Bullying and harassment in organisations



- Typical 'wicked problem' in an organisation
- Usual responses assume that the problem is a knowledge issue (people behave badly because they don't know it's wrong):
  - Policy development
  - Monitoring
  - Education and training
- Usual outcomes
  - Increased awareness
  - No change or increased behaviour rates
- What kind of behavioural science can be used to overcome these limitations

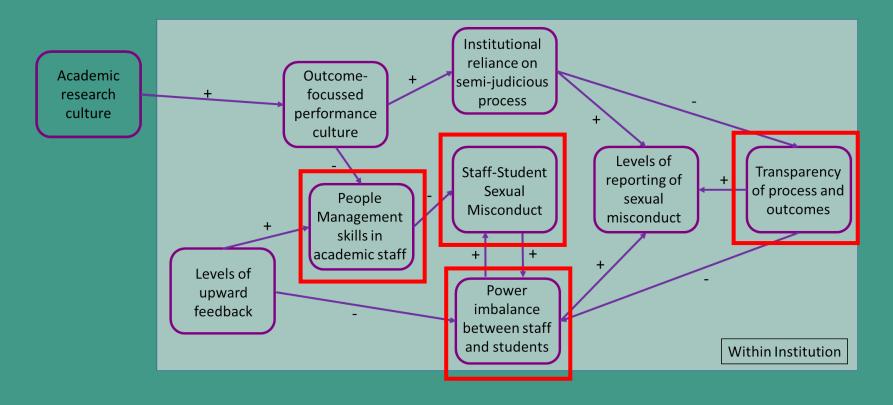
### Behavioural in Systems Mapping



- Method for understanding behaviour in complex systems
- Uses <u>qualitative participatory methods</u> to elicit understanding of a behaviour from stakeholders with different experiences and expertise
- Synthesises data from different perspectives to create a <u>visual representation</u> of the causal influences on the expression of the target behaviour

#### **Behavioural Systems Map** Output from Behavioural Systems Mapping investigation into factors influencing staff-student sexual misconduct. Key → Positive correlation Inverse correlation Application of principles associated with restorative justice within management of cases Male dominated Application of Statute composition of students' 18 to defence of sexual union executive misconduct Use of semi-judicious procedures to investigate Senior academics Feedback to reporting bypassing formal Highly unionised allegations of misconduct student about the outcome academic workforce Power in university procedures during of misconduct investigations associated with income investigations Stigma associated with being Use of Report + Support < reported as having engaged in Male-dominated by students Hassle factor of doing the sexual misconduct ecosystem Justification of behaviour 'right' thing for HoD/Deans Modelling of effective associated with misconduct by people management in reference to status and position Blurring of personal and senior academic staff (Deans) Sexual misconduct Acceptance within the professional relationship between senior staff and viewed as a minor academic community of low-level sexual misconduct staff members Perception that institutional processes are weighted towards favourable outcome for staff Tolerance of low-level sexual Size and quality of PhD misconduct within supervisory Examples of effective Percieved costs for academic students' social network management of sexual relationships performance of taking proactive misconduct HoD using informal methods approach to managing sexual Norm of socialising in to deal with reports of sexual misconduct context of alcohol Routine challenging of misconduct Trust in HR sexual misconduct in Explicit standards for Organisational belief that work setting behaviour in policies Skills in having informal outcomes matter more than around supervision and conversations about low-level process in academic work Low engagement in management sexual misconduct management training Participation of academic staff in person-centred management Reporting episodes of Actual negative consequences of training Minor sexual sexual misconduct reporting for students in terms of misconduct career or experience at work Performance culture based on Perceived value of effective Students' awareness of standards for behaviour in supervisors outpus/finance rather than people management skills for Ambiguity about the staff experience academic performance employment status of Power of supervisor PhD students to influence future career of student Major sexual misconduct < Lack of upward feedback about behaviour within the institution Anxiety over visa and Shared belief that the best way to ability to stay in the UK manage is to suffer and get out at Closed nature of the the earliest opportunity supervisor-student relationship

### Systems maps help understand wicked problems



Interventions that focus on individual behaviour have failed because they do not address how the behaviour is a product of power, procedure, policy and internal and external cultural norms

Previous interventions focused on changing behaviour of the 'perpetrator'

Systems analysis led to 28 recommendations for behavioral interventions to bring about systems change – successfully changing a single behaviour may require a suite of coordinated interventions

### Where are we now?

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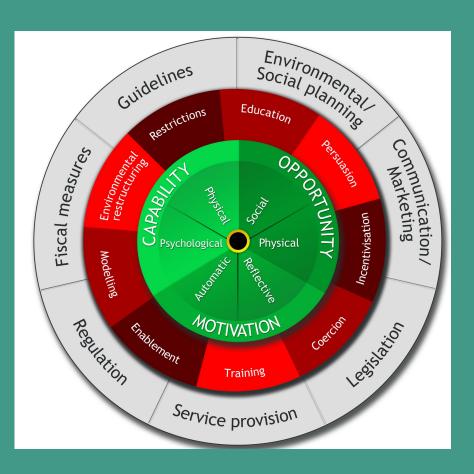
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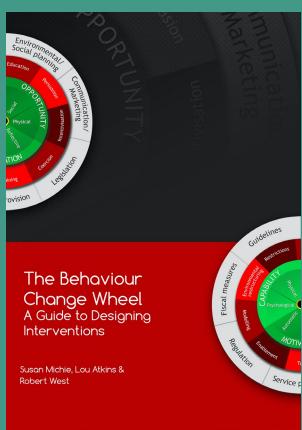
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### Implementation depends on behaviour change

- Systems analysis helps us understand where to intervene
- We may need to intervene to change the behaviour or multiple types of people in roles at different levels in organisations, networks and systems
  - Professionals, support staff
  - Commissioners, managers
  - Policy makers
  - Others in health systems, local or national government, schools, commercial workplaces
- Behaviour change frameworks can help develop a suite of effective targeted interventions

### The Behaviour Change Wheel Framework

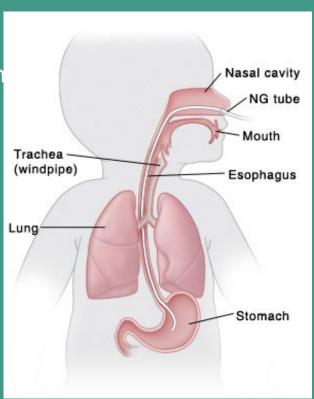




- Synthesis of 19 frameworks across behavioural and social sciences
- Integrates a model of behaviour with a systematic approach to designing interventions at different levels
- Pragmatic approach for non-specialist and specialist application

## National Patient Safety Alerts: Nasogastric Feeding

- **Never Events**: specific serious untoward incidents that can cause serious harm but should be avoidable if national guidance is followed
- One example is: 'Naso or orogastric tubes placed in the respiratory tract rather than the gastrointestinal tract and not detected prior to commencing feeding or other use'
- Acutely unwell patients are preferably fed through fine bore nasogastric tubes
- However, patients may tolerate accidental intubation of the trachea and bronchi without obvious distress
- If the tube misplacement is not spotted, and feeding is commenced, the consequences can be serious (e.g. pneumothorax, severe pneumonia etc)
- Correct NG tube placement is mainly decided by x-rays
- Misreading of X-rays is the main cause of food introduction into the lung. pH testing of aspirate far more accurate, but rarely performed

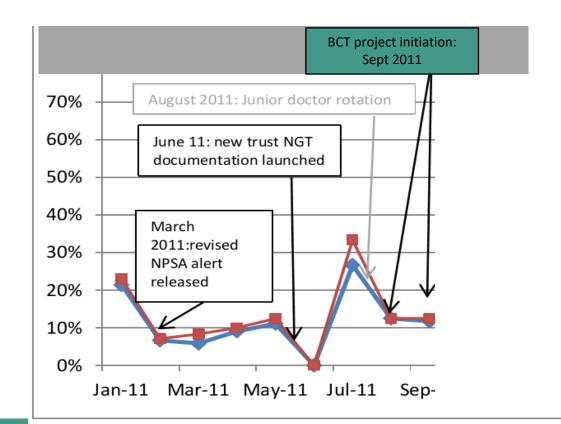


### Time series data on target behaviour



% NG feeding tubes with pH testing as first line

Traditional approach to implementation: hospitals adapt national guidance and disseminate through training

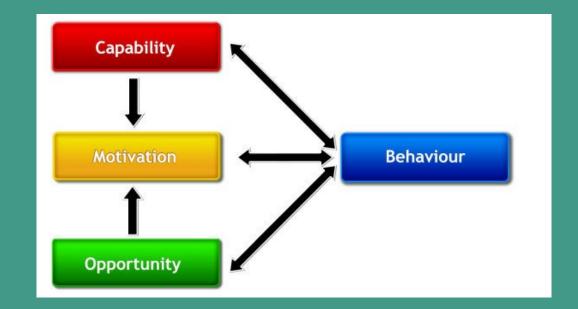


### Identifying Barriers to pH use: COM-B Analysis



Quantitative survey of barriers to using pH as first line method

Focus groups with staff to establish barriers to using pH as first line method



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#### **Capability**

**Knowledge:** Low awareness of guidance and the role and importance of pH testing as a first line method

#### **Opportunity**

No readily accessible models of staff members successfully using pH as first line / Doctors override nurses recommendations, especially during busy periods & following rotation

#### **Motivation**

**Emotion:** Staff worried about harming patients if they get the procedure wrong /

### Developing the intervention



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#### **Capability Intervention**

**Knowledge:** E-learning package developed with a emphasis of the role and importance of pH testing for all staff

#### **Opportunity Intervention**

**Social:** Higher grades of staff receive first line of training to change norms / Creation of prompts regarding trust policy to empower nursing staff: Screensavers & posters reminding staff and providing behavioural models

#### **Motivation Intervention**

**Emotion:** Education: 50% of NG deaths due to x-ray misinterpretation. Screensavers to elicit emotions associated with contributing to a patients death due to x-ray misinterpretation).

### **Reducing The Harm Caused By**

Misplaced Nasogastric Feeding Tubes

NHS
National Patient
Safety Agency

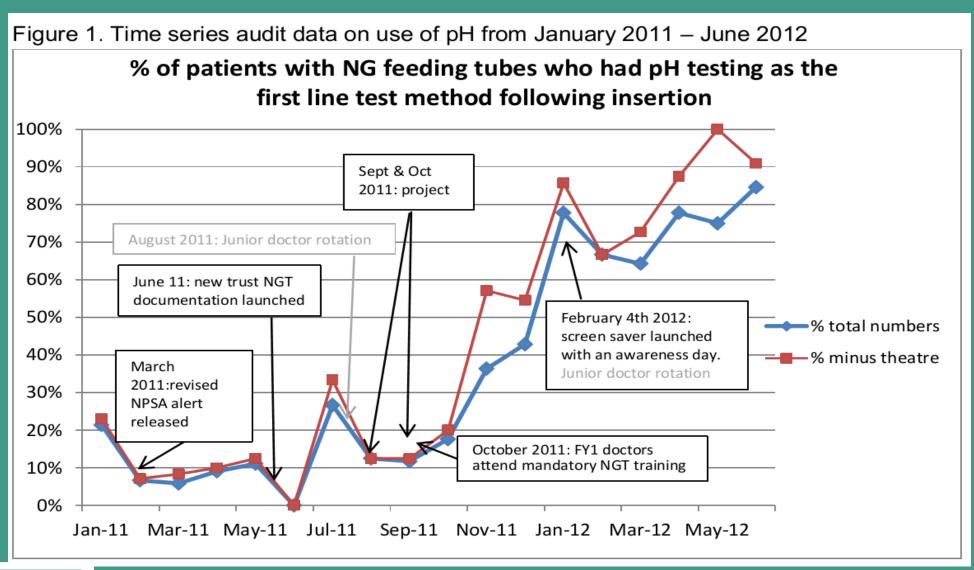
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of feeding into the lung is caused by **Misinterpretation** of X-rays





### Impact of behaviour change intervention



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### 4 models of utilising behavioural science

1. Buying it in (e.g. research funding, or external consultancy)

2. Baking it in

3. Building behavioural science capability through training

4. Establishing an internal consultancy

### 'Baking it in'

#### What is it?

- Embedding one or more elements from the 'behavioural science' toolkit into the processes of an organisation
- May require specialist expertise to set-up but may be executed on ongoing basis by non-specialists

#### **Examples:**

- Government Communications Services uses the COM-B model to gather insights for campaigns
- Providing checklists for constructing letters to encourage take-up of services, based on decision heuristics

#### Insights

- Useful when no resource or access to behavioural science expertise, and the role of behaviour in process is clearly defined
- More vulnerable to 'breakage' when organisation changes, and staff turnover

### Developing an internal consultancy

#### What is it?

Dedicated function within an organisation for applying behavioural science

#### Insights

- It takes time to establish and embed (at least 2-3 years)
- Align activity to organisations strategic priorities
- Useful to have a mixture of general (e.g. project management, training,) and specialist (behavioural science) competencies
- A dedicated role/team, not simply an add-on to an existing role

#### **Building capacity within an organisation**

- Training as a core activity
- Take up is variable, and lower than predicted
- Some elements can quickly be picked up, particularly the concept of identifying behaviours and the COM-B model
- Doesn't do away with the need for central team

#### **Evaluating impact**

- Onus on behavioural science teams to 'prove' they have impact (even when other functions are not required to do so)
- Always much harder than people think helpful to create a logic model for each piece of work, and a programme theory for the unit itself
- External impact teams often do not have knowledge and skills to effectively evaluate behaviour change interventions, internal resource might be helpful

### Summary

A learning organisation needs to be able to change the way people behave in response to an ever-changing internal and external context

Organisations are complex systems, and organisational change has all the elements of a 'wicked' problem

Systems analyses help unravel the issues that make problems wicked, and help identify the levers to press to reshape the system

Behaviour change models help develop effective interventions

The next big question is how to operationalise behaviour change science within organisations to enable it to deliver on its promise

# Using the Behaviour Change Wheel to implement NSPA Guidance for NG Feeding

- One strand of a larger project concerned with implementing patient safety alerts funded by the Yorkshire Regional Innovation Fund 4 areas:
  - Reducing risks of feeding associated with misplaced NG tubes
  - Reducing risk of midazolam injection overdose in adults
  - Reducing risks associated with Gentomicin administration
  - Reducing risks associated with medicine reconciliation
- Project team: Dr. Natalie Taylor, Professor Rebecca Lawton,
   Beverley Slater, John Wright and Victoria Robbins





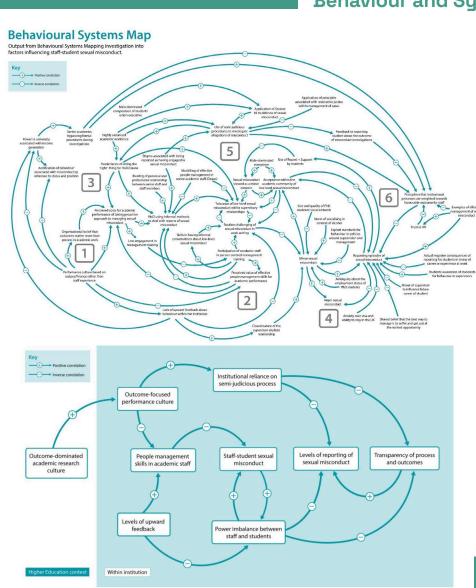


### Published work using systems approach









### Thankyou



E-learning course coming soon...

E: behaviouriseverything@gmail.com for course information

