

The Ostomy Life Study Review is a recurring publication developed by Coloplast in cooperation with expert ostomy care nurses in the Global Coloplast Ostomy Forum.

How to understand patient behaviour – *and how to affect change*

Both for patients and health care professionals, changing behaviour to adapt to new circumstances is critical. Why do some patients succeed, while others struggle? What can health care professionals do to understand and help their patients change behaviour when dealing with a new situation?

All humans have a capacity for changing their behaviour. As we grow up, we constantly learn new behaviours (e.g. walking), and let go of old ones (crawling). But even for adults, the ability to change behaviour remains important.

Some changes in behaviour are simple and happen almost automatically – like adjusting to a new phone, or taking a new route on the way to work.

But in some situations behaviour change requires great effort and can keep us struggling to adopt for a long time. For patients, it could be suddenly having to deal with a chronic condition. For health care professionals,

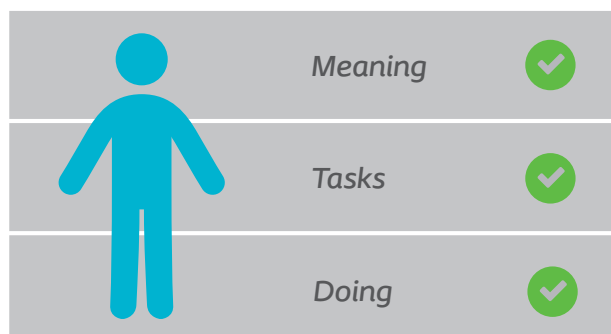
it could be adopting new medical practices that challenge familiar and trusted habits. In both cases, not adapting to the new behaviour will lead to frustration.

The building blocks of behaviour

To understand behavioural change and how we can support it, we need to know about the psychological building blocks of behaviour. Everything we do as individuals has three layers; the top most layer is the meaning level: “Why do we do it”. The next level is the action planning “What to do”. Finally, there is the “How to do it”. Together, the last two levels are the “doing” aspect of behaviour.

Three building blocks of behaviour

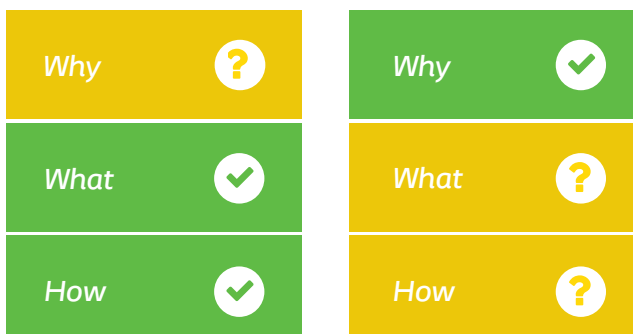
New behaviour is typically formed as a transition from conscious meaning to learning what and how that eventually may become subconscious automated behaviour.



Two typical barriers to behaviour change

Patient knows what to do and how, but not why (can't see the meaning).

Patient understands the why (get the meaning) - but doesn't have the skills or knowledge.



To learn a new behaviour, we need to be aware of...

... the **“why”** (“The old train doesn’t fit my timetable, it is important I get to work on time”), and then plan ...

... the **“what”** (eg. “I need to take the bus instead”), then maybe the need to learn a new ...

... **“how”** (“I should take the bus from the central, and buy a bus ticket”)

To truly adopt a change in behaviour, all this information needs to be automated. If we have to think about which bus to take every morning, we have not truly adapted to a new behaviour yet. This requires resources – research, effort and practice, until eventually it becomes habitual and unnoticed.

Behavioural change succeeds when we understand all three levels – but behavioural change fail when we only consider one level by itself. For instance, patients might know “why” they should take care of themselves in a certain way, but not understand “what” exactly they should do or “how” to do it because they lack the resources to do the necessary research. Perhaps their health care professional simply explained the importance of good hygiene, but for some patients it may be a huge effort to figure out what exactly ‘good hygiene’ means.

Behaviour is put together of many different “blocks”

In addition to behavioural building blocks at the individual level, there are important building blocks in the world around us – culture, social and group dynamics, technology, etc. For instance, if patients have to pay for ostomy products themselves, it tends to affect their behaviour and increase the wear time of the product.

Sometimes a nudge is not enough

Sometimes, it can be a very small aspect of one of the building blocks that keeps us from doing what is right – say, wash our hands or throw out the garbage. We can help patients overcome such barriers with small pushes in the desired direction, often called “nudges”. It could be an image of a pair of eyes over the bathroom sink, that

reminds us of the social norm (“if somebody was looking, you would wash your hands”) and increases the likelihood that we wash our hands.

Supporting radical change requires effort

In many cases, however, especially in the health care system, the change in behaviour is much more radical. This requires a lot of effort and creates challenges at all behavioural building blocks. Here a nudge will not do. Instead, a much more carefully planned and resourceful approach is needed.

We have to address all relevant “building blocks”: What understanding do they need? What practical knowledge? Do they need to change something in their physical environment, such as their home? etc.

To succeed with behavioural change, we need to get rid of simplistic and judgmental labels like patients needing more “motivation”, having “irrational behaviour”, and being “resistant to change”.

Instead we should empathize with the dynamics and levels of current and new behaviour: We must understand that change is sometimes very difficult. And understand why it is difficult. Only then can we help patients successfully adopt a change in behaviour.

Individual behaviour is shaped by many different factors around the patient that can either promote or inhibit certain behaviours



Want to learn more?

The aim of the Ostomy Life Study is to raise awareness about important aspects of ostomy care by sharing empirical data, clinical insights and inspiring trends in order to improve the standard of care.

To get more insights from the Ostomy Life Study, go to <https://www.coloplast.com/OLS>.