

Behaviour change: what is the buzz all about?

By Gareth Morrell and Emma Kenny



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Every year in healthcare communications brings a new set of buzzwords that the industry rallies around. A word (or phrase) that is currently creating a buzz is ‘behaviour change’. So what is the buzz all about?

Behaviour change is not a new concept; the art of communications has typically been to evoke a reaction that results in a change in behaviour. What is new is the application within healthcare communications of behavioural sciences – a discipline that provides a scientific basis for why people behave as they do and a systematic framework for understanding how to change behaviour.

Behavioural sciences have demonstrated that people need the capability, the opportunity and the motivation to change, and that humans are motivated by both rational thinking and unconscious beliefs. Despite the evidence-based nature of the medical field, healthcare professionals are not exempt from these human traits – they are people first and healthcare professionals second. Take an example from another highly evidence-based profession: the judiciary. A study has shown that the decisions of US Supreme Court justices appointed by Republican presidents were significantly more conservative than those of Democrat appointees, when voting in pro-business, pro-government and anti-civil rights cases, indicating that ideology (unconsciously) plays a role in their decision-making.

Behavioural sciences have also equipped us with evidence-based interventions and techniques to drive behaviour change. While the application of such tools is relatively new within healthcare communications, other industries have been utilising them for some

time. Take supermarkets: it is no accident that we are typically greeted by flowers and fresh fruit as we enter (to communicate freshness and give us confidence in the store’s credentials), or that impulse purchases and items we might prefer to avoid (eg, chocolates and magazines) are next to the checkout to tempt us into buying. Although the application of behavioural sciences in the supermarket setting is now shifting, with ongoing studies focusing on how it might be applied to drive healthy choices.

While behaviour change may be a current buzzword, experience tells us that these terms and the concepts they encapsulate should not be considered in a vacuum (digital anyone?!). The value of behavioural sciences is only fully realised when it is integrated into a broader communications strategy and tactical mix. Two aspects of healthcare communications that behavioural sciences really mesh with are patient-centricity and measuring impact.

Patients have always been a stakeholder in healthcare, but often a ‘sleeping partner’ – the individual with the disease that the healthcare professional would manage. The advent of the ‘informed patient’ for whom social media, in particular, has provided a voice, means that patients have become more central – a positive trend that looks set to increase in momentum. There is a realisation that patients can contribute to virtually every aspect of healthcare; from providing input on a protocol to improve recruitment and retention to a clinical trial, to supporting other patients in self-management via online forums. Furthermore, it is the patient who ultimately determines if a medication is taken – a critical consideration given that compliance and adherence remain among the greatest challenges (and opportunities)

in effective disease management. As such, the ability to understand and drive change in patient behaviours has become of increasing interest, and is an area where the theory-led approach of behavioural sciences can really add value.

So, what about behavioural sciences and measurement? Like behaviour change, measurement is not a new concept. The industry has, however, previously focused on measuring deliverables or outputs (eg, the number of people at an event, column inches). The increasing pressure to demonstrate true value has – quite rightly – led to a greater need to justify investment in communications in terms of the impact it has on predefined outcomes. This is where behavioural sciences again come into play. If we start by identifying the tangible outcome(s) that would make a real difference, we can then identify the behaviours that need to change to make this a reality and what specific changes are desired – who needs to do what differently. This allows communicators to establish a benchmark and then measure and demonstrate change following the delivery of communications campaigns.

Bringing together behavioural sciences and patient-centricity provides an opportunity for communications activities to focus, with more accuracy than ever before, on driving changes in behaviour that optimise people’s healthcare outcomes and, in doing so, demonstrate the real value of healthcare communications in measureable terms.

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