


Understanding the Psychology
of
Infection Control
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Infection Control and Clinical
Application From a Behavioral
Psychology Perspective

Motivators and De-Motivators



Moving towards change

Motivation
Barriers
Rewards
Plan





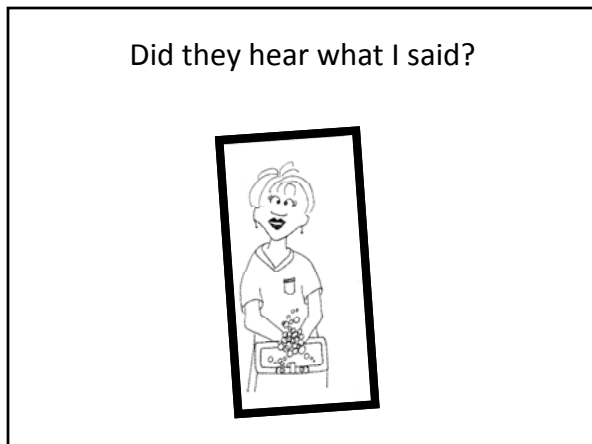
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How do we get the message out?

- Facts? Ethics? Understanding? Culture?
- It make you sick, there are germs involved? Gross!
- Decrease in *COMPLIANCE*, 2.0 female, 21.5 males using lecture and education as the model

Everyone understands



Something everyone can relate to...



Direct to the Point



Simple Concise



So what worked?

- Grossness
- Increased hand washing in females
26 percent 8 percent in males
- SO what do we do?



Is it working?



What is the number one thing you
can do
to prevent disease?

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Health Behavior Changes

- Shift From One Behavior to Another
- Hierarchy: Leader and the Lead
- Passive Involvement



Motivation

- Ask about their motivation for doing this job
- Ask them their goals
- What brings them into this field
- What is waiting for them at home





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Barriers

- What prevents them from practicing effective infection control?





Rewards/ Reinforcement

Positive reinforcement/ Rewards
Negative Reinforcement/ Rewards



Plan

Make a plan base on the needs of your office/staff member that works towards your goal of improving infection control.

After meeting with your team or staff person discuss how you can:

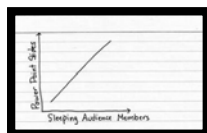
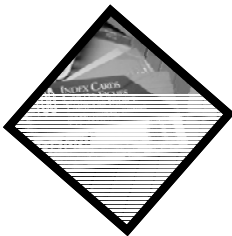
Motivate/support them

Work with and around existing barriers

Discuss the rewards/reinforcements that will occur based on the plan



Clinical Application of Motivating Change One Minute in the Morning



Questions For Card:

Information on subject: Include one action
Barriers to compliance: Ask staff
Solutions to compliance: Ask staff
Plans for change: Be concrete in action plan

What motivational techniques can be successful in Infection Control?

- Incremental, Continuous and Dynamic continuum
- Stages of change
- Decisional Balance
- Self-efficacy
- Process of Change



Behavior Modification Transtheoretical Model of Change

Stages	Description
Pre-contemplation	No Plan For Change
Contemplative	Considering Change
Preparation	Intention to Take Action
Action	Behavior Change Has Occurred: At Risk for Relapse
Maintenance	Change has been sustained for a period of time



Pre-contemplation

Intervention	Methods
Encourage Exploration	Staff Meeting, Employee Interviews Increase Awareness, Ask each person to take an area and report back after exploring. Cite and promote solutions to the problem. Do not finger point.
Educate about Health Related Consequences in a Non Judgmental way	Staff Meeting, Posters, Literature Explain Solution: Have each staff member cover their area and report back. Give each staff member ownership and ability to share input
Awareness Campaign	Morning Huddle, Pay Check Envelope Importance and emotional acceptance; Reinforce statements from staff, validate and encourage

Contemplation

Intervention	Method
Assess of important of change	Question understanding of need for change and ownership of change
Help HCP Understand Reasons for change	Emphasize Benefits of behavior change
Tip decisional balance by heightening the discrepancies between current and target behavior	Encourage confidence in change and overcome barriers
Assess confidence and use confidence building strategies	Give DHCP the ability to make change, implement program changes and plans

Preparation

Intervention	Strategies
Staff Identify Specific goals, assignment and date for change	Individual, Huddle and Staff meeting: Allow each staff member in charge of area to make small change involving the entire staff
Break down goal into specific, small achievable target tasks	Before meeting: Have each staff member choose an area. Delineate task. Break down task. Have staff choose part of task in each area
Assist in areas of possible relapse	Give staff information on natural consequences: Laws and regulations (not fear oriented) Health and well being Have consequence for non compliance and consequence for compliance
Explore success past changes that have been made	Reinforce past successes and models

Action and Maintenance

Intervention	Strategies
Provide follow up	Check in at meetings, yearly OSHA training, check list, validate and recognize change
Use Relapses to help increase awareness of the process of behavior change	Daily, group and individual: Make relapse a positive experience by moving forward without finger pointing. Steps to avoid finger pointing. Identify problem not person. Meet one on one, go over questions and plans. Demonstrate needed behavior for DHCP.
Reinforce success, identify effective strategies and encourage positive steps toward change	Reinforce and Review Stages: Monthly, Weekly, daily. Avoid discouragement. Do intervention individually when necessary.

You Make the Difference

- Educate
- Motivate towards change
- Utilize Behavioral Psychology in Infection control
- Changing lives and smiles!

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