

### Can we teach an old dog new tricks? Teaching behaviour change to health practitioners in Paraguay

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#### ► To cite this version:

Claudia Teran-Escobar, Monika Christofori-Khadka, Nicole Rahle, Aïna Chalabaev. Can we teach an old dog new tricks? Teaching behaviour change to health practitioners in Paraguay. Annual Conference of the European Health Psychology Society, Sep 2023, Bremen, Germany. 2023. hal-04409448

### HAL Id: hal-04409448 https://hal.parisnanterre.fr/hal-04409448v1

Submitted on 22 Jan2024

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# Can we teach an old dog new tricks? Teaching behaviour change to health practitioners in Paraguay

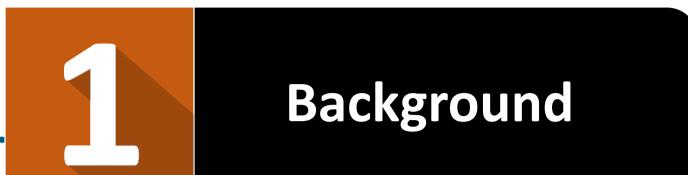
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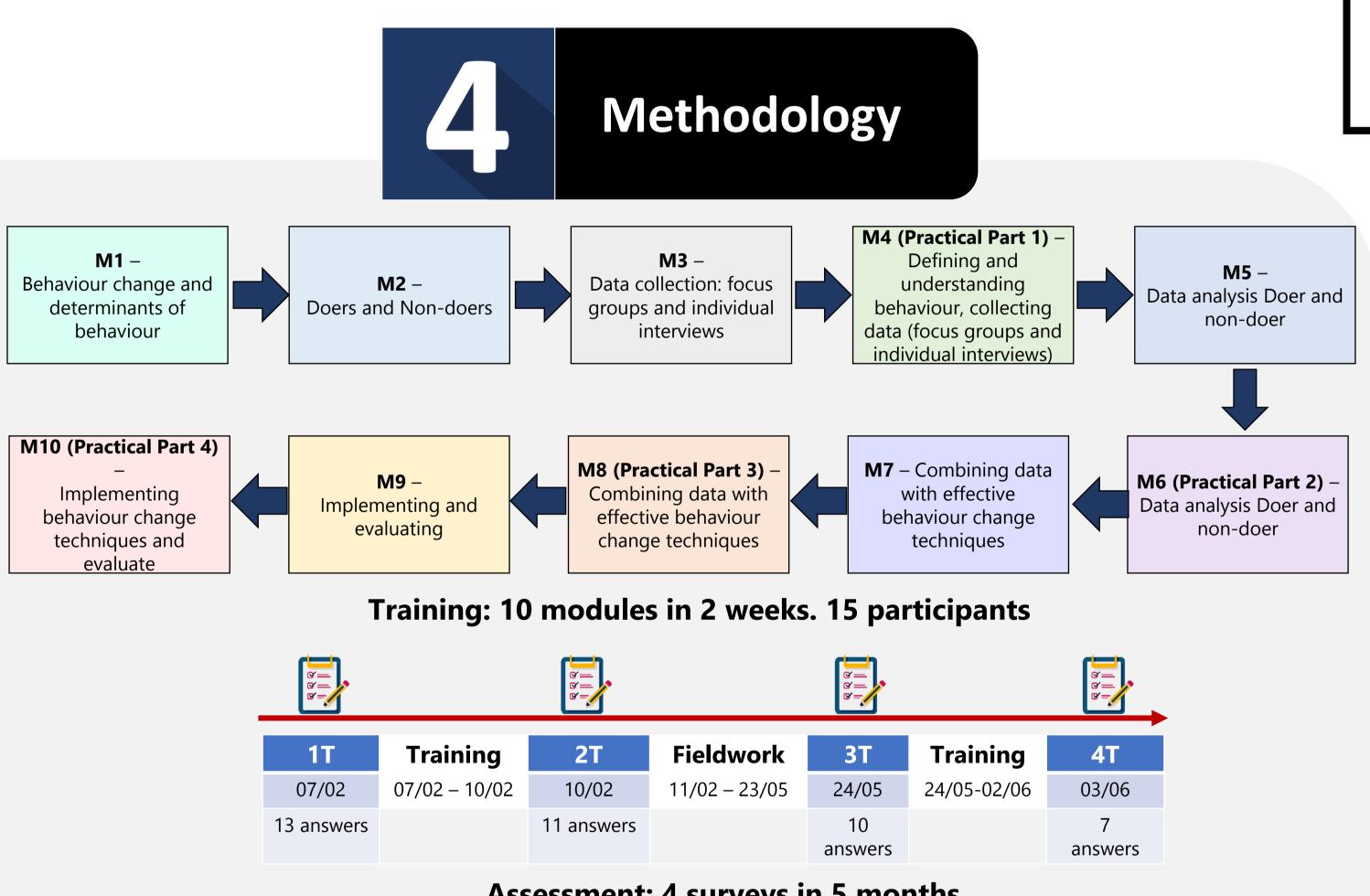
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• The use of **theory- and evidence-based approaches for health** promotion in the real world is highly recommended <sup>1</sup>



- **Caregivers** and **practitioners** have an essential role in promoting **behaviour change**, BUT some studies indicate that **they lack** confidence, motivation, skills and training to deliver behaviour change interventions<sup>2</sup>
- Past trainings in behaviour change techniques have increased intention and self-efficacy<sup>3</sup>

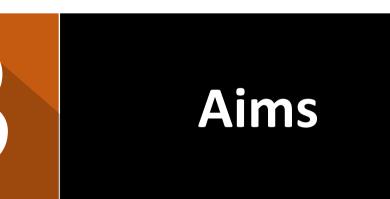




**Collaboration** between **research** and **NGOs** (Swiss Red

Context

- Cross and Tesai Reka Paraguay)
- Tesai Reka Paraguay works in promoting community-based family health in rural areas in Paraguay.



• To carry a training on how to **elaborate**, **implement and evaluate** 



behaviour change interventions based on theory- and evidence-

based approaches

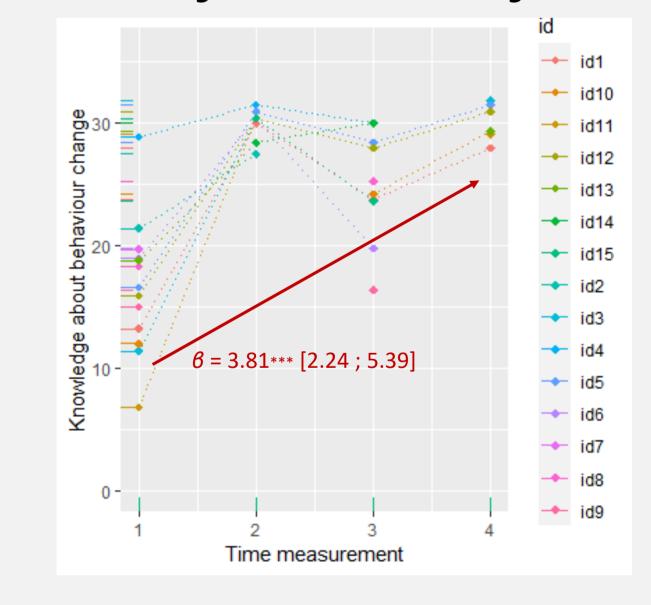
- To assess the **effects of the training** on **knowledge**, **self-efficacy** and
- **intention** towards using TEAs for behaviour change interventions.

# **Assessment: 4 surveys in 5 months**

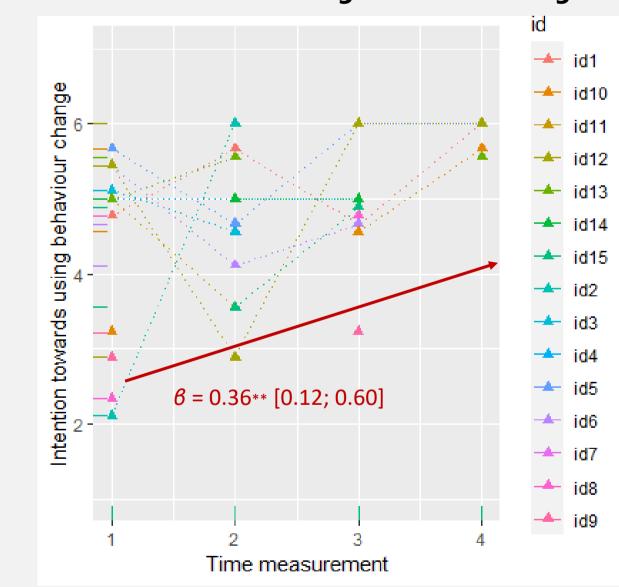
Notes. M= Module, T= Measurement time. 💱 indicates an online survey about Knowledge about behaviour change interventions (multiple-choice test), Self-efficacy and intention towards elaborating and evaluating behaviour change interventions



Knowledge about behaviour change



Intention towards using behaviour change



**Conclusions and** Perspectives

It seems that YES, we can teach an old dog



# new tricks !

Health practitioners increased their knowledge, self-efficacy and intention to use theory- and  $\bullet$ evidence-based behaviour approaches to change behaviour

BUT...

• More robust methodologies (e.g., a control group) should be used and data about actual health promotion **practices** should be collected

## References

<sup>1</sup> Bartholomew, L. K., Markham, C., Ruiter, R. A., Fernández, M. E., Kok, G., & Parcel, G. S. (2016). Planning health promotion programs : An intervention mapping approach, 2nd ed. (4th éd., p. xxiv, 765). Jossey-Bass

<sup>2</sup> Nelson, P. A., Kane, K., Chisholm, A., Pearce, C. J., Keyworth, C., Rutter, M. K., Chew-Graham, C. A., Griffiths, C. E. M., Cordingley, L., & the IMPACT Team (Identification and Management of Psoriasis-Associated Co-morbidiTy). (2016). 'I should have taken that further' - missed opportunities during cardiovascular risk assessment in patients with psoriasis in UK primary care settings: A mixed-methods study. Health Expectations, 19(5), 1121–1137. https://doi.org/10.1111/hex.12404

<sup>3</sup> Bull, E. R., & Dale, H. (2021). Improving community health and social care practitioners' confidence, perceived competence and intention to use behaviour change techniques in health behaviour change conversations. Health & Social Care in the Community, 29(1), 270–283. https://doi.org/10.1111/hsc.13090

More information about the used tools and materials.

+ A preprint is coming soon...

