Appropriate antimicrobial prescribing has significant clinical benefits (i.e., reduced THE mortality) and ROLE reduces development OF of antimicrobial resistance and health care costs. Antimicrobial stewardship programs aim to improve antimicrobial prescribing but sometimes fail to acknowledge BEHAVIOUR that improving IN antimicrobial prescribing actually means changing human behaviour. Human behaviour is not based on a fully rational process but depends on a complex interplay between several behavioural ANTIMICROBIAL PRESCRIBING: determinants and social norms. Despite its rational theoretical foundation, stewardship programs are known to persistently encounter prescriber resistance. This resistance is generated by the tension between the governance of the stewardship team and the autonomy of individual prescribers. Behavioural and social ARE theory seem underused in WE antimicrobial stewardship intervention programs, contrary to more common use in other scientific fields. Previous studies using interventions based on behavioural theory have ONLY found promising HUMAN results in improving antibiotic prescribing. Most of these studies focused on antibiotic prescribing for respiratory tract infections in primary care. We used behavioural theory to design and implement an AFTER intervention approach ALL? to improve appropriateness of hospital antimicrobial prescribing for all indications. Our approach was inspired by the participatory action research paradigm, which focuses on collaboration and empowerment of the stakeholders in the change process and is effective in other complex health JONNE care situations. JOCHUM In our SIKKENS approach, prescribers were invited to choose and co-develop 1 or more interventions to improve their own prescribing, whereby they were stimulated to base their choice on conclusions of a prior root cause analysis of their prescribing patterns. The approach is therefore designed to benefit from tailoring to local determinants and draws on 3 behavioural principles: (1) respect for the prescribers’ autonomy to avoid feelings of resistance; (2) the inclination of people to value a product higher and feel more ownership for it if they made it themselves, which is referred to as the IKEA effect; and (3) the tendency of people to follow up on an active and public commitment. We aimed to test the approach’s effectiveness in improving appropriateness of antimicrobial prescribing in hospitals. This of on a fully rational process but depends on a complex interplay between
Jonne Sikkens was born on the 22nd of September 1983 in Delft, as a son of Anke van Lon and Jan Roelf Sikkens. He spent his early childhood in Delft, together with his two younger brothers Rinde and Jip. After finishing primary school (Jac P. Thijssse, Freinet primary school, Delft), he went to the Grotius college (secondary school, Delft) for two years until moving with his family to Zaandam and shortly thereafter Krommenie at the age of DON’T thirteen. He switched schools PANIC to the Saenredam college in Zaandijk where he finished atheneum in 2001. He then studied psychology at the Vrije universiteit Amsterdam, graduating ‘propedeuse’ in 2002 followed by a ‘doctoraal’ exam in neuropsychology (which is equivalent to a master’s degree) in 2006. He had moved to Amsterdam during this first study. This first study was followed up by a bachelor and master degree in medicine (graduated in 2011, cum laude) at the same university. He did his final internship in internal medicine (infectious diseases) performed at the Sint Lucas Andreas hospital (currently OLVG) under the guidance of dr. Jan Veenstra. Afterwards he started working as a PhD student (2011-2016) at the department of internal medicine at the VU university medical centre (currently Amsterdam UMC) under the guidance of prof.dr. Mark Kramer and prof.dr. Michiel van Agtmael, which resulted in the current thesis. During the PhD traject, he also acquired a master’s degree in clinical epidemiology at the EpidM institute, Amsterdam. In 2016 he started his training to become an internist at the same VU university medical centre, supervised by prof.dr. Yvo Smulders. Jonne currently lives in Weesp together with his wife Djoete, and their three sons (Melin, born in 2014, Leo, born in 2016, and Sietse, born in 2018).