<table>
<thead>
<tr>
<th>Behaviour change techniques used in both study arms</th>
<th>Behaviour change techniques used in the “Tailoring”-arm only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Goal setting (behaviour), e.g. visualization of the WHO-“Five moments for hand hygiene”</td>
<td>1.2 Problem solving, e.g. feedback discussions on optimizing sequences of workflow as assessed in problem-centred interviews</td>
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<td>2.2 Feedback on behaviour, e.g. reflection of wards’ compliance rates and respective rankings</td>
<td>1.4 Action planning, e.g. reflect and discuss implementation intentions as assessed in survey</td>
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<tr>
<td>2.4 Self-monitoring of outcome(s) of behaviour, e.g. presentation of compliance rates and discussion of options for monitoring on wards</td>
<td>3.2 Social support (practical), e.g. feedback discussions on optimizing dispenser provisions</td>
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<tr>
<td>2.7 Feedback on outcome(s) of behaviour, e.g. feedback on hospital-wide NI rates</td>
<td>3.3 Social support (emotional), e.g. active listening in feedback discussions to evoke reflection on balancing benefits and costs</td>
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<tr>
<td>3.1 Social support (unspecified), e.g. identification and forwarding of employees’ ideas for improvement</td>
<td>4.4 Behavioural experiments, e.g. Fluorescence behaviour training by fluorescence methods using ultraviolet light boxes</td>
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<tr>
<td>4.1 Instruction on how to perform the behaviour, e.g. visualizations using task-related images</td>
<td>6.3 Information about others’ approval, e.g. reflection of perceived recognition by superiors for compliance as assessed in survey</td>
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<td>5.1 Information about health consequences, e.g. knowledge transfer on consequences of non-compliance and NIs</td>
<td>7.1 Prompts/cues, e.g. laminated information sheets distributed in wards’ common rooms</td>
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<td>5.3 Information about social and environmental consequences, e.g. knowledge transfer on economic consequences of NIs</td>
<td>8.1 Behavioural practice/rehearsal, e.g. exercises on hand hygiene in line with guidelines regarding glove use</td>
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<td>5.6 Information about emotional consequences, e.g. knowledge transfer on psychological consequences of NIs</td>
<td>8.7 Graded tasks, e.g. focusing on individual indications such as before aseptic procedures</td>
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<tr>
<td>6.1 Demonstration of the behaviour, e.g. presentation of behaviour with fluorescence methods using ultraviolet light boxes</td>
<td>10.4 Social reward, e.g. awarding incentives to wards with highest compliance at university celebrations</td>
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<tr>
<td>6.2 Social comparison, e.g. comparison with compliance rates of other wards (blinded) in order to activate social behavioural norms</td>
<td>12.5 Adding objects to the environment, e.g. optimizing hygiene facilities to reduce self-regulatory effort</td>
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<tr>
<td>8.6 Generalisation of target behaviour, e.g. transfer of problem-solving approaches across indications</td>
<td>13.1 Identification of self as role model, e.g. illustration and discussion of the function of role models in hand hygiene compliance</td>
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<td>9.2 Pros and cons, e.g. discussing effects of compliance and noncompliance</td>
<td>13.2 Framing/Reframing, e.g. raising the issue of compliance as a team task (team cooperation)</td>
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<tr>
<td>15.1 Verbal persuasion about capability, e.g. discussion of positive compliance development</td>
<td>14.6 Situation-specific reward, e.g. certification of ward with highest compliance with the trial</td>
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<tr>
<td>15.3 Focus on past success, e.g. discussion of best year</td>
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</tbody>
</table>

* Labels for behaviour change techniques come from the taxonomy developed by Michie and colleagues33.