PROVIDER BEHAVIOR

Ecosystem Map

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USAID FROM THE AMERICAN PEOPLE

Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

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INTRODUCTION

Healthcare providers play a critical role in any health system given their close, frequent interaction with clients. Providers need proper support to deliver quality care and help improve health outcomes among clients.

The Provider Behavior Ecosystem Map is a thinking tool designed to help you understand and consider diverse factors that influence facility-based provider behavior, and how they interact with one another, as you design or adjust your provider behavior change initiatives. This map allows you to observe the complex network of factors, including critical linkages, in a comprehensive and holistic way. The ecosystem map focuses primarily on the factors that influence facility-based providers working in family planning and reproductive health, though it can be applied across health areas.

Photo credit: Morgana Wingard, USAID. Kabwohe Clinical Research Center, Uganda. December 15, 2011. https://www.flickr.com/photos/99374229@N07/9364168977/

PROVIDER BEHAVIOR

WHAT IS PROVIDER BEHAVIOR?

"Provider behavior" refers to the way that providers act in response to people or situations in the course of delivering healthcare services to clients. Provider behavior is the outcome of a complex set of factors that are both internal (e.g., attitudes, values, and beliefs) and external (e.g., training and professional development, healthcare financing) to providers.

WHAT IS PROVIDER BEHAVIOR CHANGE?

Provider behavior change aims to positively shape and influence provider behavior by reducing barriers and challenges to behavior change. It also strengthens facilitators and opportunities for behavior change. Barriers and challenges can include lack of technical knowledge and medicine stockouts, while examples of facilitators and opportunities include supportive supervision and interpersonal communication skills. Achieving provider behavior change requires addressing key factors influencing target behaviors. The benefits of provider behavior change include the following improvements in facility-based healthcare delivery:

- Increased job satisfaction for providers.
- Improved quality of healthcare services
- Improved client experiences
- Increased trust in and use of healthcare services
- Increased adoption or maintenance of desired client behaviors
- Impact on behavioral and health outcomes among clients

Source: Adapted from Breakthrough RESEARCH. (2019). Advancing provider behavior change programming. Research and Learning Agenda. Washington, DC: Population Council.

Examples of provider behavior change include the following:

- Asking clients about their healthcare experiences and preferences
- Assessing health literacy of clients and tailoring communication and service delivery
- Screening clients for experiences of violence and providing necessary referrals
- Providing family planning counseling that includes information on how to correctly use the chosen family planning method
- Providing youth-friendly services on modern family planning method use

PROVIDER BEHAVIOR ECOSYSTEM MAP

WHAT IS AN ECOSYSTEM?

An ecosystem is a complex system where many elements interact with one another. Facility-based providers operate in an ecosystem that determines and conditions the ways in which they provide health information, products, and services. Many factors influence providers and their behavior; those factors are interconnected and influence one another.

WHAT IS THE PROVIDER BEHAVIOR ECOSYSTEM MAP?

This is the map of actors, entities, and other elements that shape facility-based provider behavior, and how those factors interact with one another. The Provider Behavior Ecosystem Map presents factors and interrelationships that influence facility-based providers working in family planning and reproductive health.

WHAT IS ITS PURPOSE?

The Provider Behavior Ecosystem Map is a thinking tool designed to help you understand and consider diverse factors that influence provider behavior and how they interact with one another. You can use this to design or adjust your provider behavior change initiatives. This map allows you to observe the complex network of factors, including critical linkages, in a comprehensive and holistic way.

WHO SHOULD USE IT?

The intended audience is anyone interested in improving facility-based service delivery and understanding how they can better support providers to achieve related goals, objectives, and targets. This may include donors, program implementers, facility managers, quality improvement teams, pre-service education faculty, and researchers who design, implement, and evaluate provider behavior change initiatives.

Photo credit: Sheena Ariyapala, UK Department for International Development. Tanzania, midwife. June 12, 2017. https://www.flickr.com/photos/dfid/34869778334/

HOW SHOULD YOU USE IT?

The Provider Behavior Ecosystem Map is a thinking tool that helps you think more systemically about provider behavior by highlighting the many factors that influence provider behavior and their interactions. Using it is a first step in the design—or adjustment—of supportive provider behavior change initiatives. The guidance below demonstrates how to use it to lay focused groundwork for the design or modification of these initiatives.

1. Review all the factors that influence provider behavior, what they are, why they are important, and how they interact with each other using this ecosystem. Record your initial thoughts on which factors influence provider behavior in your context. You may want to use this worksheet throughout this process.
2. Conduct assessments and/or review secondary research to identify which factors are relevant and most influential for your group of providers. Involve providers, supervisors, clients, educators, and other stakeholders in this process.
   Prioritize factors according to their degree of influence on provider behavior in your context. (See these resources: Provider Behavior Assessment for Social and Behavior Change, Provider Needs Assessment Framework, and Trending Topic on Provider Behavior Change).
   Coming in 2021: a diagnostic tool to help you identify the most influential factors for provider behavior in your context.
3. Determine which factors you can address through your initiative given your mandate, focus, capabilities, budget, and other considerations.
4. Collaborate with other programs and organizations to ensure a coordinated approach that addresses as many factors as possible and achieves greater impact. Coordination and collaboration are key to shaping and influencing provider behavior in scalable and sustainable ways
5. Engage providers, supervisors, managers, clients, educators, and other relevant stakeholders to design or modify your provider behavior change initiative. Use the prioritized factors to inform the development of program strategies and activities. Provider behavior change tools and initiatives should complement existing quality improvement or quality of care guidance, processes, and tools to ensure broader impact.
6. Implement, monitor, and evaluate the initiative. Be sure to remain aware of factors not addressed by your initiative and their potential impact, as they can change over time.

WHEN SHOULD YOU USE IT?

You can use this tool to inform critical thinking and reflection around provider behavior and its influences at any time, especially prior to intervention design. It can be used to inform intervention design, implementation, and evaluation. Below are ways to use this tool throughout the project life cycle.

BEFORE IMPLEMENTATION

It can help you understand and consider actors, entities, and other elements to be addressed and included in the design of an intervention.

DURING IMPLEMENTATION

It can assist you in identifying barriers and gaps that need to be addressed as you modify an intervention to improve outputs and outcomes in the future.

AFTER IMPLEMENTATION

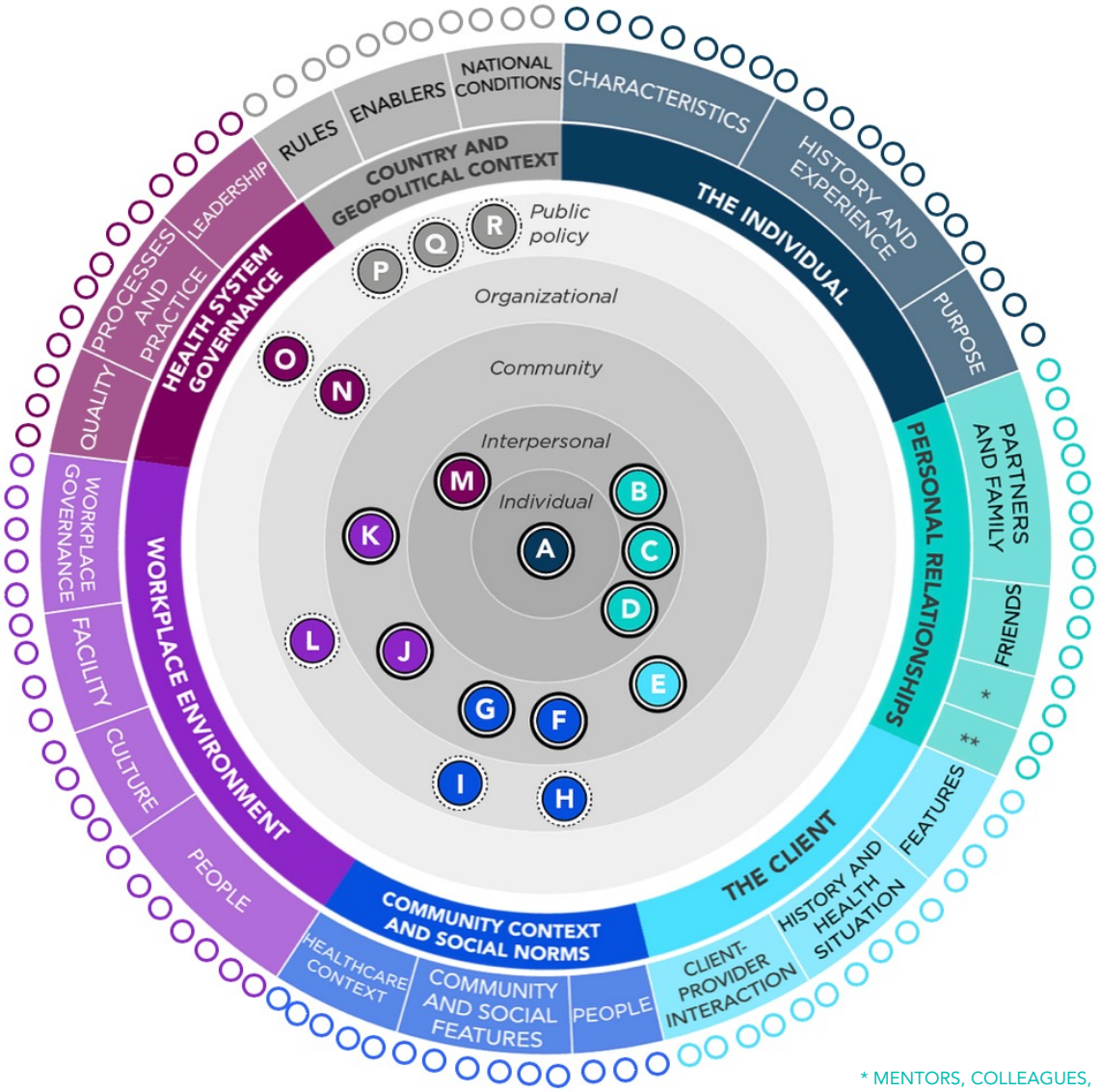
It can support different types of evaluation to understand the "why" behind the outputs and outcomes and identify important considerations for future interventions.

Photo credit: Martine Perret, UNMEER. Ebola treatment unit, Liberia. January 27, 2015. https://www.flickr.com/photos/unmeer/16408851282/

Photo credit: USAID IMPACT-MED. Training medical students on COVID-19 care and treatment, Vietnam. June 18, 2020. https://www.flickr.com/photos/mcspglobal/22823599653/in/photostream/

UNDERSTANDING THE PROVIDER BEHAVIOR ECOSYSTEM MAP

Understanding the content and organization of the map will help you use this thinking tool to consider diverse factors that influence provider behavior, and how they interact with one another, as you design or modify your provider behavior change initiatives. Below is an image of the Provider Behavior Ecosystem Map.

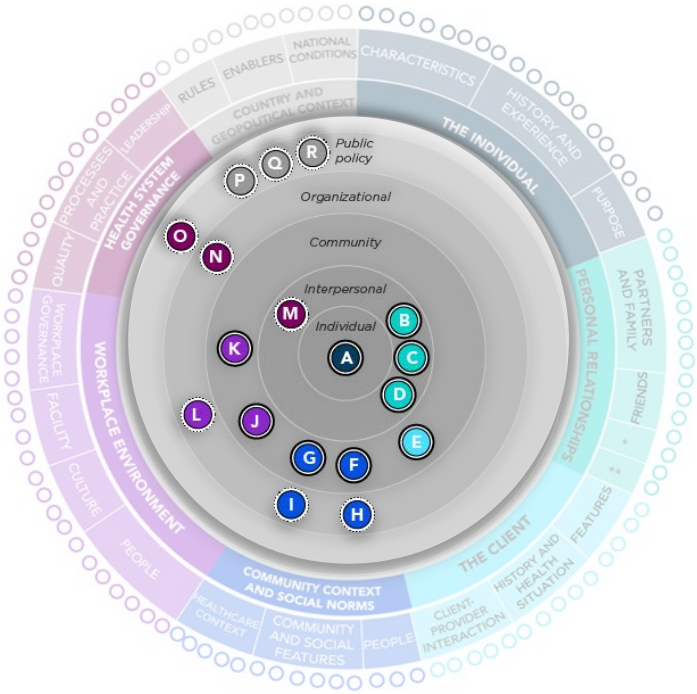


* MENTORS, COLLEAGUES, AND INSTRUCTORS

** COMMUNITY LEADERS

WHAT ARE THE ACTORS AND ENTITIES IN THE ECOSYSTEM?*

Central to the provider behavior ecosystem are the actors and entities that influence provider behavior.



Actors are individuals or groups. Entities are organizations or institutions. They all hold varying degrees of power and influence that can be social, economic, and/or political in nature. Actors and entities sometimes have their own goals, intentions, and motivations that shape how they interact with other elements in the ecosystem and, ultimately, how they influence provider behavior. In the ecosystem map, key actors and entities are grouped according to shared characteristics and natural overlap.

In the ecosystem map, the key actors and entities appear in the middle as numbered circles and are assigned to their related level of the social ecological model (SEM). The SEM considers the dynamic interaction between multiple levels of influence (individual, interpersonal, community, organizational, and public policy) and how behaviors shape and are shaped by their environment.

* These are based on scientific evidence from existing literature on provider behavior change, social and behavior change, and related areas.

The key actors and entities in the provider behavior ecosystem are described below, as well as their relationship to provider behavior.*** They appear in order of innermost level (individual) to outermost level (public policy).

A. Provider: Providers are individuals who provide services in healthcare facilities (e.g., hospital, clinic, private practice). They may carry the title of doctor, nurse, midwife, or another professional title given to someone trained and authorized to provide healthcare services.

B. Intimate Partner(s) and Family Members (immediate, extended, chosen): These are individuals with whom providers have close relationships that shape many factors (e.g., attitudes, beliefs, and values) that influence their behavior. In the case of family members, they can be biological, foster/adoptive, or chosen by the individual. It includes both current and past intimate partners and family members.

C. Friends: These are individuals with whom a provider has social relationships that shape many factors (e.g., attitudes, beliefs, and values) that influence their behavior. It includes both current and past friendships.

D. Classmates and Colleagues: This includes current and past classmates and colleagues. These are individuals who have ever studied, trained, or worked with providers during their schooling, training, and/or work as certified health professionals. They play an important role in providers' training and development as healthcare professionals. They may interact directly or indirectly with providers, and they may or may not be providers themselves.

***Classmates and colleagues, clients, community members, community leaders, friends, intimate partners and family members, providers, and supervisors, are roles that can be held by individuals in the present or in the past, as well as separately or simultaneously. As you conduct relevant assessments prior to design or modification of your provider behavior change initiative, you will become familiar with natural overlap in your target context.

E. Client: Clients are individuals who seek out and receive services from providers and other personnel in healthcare facilities. Anyone can be a client at any point in their life. As the relationships between clients and providers are central to healthcare, the interaction between the two is a primary focus of improvements to provider behavior. At the same time, clients themselves can influence provider behavior by exercising autonomy and agency to the degree possible.

F. Community Leaders: These individuals include religious, traditional, business, political, and other community leaders who hold positions of power and/or influence in their communities and are granted authority and/or respect by other actors and entities such as community members and community-based organizations. They are important agents of social change, and they may be supported by all or some community members.

G. Community Members: These are the individuals present in the larger community where providers reside and/or deliver healthcare services. Since providers do not always live in the communities served by their assigned facilities, it is important to consider any relevant communities that may influence providers. The social, cultural, and gender norms that are adopted and maintained by community members influence different aspects of provider behavior, including their own attitudes, beliefs, and values, and their interpersonal connection with the client.

H. Religious Institutions: These are places of worship (e.g., church, mosque, synagogue, temple) and other institutions that exist for individuals and groups to exercise religious beliefs and practices. They can play a significant role in shaping attitudes, beliefs, and values as well as social, cultural, and gender norms in a given context. In this way, they also influence individual and group behavior among providers and others.

I. Community-Based Organizations: These are organizations that aim to improve different aspects of communities, such as health, well-being, livelihoods, and general functioning. They may or may not have a physical presence within a geographically-bound space. They include formal and informal community groups (e.g., neighborhood associations, recreational clubs), nonprofit organizations, and social service organizations.

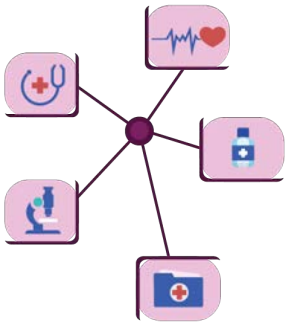
J. Supervisors: These individuals directly supervise providers in the performance of professional duties. They are responsible for establishing and clarifying roles and responsibilities, monitoring and evaluating performance, and providing support and opportunities for professional growth and development.

K. Facility Leadership and Management: Facility leadership and management consists of individuals and groups charged with the overall functioning of healthcare facilities and service delivery. This may include the following groups: facility management committee, clinical ethics committee, healthcare quality and patient safety committee, audit and compliance committee, community benefit committee, human resources committee, and strategic planning committee. As an example, a facility management committee oversees infrastructure management regarding the built environment, including supporting elements, in which providers deliver healthcare services and clients receive them. Infrastructure quality and maintenance are conditioned by resource availability, demand, and conflicts (e.g., human, financial, material). Both the presence and absence of specific resources influence individual and group behavior among providers.

L. Professional Associations: These are membership-based organizations that bring people with a shared profession or professional interest together to promote and advance their profession or field of interest. Members meet periodically to discuss news and updates, and they host events for professional networking and information sharing. These associations (e.g., Obstetrical and Gynecological Society) can exist at the local, state, regional, national, and international levels. They influence provider knowledge, skills, and abilities as well as support and opportunities for professional growth and development.

M. Instructors and Mentors: This includes current and past individuals who have ever taught, trained, or mentored providers as part of pre-service or in-service training. This may also include individuals that providers view as role models. They play an important role in determining provider attitudes, beliefs, values, and expectations towards clients, and they affect health information, products, and services available to providers. They may also influence providers' approaches to service delivery and teamwork; and ultimately the way providers treat clients. Instructors and mentors also can serve as a source of inspiration and motivation for providers as they advance in their careers.

N. Accreditation and Training Organizations: The former are organizations that conduct accreditation and establish standards for healthcare delivery for health professionals and healthcare organizations. Accreditation refers to the process of evaluating and granting official recognition of status (e.g., certified midwife, registered nurse) or qualification (e.g., hospital, surgical center). These entities may need to regularly seek renewal of accreditation to maintain status or qualification. Training organizations in particular provide education and training opportunities to health professionals and healthcare organizations. Both types of organizations influence the standards and commitments around delivery of high-quality healthcare as well as available opportunities for professional growth and development.



O. Health System: This is the system that establishes policies, guidance, and protocols and manages coordination and resources (e.g., human, financial, material) across a health system. It directly shapes the structural context that influences provider behavior.

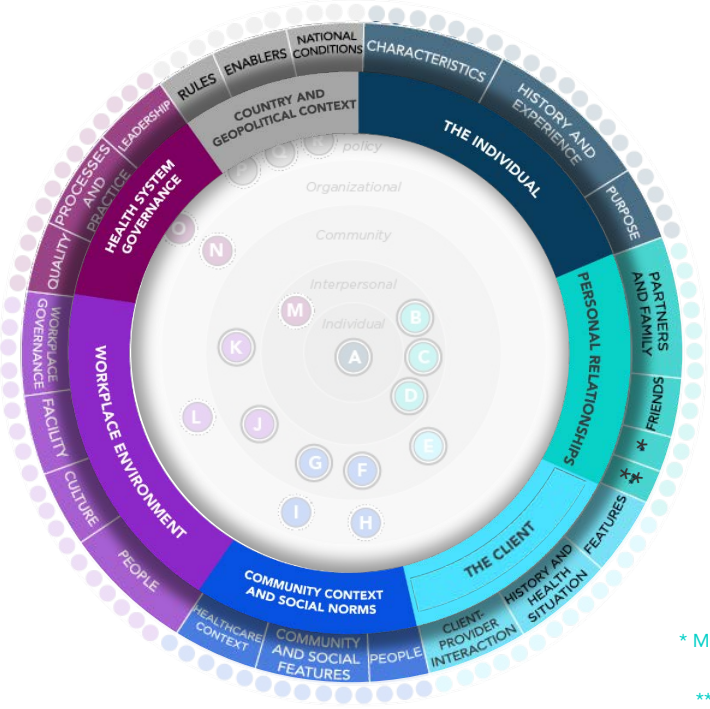
P. International Bodies: These are multinational organizations (e.g., World Health Organization, United Nations Population Fund, World Trade Organization, World Bank) that promote and advance global governance around specific issues or areas of interest. They play a major role in setting global standards and guidelines for healthcare delivery that can be adopted by government agencies for country-level implementation. These standards and guidelines can influence the goals and objectives of healthcare delivery systems in a country and ultimately impact individual and group behavior among providers.

Q. Government Agencies: These are temporary, semi-permanent, or permanent bodies (e.g., Ministry of Health, Ministry of Gender, Ministry of Family, Ministry of Education, Ministry of Labor, Ministry of Social Welfare) that exist and operate as part of the governance and structures of government at the local, state, regional, and/or national levels in a particular country. They develop and disseminate policies, standards, procedures, and guidelines that directly and indirectly influence healthcare delivery in facilities and individual and group behavior among providers.

R. Donors: These are the foreign governments, multilateral and bilateral organizations, private individuals, and other entities external to a country that provide assistance (e.g., human, financial, material) to achieve particular outcomes and goals (e.g., decrease maternal mortality, increase modern contraceptive use).

WHAT ARE THE INFLUENCE FACTORS?*

To show how actors and entities influence provider behavior and interact with one another, the map is organized according to influence factors and their respective components.



* MENTORS, COLLEAGUES, AND INSTRUCTORS

** COMMUNITY LEADERS

These are the overarching groupings of key actors, entities, and other elements that interact with providers and influence provider behavior across the ecosystem. They are grouped according to shared characteristics and natural overlap. The influence factors are **The Individual**, **Personal Relationships**, **The Client**, **Community Context and Social Norms**, **Workplace Environment**, **Health System Governance**, and **Country and Geopolitical Context**.

In the map above, influence factors are found in the inner ring of the circle with text labels in different colors. The color of each influence factor matches its relevant level of the social ecological model. They are arranged in order of proximity to providers, moving from right to left in a clockwise direction starting with "The Individual" factor.

*These are based on scientific evidence from existing literature on provider behavior change, social and behavior change, and related areas.

Below describes each influence factor and how it relates to provider behavior.

The Individual refers to the provider and includes provider **Characteristics** (e.g., identity and demographics, attitudes, personality); **History and Experience** (e.g., past experiences, competency and skills, gender and power dynamics); and **Professional Purpose** (e.g., goals, commitment, perceived role). Any or all of these factors may influence a provider's intentions or behaviors around providing care, and the most relevant or impactful factors may vary based on the behavior of interest, place of care, client type, or personal events.

Personal Relationships are those a provider has with people outside of the workplace. They could include **Intimate Partners, Family, Friends, Mentors, colleagues or Instructors**, and other **Community Leaders** or groups. These relationships can affect a provider's perceptions, intentions, and decisions around provision of care.

The Client refers to the client's **Personal Characteristics** (e.g., demographics, language, beliefs, values, resources); **History and Health Situation** (e.g., health knowledge, expectations for care, healthcare experiences); and the **Client-provider Interaction** (e.g., power dynamics, emotional activators, client-provider perceptions). A client's characteristics and the way they interact with providers influence provider attitudes, biases, communication style, and recommendations.

Community Context And Social Norms includes the **People and Community Structures** (e.g., community leaders, organization, accountability measures); **Community and Social Characteristics** (e.g., social and gender norms, stigma, and religious influences); and the **Healthcare Delivery Context** in the community (e.g., health misinformation/disinformation; community-facility relationship dynamics, healthcare practice preferences). These factors can influence the relationship with and behavior of a provider both at the community level and at an individual client level.

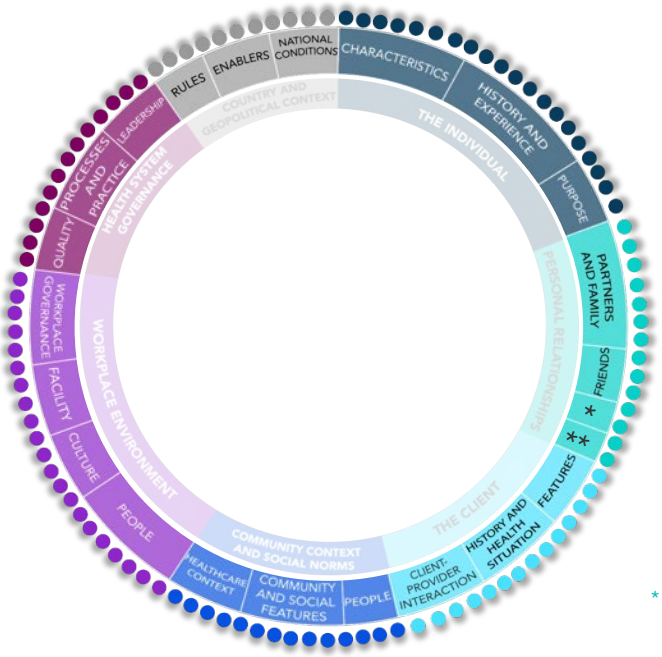
Workplace Environment is the place in which the provider works, and includes the **People** who make up the facility and their interactions (e.g., peers and colleagues, supervisors, leadership); the **Culture** of the facility (e.g., norms, rapport, leadership and management); its **Infrastructure** (e.g., physical space, resources, location); and **Workplace Governance** (e.g., systems, policy, and practice). These factors impact how providers work and what they are willing and able to do.

Health System Governance The governance of the health system encompasses **Quality Assurance** (e.g., provider training and professional development, monitoring and evaluation, provider support structures); **Healthcare Delivery Process and Practice** (e.g., resource management, guidelines and protocols, coordination and information systems); and **Leadership** (e.g., policies, priorities, health system culture). These factors may vary in their content and impact between the national and sub-national levels and can have more distant impacts on a provider's behavior.

Country and Geopolitical Context: The country and geopolitical context include the broad **National Conditions** in the country (e.g., social and economic context, political context, donor ideologies); **Healthcare Delivery Enablers** (e.g., commodity supply chains, technical assistance, financial resources for healthcare); and **Rules and Assurances** (e.g., policies and laws, law enforcement, targets). These factors can affect the broader context in which providers make decisions.

WHAT ARE THE COMPONENTS?*

These are the elements assigned to each influence factor that are known to shape and influence provider behavior within the ecosystem. Each influence factor consists of several components that are grouped according to similar characteristics.



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** COMMUNITY LEADERS

In the ecosystem map, the components are represented by the outer ring of small circles, and line up with the related influence factor of the same color. The component groupings are represented by the middle ring with text labels of the same color.

The following pages detail the individual components, their overarching grouping, and their related influence factor. Some components may have greater impact on their assigned influence factor compared with others, and therefore greater impact on provider behavior. The particular context will strongly determine which components will have greater impact, so further assessment is needed to better understand your context and its most relevant and influential components.

*These are based on scientific evidence from existing literature on provider behavior change, social and behavior change, and related areas.

THE INDIVIDUAL

Characteristics

- Personality type
- Identity
- Individual mindset
- Empathy toward client
- Perceived autonomy
- Bias and partiality
- Attitudes and values
- Self-efficacy

History and experience

- Past experiences
- Personal stressors
- Perceived norms
- Power dynamics
- Gender competency
- Expertise and skills
- Health literacy
- Healthcare approach

Professional purpose

- Goals
- Perceived role
- Commitment

PERSONAL RELATIONSHIPS

Partners and family

- Relationship gender dynamics
- Relationship type
- Support and trust
- Relationship health
- Communication
- Attitudes, values, and behaviors
- Culture and religion
- Family roles

Friends

- Attitudes, values, and behaviors
- Social support and trust
- Social networks

Mentors, colleagues and instructors

- Social networks
- Professional networks

Community Leaders

- Religious leaders
- Community leaders

THE CLIENT

Characteristics

- Identity
- Attitudes and values
- Financial resources
- Self-efficacy

History and health situation

- Health literacy
- Healthcare experiences
- Healthcare preferences
- Expectations for care
- Experiences of violence

Client-provider interaction

- Relationship dynamics
- Agency and power
- Authority bias
- Emotional activators
- Perceptions

INFLUENCE FACTOR

Component grouping

Individual component

COMMUNITY CONTEXT AND SOCIAL NORMS

People

- Community organization
- Community leaders
- Accountability measures

Social characteristics

- Socio-cultural norms
- Gender norms
- Social stigma
- Discrimination
- Religious influences
- Social sanctions

Healthcare context

- Healthcare preferences
- Expectations for care
- Community definition of quality
- Health mis/disinformation
- Community-facility dynamics

WORKPLACE ENVIRONMENT

People

- Skills and capabilities
- Hierarchy and power dynamics
- Staffing levels and workload
- Staff roles and expectations
- Contracts and compensation
- Perceived support
- Professional bodies

Culture

- Organizational culture
- Leadership and management
- Recognition and growth
- Gender competency

Infrastructure

- Facility type
- Physical environment
- Geographic location
- Resource availability

Workplace governance

- Service delivery integration
- Administrative tools
- Processes and procedures
- Training and professional development
- Measurement and quality assurance

HEALTH SYSTEM GOVERNANCE

Quality assurance

- Monitoring and evaluation
- Gender competency
- Provider training and development
- Provider support structures

Processes and practice

- Guidelines and protocols
- Resource management
- Coordination systems
- Healthcare costs
- Career advancement

Leadership

- Policies
- Ministry and agency roles
- Family planning prioritization
- Health system culture

INFLUENCE FACTOR

Component grouping

Individual component

COUNTRY AND GEOPOLITICAL CONTEXT

Rules and assurances

Targets and auditing

Enforcement and compliance

Policies and laws

Healthcare enablers

Access to services

Commodity supply chains

Financial resources for healthcare

Technical assistance

National considerations

Political context and priorities

Gender equality

Donor ideologies and incentives

Social and economic context

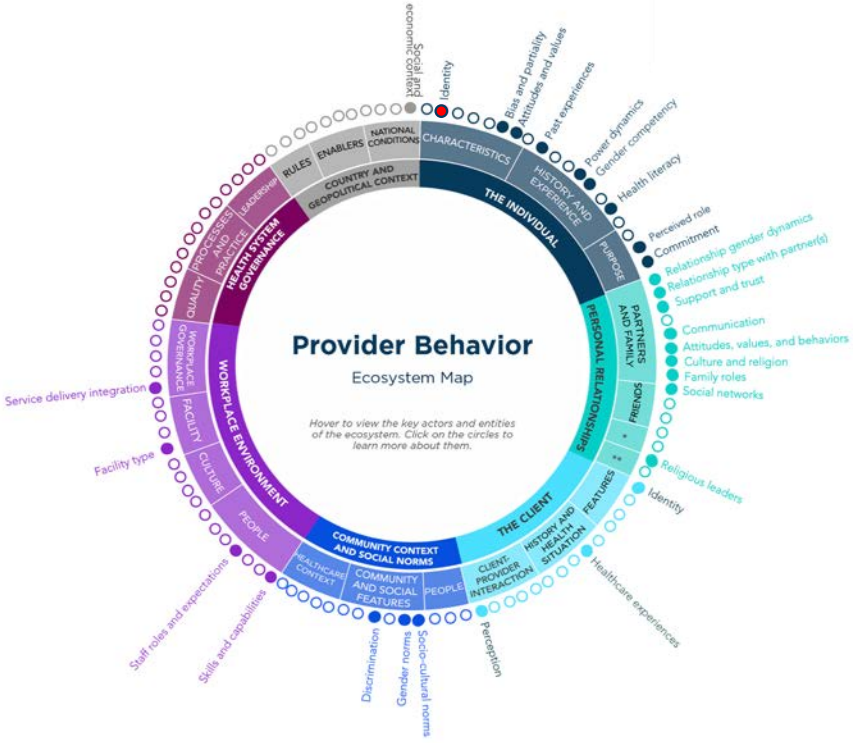
PRINTABLE COMPONENTS PRODUCT

While details about component groupings are included in the above description of influence factors, details on individual components can be found in the annex (see Annex 1 Provider Behavior Ecosystem Components Detail). This document includes the following information for each component: definition and description, importance for provider behavior change, and interrelationships with other components across the ecosystem.

WHAT ARE THE INTERRELATIONSHIPS IN THE ECOSYSTEM?**

The term "interrelationships" refers to the connections and interactions between components. These interrelationships show linkages across the ecosystem, allowing you to observe connections and interactions that you might not otherwise consider. An interrelationship can be a one-way or a two-way relationship. This means that a component can influence, be influenced by another component, or both. These components can belong to the same or different influence factors.

THIS IS AN EXAMPLE FOR THE '**IDENTITY' COMPONENT** IN THE INDIVIDUAL INFLUENCE FACTOR



THE ONLINE ECOSYSTEM MAP

In the online Provider Behavior Ecosystem Map, the interrelationships are displayed by hovering over individual components. Additional small circles with accompanying text will light up around the ecosystem in response. These are the components that are critically linked to the one you selected. You can also review these interrelationships in the annexed document with detailed information for each component (see Annex 1 Provider Behavior Ecosystem Component Detail). The actual interrelationships and their strength will vary by context.

These interrelationships represent the critical linkages across this complex network of factors. Additionally, they call special attention to the need for continuous thinking and reflection around consequences—both intended and unintended—as you design or modify your provider behavior change initiatives. What happens in one part of the ecosystem not only changes other parts, but also changes the nature of the overall system.

**These are based on empirical evidence and scientific evidence from existing literature on provider behavior change, social and behavior change, and related areas.

AN EXAMPLE TO EXPLORE THE INTERRELATIONSHIPS

To further explore the idea of interrelationships, consider this example.

A recent nursing school graduate is interviewing for positions at different health clinics offering family planning/reproductive health (FP/RH) services in the province where he was born and raised. During job interviews, he asks clinic staff whether they offer youth-friendly FP/RH services and how they engage local youth in health promotion. He is particularly interested in adolescent and youth FP/RH given his past experiences and medical education and training.

Growing up in a large town, his unmarried friends—both men and women—were often turned away from the local health clinic when seeking information and guidance on reproductive health and modern contraceptive methods. The local doctors and nurses frequently told his unmarried friends that they had no reason to be asking about such things, citing that people should wait until marriage to have sex. They also advised them to not have sex and to return to the clinic after they were married. Though he never shared this with his friends, he agreed with the response of these doctors and nurses. After all, it was what he had always heard from his grandparents, parents, and other family members: unmarried people should not have sex with anyone, and married people should only have sex with their spouse.

Not until nursing school did he learn about the importance of adolescent and youth FP/RH in a course with a highly respected professor. This professor taught him and his classmates about the importance of disease prevention and health promotion across the life course. She emphasized the need to meet young people where they are and empower them with medically accurate and complete information to help them make informed decisions about their health and well-being from an early age. In this course, he began to reconsider both his earlier thinking about who should and should not have access to essential FP/RH information and services and why he thought that way in the first place.

Photo credit: RinGs rpc, Carol Bales CapacityPlus and IntraHealth International. Garden City University College, Ghana. March 12, 2014. https://www.flickr.com/photos/125866478@N02/15469039585/in/photostream/

In the above example, we learned about a recent nursing school graduate interested in a facility-based job providing youth-friendly SRH services in his home province and factors that influenced him. This example highlights diverse components and illustrates several interrelationships across the Provider Behavior Ecosystem that influence the recent graduate who will soon become a formal provider. Some of the components and interrelationships are detailed in the following paragraphs.

His upbringing in a town where unmarried people having sex is socially prohibited highlights components like **socio-cultural norms**, **gender norms**, **social sanctions**, **social stigma**, and **discrimination** under **COMMUNITY CONTEXT AND SOCIAL NORMS**. In this example, socio-cultural norms are reflected in the community at large embracing the idea that people should wait until marriage to have sex, and social sanctions are seen in the differential treatment towards unmarried people seeking SRH information and services at the local health facility.

Photo credit: Kate Holt for JHPIEGO, The Maternal and Child Survival Program. Community meeting in Takradi, Ghana. January 13, 2016. https://www.flickr.com/photos/mcspglobal/24814594554/in/photostream/

These components then influence and are influenced by components at other levels. Here, the doctors and nurses are not only influenced by **socio-cultural norms** and **social stigma** at the level of **COMMUNITY CONTEXT AND SOCIAL NORMS**, but also influence it themselves through their actions and words. At the level of **The Individual**, some components that come into play are **empathy toward client**, **bias and partiality**, **attitudes and values**, **perceived norms**, and **power dynamics**. The doctors and nurses uphold perceived norms that promote or allow stigmatization based on marital status when they themselves deny access to information and service around sexual health and modern contraceptive methods to unmarried people. They also demonstrate a lack of **empathy** for the potential client's situation in seeking SRH information and services. Components under **COMMUNITY CONTEXT AND SOCIAL NORMS** and **The Individual** also influence the elements within **THE CLIENT**, including **relationship dynamics**, **agency and power**, **authority bias**, and **perceptions**. **Perceptions** and **agency and power** are evident in the way that doctors and nurses view and limit the health-seeking of unmarried people. Providers usually have more power than clients in the healthcare setting as health service gatekeepers, allowing or denying access based on their individual attitudes and perceptions. Furthermore, we learn that the nursing school graduate agrees with the actions and words of the doctors and nurses because it reflects what he learned from his own family members. In this way, **THE INDIVIDUAL** also intersects with **PERSONAL RELATIONSHIPS** as his social-cultural upbringing shaped and influenced his own attitudes and perceptions. Related components under **PERSONAL RELATIONSHIPS** are **attitudes, values, and behaviors**; **culture and religion**; and **social networks**.

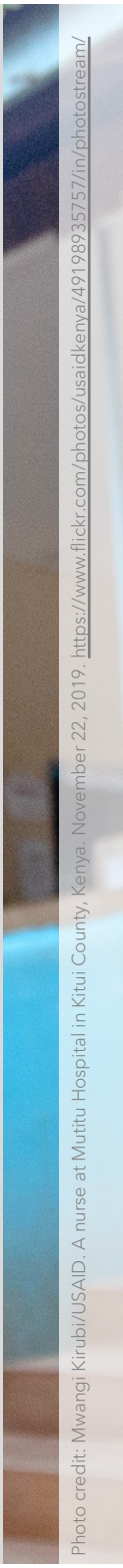
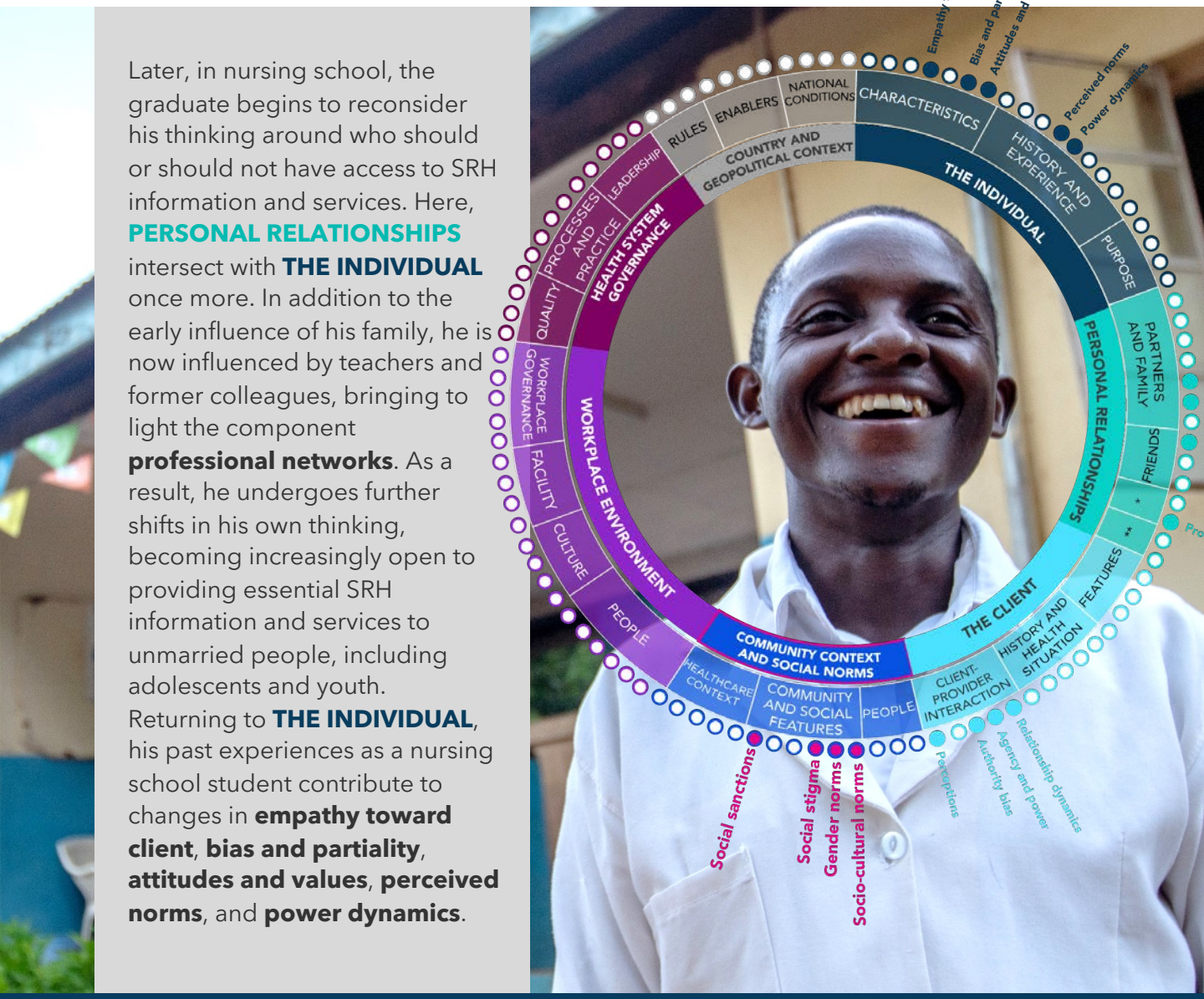


Photo credit: Mwangi Kirubi/USAID. A nurse at Mutitu Hospital in Kitui County, Kenya. November 22, 2019. https://www.flickr.com/photos/usaidkenya/49198935757/in/photostream/

Later, in nursing school, the graduate begins to reconsider his thinking around who should or should not have access to SRH information and services. Here, **PERSONAL RELATIONSHIPS** intersect with **THE INDIVIDUAL** once more. In addition to the early influence of his family, he is now influenced by teachers and former colleagues, bringing to light the component **professional networks**. As a result, he undergoes further shifts in his own thinking, becoming increasingly open to providing essential SRH information and services to unmarried people, including adolescents and youth. Returning to **THE INDIVIDUAL**, his past experiences as a nursing school student contribute to changes in **empathy toward client**, **bias and partiality**, **attitudes and values**, **perceived norms**, and **power dynamics**.



Though there are more components and interrelationships that can be teased out of this example, the above description begins to demonstrate how and why provider behavior is the outcome of a complex set of factors internal and external to providers. This example also underscores the importance of investing time and effort in familiarizing yourself with actors, entities, and other elements in your target context. Greater familiarity will allow you to better identify and assess the diverse components influencing provider behavior and the interrelationships between them within your target context.

USING AND APPLYING THE PROVIDER BEHAVIOR ECOSYSTEM MAP

To begin thinking about factors influencing provider behavior in your context, you can make use of the preliminary worksheet (see Annex 2 Provider Behavior Change Worksheet). This worksheet will help you document early assumptions about what does and doesn't influence provider behavior. You can then conduct assessments and apply tools to identify the most influential factors and check them against initial assumptions in this worksheet.

Additionally, Breakthrough ACTION will develop a companion resource to this ecosystem map for future distribution. The companion resource will be a diagnostic tool to help you identify which factors are most important to focus on in your context. The ecosystem map, along with the diagnostic tool, will allow you to understand, consider, identify, and prioritize factors influencing provider behavior in your context in order to design and implement provider behavior change initiatives with impact. For questions and comments about provider behavior tools and resources, please email heather.hancock@jhu.edu.

CONCLUSION

Provider behavior change is critical and complex. By using the Provider Behavior Ecosystem Map to understand and consider diverse factors influencing provider behavior in a given context, as well as their dynamic interplay, you will ensure a strong start to the design or modification of provider behavior change initiatives for improving the enabling environment and achieving positive change that is both sustainable and impactful.

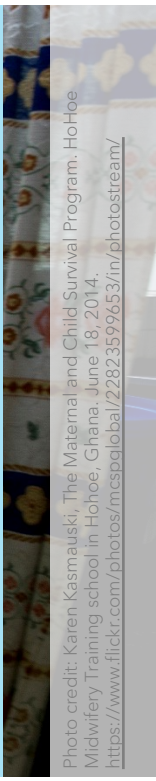


Photo credit: Karen Kasmauski, The Maternal and Child Survival Program. HoHoe Midwifery Training school in Hohoe, Ghana. June 18, 2014. https://www.flickr.com/photos/mcsqglobal/22823599653/in/photostream/

RESOURCES AND REFERENCES

Resources

Provider Behavior Assessment for Social and Behavior Change
https://www.thecompassforsbc.org/how-to-guides/provider-behavior-assessment-social-and-behavior-change

Provider Needs Assessment Framework
https://sbccimplementationkits.org/provider-behavior-change/courses/provider-needs-assessment-framework-and-tools/

Trending Topic on Provider Behavior Change
https://www.thecompassforsbc.org/trending-topics/service-providers-audience-behavior-change

References

Breakthrough RESEARCH. 2019. "Advancing provider behavior change programming," Research and Learning Agenda. Washington, DC: Population Council.

Annex

Annex 1 – Provider Behavior Ecosystem Component Detail

Annex 2 – Provider Behavior Ecosystem Worksheet