



PROVIDER BEHAVIOR

Ecosystem Map Brief

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OVERVIEW

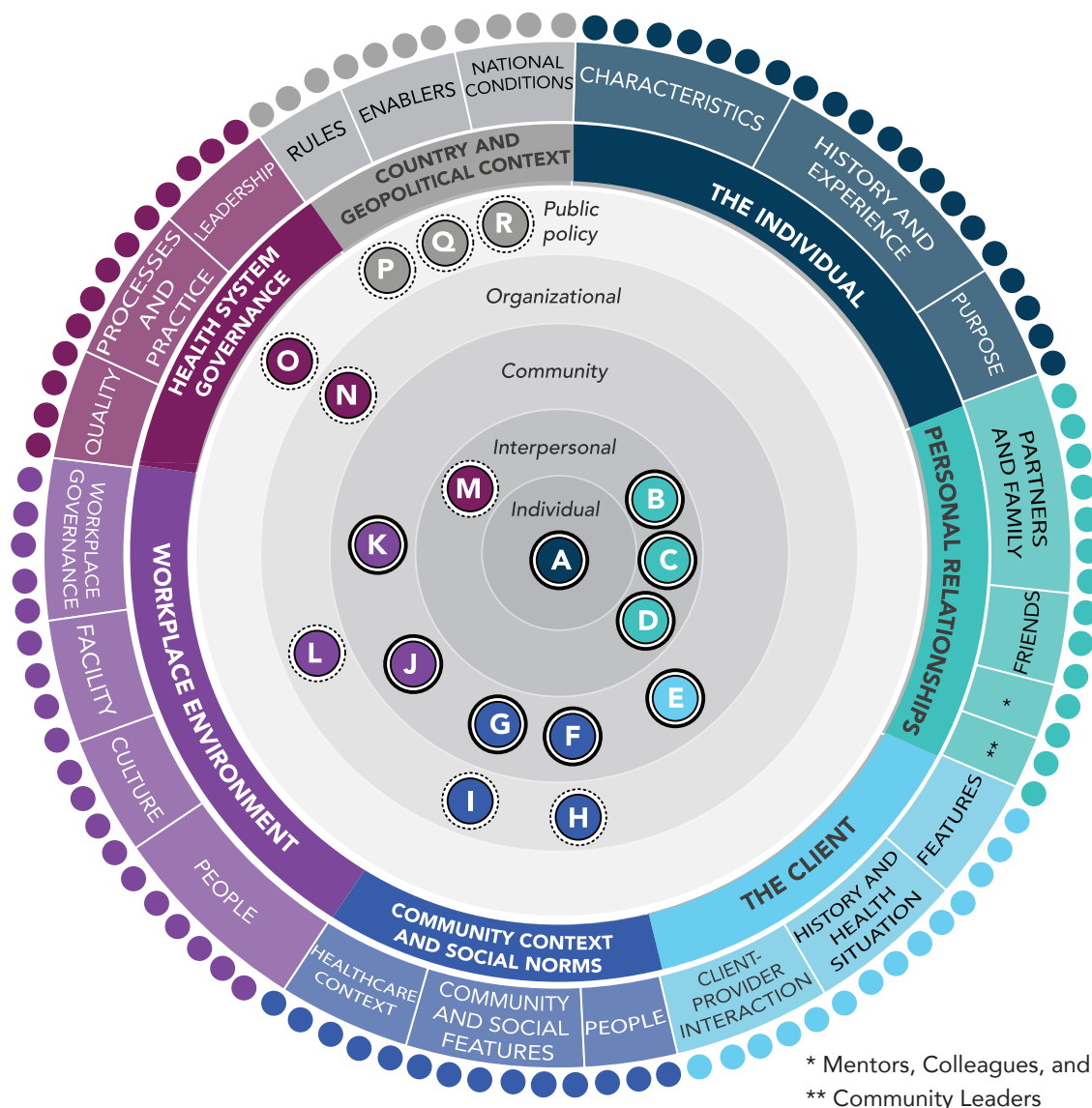
Health care provider behavior is directly linked to [quality of care](#) and can influence client actions and related health outcomes. Thus, it is critical to understand both what influences provider behavior and what can be done to encourage and support positive behaviors. The [Provider Behavior Ecosystem Map](#) helps social and behavior change (SBC) and service delivery practitioners, donors, and researchers appreciate the wide-ranging factors that shape health facility-based provider behavior, so they can design and implement more effective, supportive provider behavior change initiatives.

PROVIDER BEHAVIOR

“Provider behavior” is defined as what providers *do* and *do not do* in their professional capacity. It includes the range of behaviors that happen before, during, or after an interaction with a client in the health facility.

When considering provider behavior, it is important to remember that providers are also people. Providers need appropriate support and sufficient resources to deliver high-quality care and improve client health outcomes. Like all people, providers exist within a larger system that directly and indirectly impacts who they are and how they act. The system particular to providers is called the Provider Behavior Ecosystem.

Figure 1. Provider Behavior Ecosystem Map



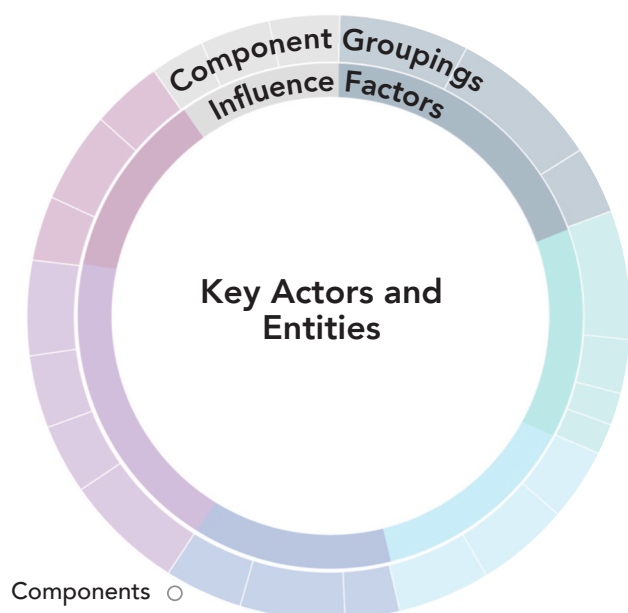
Provider behavior results from a complex web of interrelated factors, both internal (e.g., knowledge, attitudes, beliefs, values, and preferences) and external (e.g., social norms, medical education and training, professional development, workplace environment, and health care financing and resources) to providers' lives.

PROVIDER BEHAVIOR ECOSYSTEM MAP

The Provider Behavior Ecosystem Map presents the wide range of interrelated factors that may influence facility-based provider behavior at any time, depending on context (Figure 1). It emphasizes the need for systemic thinking and supportive action when designing and implementing provider behavior change initiatives.

The map is organized around the provider at the center and includes key actors and entities, influence factors, component groupings, and components, further defined in Figure 2.

Figure 2: Provider Behavior Ecosystem Map Sections



Key Actors and Entities

Central to the Provider Behavior Ecosystem Map are the **actors** (e.g., individuals and groups) and **entities** (e.g., organizations and institutions) which

interact with providers across the ecosystem. Actors and entities, further defined in the [Provider Behavior Ecosystem Map Guide](#), are color-coded to align with the influence factor with which they are primarily associated (sidebar)



Influence Factors and Component Groupings

Additionally, the map is organized according to **influence factors**, the overarching groupings of actors, entities, and other elements that interact with one another and influence provider behavior. Each influence factor divides into **component groupings**, which further divides into **components**. Component groupings and components are the elements that can affect provider behavior. Influence factors, component groupings, and select components from the map follow:

The Individual refers to the provider and includes their **Characteristics** (e.g., personality type, identity, attitudes, and values), **History and Experience** (e.g., past experiences, power dynamics, gender competency, expertise, and skills), and **Professional Purpose** (e.g., goals, perceived role, and commitment).

Personal Relationships are those a provider has with people outside the workplace, including **Intimate Partners, Family, Friends, Mentors, Community Leaders**, and others.

The Client refers to the client's **Personal Characteristics** (e.g., identity, language, beliefs, values, and resources), **History and Health Situation** (e.g., health knowledge, expectations for care, and healthcare experiences), and the **Client-Provider Interaction** (e.g., power dynamics, emotional activators, and client-provider perceptions).

Community Context and Social Norms include **People and Community Structures** (e.g., community organization, community leaders, and accountability measures), **Community and Social Characteristics** (e.g., socio-cultural and gender norms, social stigma, and religious influences), and the **Healthcare Delivery Context** in the community (e.g., healthcare preferences, health mis/disinformation, and community-facility relationship dynamics).

Workplace Environment is the place in which the provider works and includes the **People** who make up the facility and their interactions (e.g., hierarchy and power dynamics, staffing levels and workload, and staff roles and expectations), the **Culture** of the facility (e.g., organizational culture, leadership and management, and gender competency), its **Infrastructure** (e.g., facility type, physical environment, and resource availability), and **Workplace Governance** (e.g., service delivery integration, processes and procedures, and measurement and quality assurance).

Health System Governance encompasses **Quality Assurance** (e.g., monitoring and evaluation, provider training and development, and provider support structures), **Process and Practice** (e.g., guidelines and

protocols, resource management, and coordination systems), and **Leadership** (e.g., policies, family planning prioritization, and health system culture).

Country and Geopolitical Context include the broad **National Conditions** in the country (e.g., political context and priorities, donor ideologies and incentives, and social and economic context), **Healthcare Enablers** (e.g., commodity supply chains, financial resources for healthcare, and technical assistance), and **Rules and Assurances** (e.g., targets and auditing, enforcement and compliance, policies, and laws).

These influence factors and components interact and connect with one another. The degree to which they impact provider behavior depends on context and requires further information gathering and analysis. Both the [interactive web map](#) and the [printable components cards](#) provide the opportunity to explore each component and their interrelationships.

TOOL USE AND APPLICATION

This tool can be used across various stages and settings to deepen understanding of provider behavior. For example, it can be used in **work-planning or design sessions** to explore and prioritize behavioral drivers to address. It can be used to **advocate** for broader support and additional resources for providers. It can prompt dialogue around what behavioral factors to include in **monitoring and evaluation plans**. Or it may inform **formative research** priorities and highlight gaps in provider behavior data.

Additional suggestions on how to use and apply the tool can be found at the [How Can You Use the Provider Behavior Ecosystem? web page](#).

RELEVANT RESOURCES

[Provider Behavior Ecosystem Map resource page](#)

Interactive Provider Behavior Ecosystem Map: [English](#) and [French](#)