Breakthrough RESEARCH
Legacy and Learning Series

PROVIDER BEHAVIOR CHANGE:
SOCIAL BEHAVIOR CHANGE APPROACHES TO QUALITY OF CARE IN FAMILY PLANNING

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POPULATION COUNCIL Ideas. Evidence. Impact.

Breakthrough RESEARCH FOR SOCIAL & BEHAVIOR CHANGE

Breakthrough RESEARCH was USAID's flagship social and behavior change (SBC) research and evaluation project to drive the generation, packaging, and use of innovative SBC research to inform programming. A six-year project (2017–2023), Breakthrough RESEARCH was led by the Population Council in collaboration with our consortium partners: Tulane University, Avenir Health, Population Reference Bureau, Institute for Reproductive Health at Georgetown University, and ideas42. Our approach was to foster collaboration and shared learning, ensure SBC programs are based in 'what works', elevate the impact of evidence-based SBC programs, and put evidence into practice. Breakthrough RESEARCH did this by assessing the evidence, identifying priority research questions, designing and implementing research studies to fill evidence gaps and strengthen programs, and synthesizing and packaging evidence for use.

This legacy resource highlights evidence, insights, and learnings over the past six years from Breakthrough RESEARCH's work to advance provider behavior change (PBC) programming and fill critical PBC evidence gaps. This resource is a compilation of selected resources that do not represent the full breadth of Breakthrough RESEARCH's work on PBC. This document links to the available resources for more in-depth learning and understanding, including all relevant citations of the existing evidence base. For more information on Breakthrough RESEARCH's work on PBC, visit knowledgecommons.popcouncil.org/series_breakthrough-res.

DID YOU KNOW? Breakthrough RESEARCH **conducted 53 research studies** over the past 6 years!

DID YOU KNOW? Breakthrough RESEARCH **worked in 19 countries**!

Inside this legacy resource:

- Explore key PBC insights from Breakthrough RESEARCH
- Learn about some of the state-of-the-art PBC evidence Breakthrough RESEARCH has generated
- Discover tools you can use to strengthen PBC programming and measurement
- Find calls to action to continue to advance evidence-based PBC programming

Provider behavior defines a range of actions that include, but are not limited to facility management, adherence to clinical protocols, supervision, and client-provider interaction, that are the outcome of a complex set of factors both internal (for example, attitudes, values, and beliefs) and external (for example, supervisor support, access to professional development, and supportive workplace environment) to the provider.

Understanding what drives providers' behaviors and how they impact client-level outcomes is key to improving health services. Providers' behaviors can significantly influence patients' experiences of the service and their likelihood to adhere to treatment or recommendations, and potentially alter patients' likelihood to re-engage with health services for improved health outcomes.

An SBC approach within PBC to improving quality of care in family planning addresses behavioral antecedents of provider behavior and has the potential to result in multiple impacts at individual, community, and system levels. Provider behavior has traditionally been viewed through the lens of health systems strengthening and quality of care frameworks. However, these frameworks do not reflect or include provider behavioral determinants such as attitudes, self-efficacy, and perceived norms. As there is no single framework for assessing PBC, leveraging frameworks from multiple disciplines to capture both the system-level determinants and individual determinants is needed to achieve a comprehensive understanding of provider behavior.

PBC interventions often address provider knowledge and competency and/or might attempt to mitigate structural and contextual barriers that influence provider behavior, through managerial approaches, training and education, or institutional process improvements, but evidence is limited on approaches to measure and address provider attitudes and provider bias. Importantly, information on the pathways that PBC interventions take to achieve their intended objective is sparse, making it difficult to determine how the PBC intervention influenced the intended outcomes—particularly for more distal outcomes, including client outcomes such as informed and voluntary method choice and uptake, method continuation, and experiences of care. While the goal of PBC interventions is ultimately to improve family planning outcomes for clients, more evidence is needed on intermediate results: changes to providers' knowledge, attitudes, and behaviors, providers' self-efficacy, and the social norms that can influence provider behavior.

Health systems are comprised of interconnected stakeholders whose effectiveness is influenced by power dynamics and a range of drivers of provider behavior.

Research and Learning Agenda for Advancing PBC Programming

One of Breakthrough RESEARCH's most important contributions to the SBC field was the development of consensus-driven research and learning agendas (RLAs)—one for integrated SBC programming and another for PBC programming. These agendas identify cross-cutting SBC knowledge gaps and key research questions with broad applicability at global, regional, and local levels across health sectors. The goal in developing these RLAs was to help guide decision-making across sectors, foster collective learning, reduce duplication of efforts, and maximize the impact of research and programmatic investments.

The **RLA for Advancing PBC Programming** is particularly germane for family planning. It lays out a set of questions that help discover what is needed to better understand factors that influence providers' behaviors—behaviors that, in turn, influence clients' family planning outcomes. Answers to these questions can help improve the work of family planning service providers in public, private, and community settings. The quality of the client-provider interaction can be influenced by the setting (community-based, facility-based, private), by providers' knowledge, attitudes, and biases, as well as social norms and structural factors like physical space affecting privacy and confidentiality that may influence their behavior.

This RLA addresses key implementation science questions related to SBC programming such as "What works?," "How can it work best?," and "How can it be replicated, scaled, and sustained locally?" These questions are meant to be adapted and refined to suit the programmatic and geographic context. Some of the proposed questions can be integrated into family planning programs' existing monitoring and evaluation systems, while others will require stand-alone research that can incorporate appropriate comparisons and account for relevant influential factors.

PBC interventions go beyond clinical training and support (e.g., provision of technical job aids), seek to positively influence provider behavior to improve the quality of family planning services, enhance client experiences, increase demand for services, and increase uptake of contraceptive commodities or adoption of healthier behaviors.

DID YOU KNOW? Breakthrough RESEARCH's PBC research and learning agenda was **adapted or used 20 times!**

RESEARCH AND LEARNING QUESTIONS FOR ADVANCING PBC PROGRAMMING

Organizational Characteristics and Values

- What norms (such as facility, profession/seniority, community) are most influential in shaping provider behavior in interpersonal communication with clients?
  - How do these factors vary by client and provider profile?
  - How do they vary across health areas and in different geographical contexts?
  - How do facility-based clinical practices/standards shape provider behavior?
  - Which norms have the largest impact on how providers deliver quality counseling?

Effectiveness

- Does improving the behaviors/practices of health providers influence the quality of care provided?
  - What are the most effective SBC approaches to enable/motivate/facilitate (different cadres of) providers to provide respectful, client-centered care (such as staff recognition through incentives to provide postpartum family planning counseling)?
  - What are the most effective non communication-based SBC interventions to improve provider behaviors (e.g., a suitable waiting room)?
- How does addressing the factors that influence provider behavior (normative, structural, behavioral) lead to improved health outcomes?

Intervention Strategies

- How does SBC programming affect the organizational culture of health facilities and systems to create an enabling environment for positive provider behaviors (for instance, improved attitudes, performance, shifts in norms)?
  - What intervention designs are effective in addressing organizational/facility-level norms pertaining to provider behavior?
- Which intervention(s) or combinations of interventions are most important to improving the quality of provider counseling?
  - How does the quality of provider counseling influence utilization of services among clients?
  - How does the quality of provider counseling influence adoption of positive behaviors among clients?
  - Which interventions improve perceptions of service quality and provider accountability?

Measurement

- How can we best assess/measure the quality of client-provider interactions from client and provider perspectives?
- How can we best measure provider attitudes, norms, and biases that influence their performance and adherence to timely and respectful client-centered care practices?

Evidence Review and Analysis of PBC Opportunities

Examining provider behavior from methodological and programmatic perspectives yields useful insights that can inform PBC programming. Interventions informed by behavioral economics, as one of these perspectives, are increasingly being recognized for their potential to address pressing health needs. While structural interventions such as new therapies and additional personnel are critical to functioning health systems, these approaches do not always yield expected health gains and may require resources that are not available. SBC has been very effective in complementing these structural approaches to address underlying social norms and knowledge gaps that may hinder attainment of family planning outcomes. However, limited research and programmatic work to date has focused on family planning service providers' behaviors and interventions to support them. Breakthrough RESEARCH reviewed the **evidence on the promise of behavioral economics to improve health outcomes through provider-facing interventions** in five critical health areas—family planning; maternal, newborn, and child health; malaria; child nutrition; and HIV/AIDS. The analysis suggests where and how behavioral economics interventions may be most impactful and where further research may contribute most to building the knowledge base. A user guide within the report helps to inform decisions about designing and adapting programs to maximize impact and shaping the research agenda to fill critical gaps in understanding provider behavior.

Many health behaviors, including those related to family planning, are interlinked. These linkages provide opportunities where lessons can be leveraged to influence programming on different behaviors. Cross-cutting insights and applications arise from three different angles:

- Behavioral barriers that arise from features of the context in which providers live and work that trigger *universal psychological tendencies*.
- *Cross-cutting barriers* that manifest in the way providers act, such as their response to a new technology or guideline.
- *Spillover effects* that consider ways in which the immediate effects of one behavior may increase the likelihood of future interactions with the health system in a way that could affect other health outcomes.

A Breakthrough RESEARCH-led review of insights from recent research and design activities from Breakthrough RESEARCH, Breakthrough ACTION, and other projects across nine low- and middle-income countries settings sheds light on the behavioral roots of challenges health care providers face in providing high-quality services. Five insights and evidence-informed design tactics to support provider behavior emerged that are applicable for family planning service delivery: 1) Integrate cues to important but neglected aspects of care into the signs, forms, and markers that providers are exposed to in their day-to-day work; 2) Build tools and channels through which providers can learn from their daily experience and that motivate them to consider unanticipated effects of their actions; 3) Match clinical guidance to the practical environment and make correct provider behavior the easiest one—both practically and psychologically; 4) Enable providers to reconcile their personal identities and past experiences with their professional obligations; and 5) Alleviate workload burden by reducing hassles and inefficiencies thoughtfully, shifting responsibilities, and recentering attention toward what is within the provider's control.

Expressions of Power in Providers' Experiences and Behavior

Breakthrough RESEARCH worked with partners to refine understanding of the structural contexts in which providers operate, responding to the growing body of literature that shows that health care providers face a range of challenges in their work that they often internalize and that affects how they provide services to clients. Of special interest for the family planning field are **expressions of power** within these contexts, the ways in which power manifests, and how it influences client-provider interactions. Family planning provider behaviors, like all human behaviors, are influenced by hierarchies and inequitable norms in health, social, economic, and gender spheres that intersect. Yet, few empirical studies to-date have focused on exploring power through provider perspectives in relation to their performance and behavior. Experiences and manifestations of power are potentially key factors influencing providers' ability to provide high quality family planning services. Power, defined as the capability to make a choice or act in a particular way for oneself and for others, often derives from various sources and may be expressed differently across health provider cadre and provider-client relationships. For providers, several types of power may be at play:

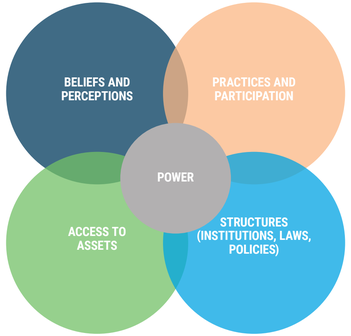
- Power within—internal capability or sense of self-worth, self-knowledge
- Power to—agency to act in a certain way despite constraints and opposition (for example, serve a client)
- Power with—collaborating with other providers to provide health services
- Power over—leveraging resources and challenging authority (for example., medical expertise or age)

This research brief explores four domains of an existing power framework:

- Beliefs and perceptions related to the sociocultural context
- Practices and participation that reflect norms influencing behaviors
- Access to assets that influences provider behavior
- Structures, policies, and governance of a health system

Integrating power-enhancing approaches in PBC programming, including for family planning quality of care, can improve collaboration and feedback among providers and offer structural changes for quality. Further incorporation and investigation of power domains into implementation research design, intervention selection, and PBC outcomes—including shifting power dynamics among providers—is needed to strengthen PBC programming.

POWER, GENDER DYNAMICS, AND PROVIDERS FRAMEWORK



Adaptation of Betron et al. 2018. Mapping of power and gender domains to HCP experiences.

Defining and measuring provider behavior and its determinants is complex and dynamic, requires continuous nurturing, and is imperative to sustain change that contributes to improved family planning outcomes for clients.

BLOG: HOW CAN BEHAVIORAL DETERMINANT DATA INFORM FAMILY PLANNING SBC PROGRAMS AND POLICIES?

In November 2022, Breakthrough RESEARCH asked Leanne Dougherty of Breakthrough RESEARCH and Phil Anglewicz of Performance Monitoring for Action to share the importance of collecting behavioral determinant data to inform family planning SBC programs and policies.

Click HERE to read about the "what's," "why's," and "how's" of collecting behavioral determinant data.

Measuring PBC Learning Module

The RLA for Advancing PBC Programming identified PBC measurement as a key evidence gap. Over its six years, Breakthrough RESEARCH generated evidence to support better measurement of PBC and its application in improving family planning program design and outcome monitoring. A **PBC measurement brief** and learning module helps program planners and designers better understand PBC initiatives and their impact on family planning service delivery and quality. These tools also advance PBC measurement by providing frameworks and illustrative examples of how PBC measurement can inform program planning and design.

PBC is difficult to measure because few validated measures exist, partly due to lack of consensus on what should be measured and assessing the impact of PBC interventions often requires linking provider behaviors to client- and population-level outcomes, which is costly and methodologically difficult. Different methodological approaches—such as mystery client, client exit interviews, and provider interviews—can overcome these challenges but each have unique pros and cons. To measure provider behavior, these methodologies are best used as part of a multi-method strategy. Within these methodological approaches, the measures selected to capture provider behavior should be guided by a theory of change that reflects the intended change pathway. For PBC measurement, the PRECEDE-PROCEED Model[1] measures five key domains: 1) **Predisposing factors**—an individual's attitudes, beliefs, and perceptions; 2) **Reinforcing factors**—those that follow a behavior and determine whether, for example, a health worker receives positive (or negative) feedback from their supervisors; 3) **Enabling factors**—resources and skills required to make desired behavioral and environmental changes (e.g., availability of medical supplies); 4) **Ability**—competency and skills of the provider; and 5) **Provider behavior/client-provider interactions**—client reception, person centered care, and clinical management

The Breakthrough RESEARCH PBC learning module aims to support programs by explaining how programs can develop a robust SBC theory-driven monitoring and evaluation plan that provides evidence that can strengthen implementation and support program evaluation.

[1]Green LW, Kreuter MW (1999) Health Promotion Planning: An Educational and Ecological Approach. Mountain View, CA: Mayfield Publishing.

Provider Authoritarian Attitude Scale

Understanding health care providers' behavior and actions, as influenced by their own attitudes and potential biases, and relatedly how provider behaviors influence patient outcomes is critical to improving family planning SBC programs. Responding to an identified evidence gap in the RLA for Advancing PBC Programming—"How can we best measure provider attitudes that influence their performance and adherence to timely and respectful client-centered care practices?"—Breakthrough RESEARCH developed and validated an important tool to measure provider behaviors that can be applied to family planning. This health-sector agnostic **authoritarian attitude scale** consists of 14 items that measure provider attitudes about clients, their professional roles, and gender roles. Program planners, evaluators, and researchers can use this scale to tailor and adapt PBC interventions to improve quality of care in service delivery of family planning. This technical reference sheet provides information to monitoring, evaluation, and research practitioners on the 14-item scale (in English and French), as well as instructions and resources for fielding and analyzing providers' authoritarian attitudes using these measures.

PROVIDER AUTHORITARIAN ATTITUDE SCALE EXCERPT

	ENGLISH	FRENCH
1	Patients I care for are not capable of making good health decisions for themselves.	Mes patients dont je m'occupe ne sont pas assez capables pour prendre de bonnes décisions pour leur santé.
2	Patients I care for should appreciate my efforts when I care for them.	Mes patients doivent apprécier des efforts que je leur fournis quand je m'occupe d'eux.
3*	One should treat patients with respect even if they don't treat me with respect.	Il faut traiter les patients avec respect même s'ils ne me traitent pas avec respect.
4*	Patients must always respect providers, regardless of the quality of care they receive.	Les patients doivent toujours respecter les prestataires, quelle que soit la qualité des soins qu'ils prodiguent.
5*	My patients will put a lot of effort into improving their health if they are given the right information.	Mes patients fourniront beaucoup d'efforts pour améliorer leur santé si on leur donne les bonnes informations.

Applying the Evidence into Practice

The Provider Authoritarian Attitude Scale developed by Breakthrough RESEARCH responds to a PBC measurement gap identified in the RLA for Advancing PBC Programming. This measurement tool is meant to facilitate understanding of provider level factors affecting family services and help programs identify and monitor programmatic needs, recognizing that this cannot be done through a single question. The tool is also meant to help build the evidence base through comparable measurement, while also recognizing that the items in the scale may need to be adapted to new local contexts.

Breakthrough RESEARCH responded to multiple implementing partners' requests and shared the scale and technical reference sheet so that these implementers can apply the scale in their own family planning programs and research activities. The more the scale is used, the better we understand its utility—and limitations. These applications also strengthen the evidence base for better understanding how provider attitudes might affect their own behaviors, how they might affect provider-client interactions, and how this in turn might influence family planning outcomes and the quality of care delivered.

This measurement tool is intended to live beyond the life of a single project—STAY TUNED as implementing partners share results of their own application of this new measurement tool and what we can continue to learn from **applying the evidence in practice**.

BEYOND BIAS PROVIDER BIAS DRIVER TREE

Beyond Bias Research Spotlight

Breakthrough RESEARCH worked with SBC implementing partners to develop a series of interactive research spotlights that:

- Demonstrate how priority RLA questions are being answered to improve programming.
- Share tools and resources for partners.
- Raise the visibility of current technical work.

Breakthrough RESEARCH developed these spotlights to demonstrate the application of the RLAs across health areas and across different kinds of work by highlighting an SBC program from the theory that drives its design to the implementation of the project and the results it achieved. One **research spotlight** of Pathfinder International's Beyond Bias project featured the process by which SBC implementing partners used human-centered design approaches to address provider bias at family planning public clinics in Burkina Faso and Tanzania and at private clinics in Pakistan. Societal or community attitudes drive most documented provider bias. Beyond Bias employed a multidisciplinary approach that brought together experts in adolescent sexual and reproductive health, SBC communication, human-centered design, behavioral economics, and market segmentation to address the problem of youth contraceptive uptake.

Beyond Bias developed a Provider Bias Driver Tree (figure on left)—an exhaustive set of drivers aggregated into three distinct categories:

- Biases specific to providers and youth clients (biographical).
- Situational factors.
- Broader social or cultural effects.

These three distinct subsets of provider biases can be triggered, exacerbated, or ameliorated by specific adolescent demographic and behavioral traits. The most consistent drivers of provider bias identified were:

- Lack of understanding of youth needs and poor communication in provider-youth interactions.
- Disincentives to work with adolescents because they require more time and sensitivity.
- Incorrect guidance on side effects and fertility risks of contraception for youth, particularly for long-acting hormonal methods.
- An empathetic, protective, parental attitude can lead to discrimination against youth.
- Heavy workload and stress may exacerbate existing biases.
- Bias exists on a spectrum, and our understanding needs to consider the severity of bias and the repercussions for youth.

A range of client characteristics influence interactions with providers:

- Young clients' appearance, maturity, age, education level, gender, and marital status can exacerbate or ameliorate the bias drivers in providers.
- Young clients prioritize confidentiality and privacy in clinical settings.
- Youth often want adult involvement in critical decision-making, which might violate their own general desires for privacy and independence.

CALLS TO ACTION

Future PBC approaches to improve the quality of family planning services should commit to robust evaluation of provider behavior change interventions to enable comparable learning that supports policy makers to target quality improvement and invest in evidence-based behavior change programs.

- **SBC PROGRAMS:** To continue to improve the quality of care of family planning services, program designers should commit to designing interventions that address providers' behavioral determinants—such as **attitudes** and **biases**—and to robustly evaluate them.
- **SERVICE DELIVERY PROGRAMS:** Program designers should consider SBC approaches as critical evidence-based interventions that complement other quality of care and service delivery approaches to improve family planning outcomes through identification of **promising PBC opportunities**.
- **SBC AND FP RESEARCHERS:** Future research should develop and validate new measures or adapt and use existing measures, such as the **provider authoritarian attitudes scale**, to generate a more comparable and standardized evidence base that reflects the complexity and nuance of provider behavior.
- **DONORS:** Donors should commit to investing in evidence-based provider behavior change programs and to requiring their robust evaluation and standardized measurement of provider behavior and its determinants.

DID YOU KNOW?

Breakthrough RESEARCH **supported implementing partners 9 times to incorporate** our PBC findings, tools, and recommendations into Mission-supported PBC programs, interventions, and evaluations!

WHAT'S NEXT

STRENGTHENING PBC INTERVENTIONS

Donors should consider further testing of social accountability and incentive-based approaches to better understand the range of interventions that can effectively be deployed to improve family planning provider behaviors.

Further research is needed to understand whether improving the behaviors/practices of family planning providers influences the quality of care provided and to identify the most effective SBC approaches to improve quality of care.

Family planning program implementers and researchers should consider applying both a framework that captures the system level determinants and a behavioral theory that captures individual determinants to create a more comprehensive picture of the drivers of provider behavior.

WHAT'S NEXT

MEASUREMENT OF PBC

Move beyond cross-sectional descriptive studies and assessments of skills and training-based approaches to measure core concepts of family planning provider behavior, such as provider attitudes and provider bias, to concretely assess and address provider performance.

Where possible, behavioral measures and family planning outcomes should be captured in addition to more intermediate factors, such as changes in knowledge, attitudes, and beliefs, changes in self-efficacy, and changes in social norms that might influence provider behavior.

Evaluations of PBC interventions should use a multi-modal data collection approach to collect both provider-level and client-level outcomes to help elucidate how changing provider behavior is linked with improved client outcomes for family planning.

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Breakthrough RESEARCH catalyzes social and behavior change by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

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