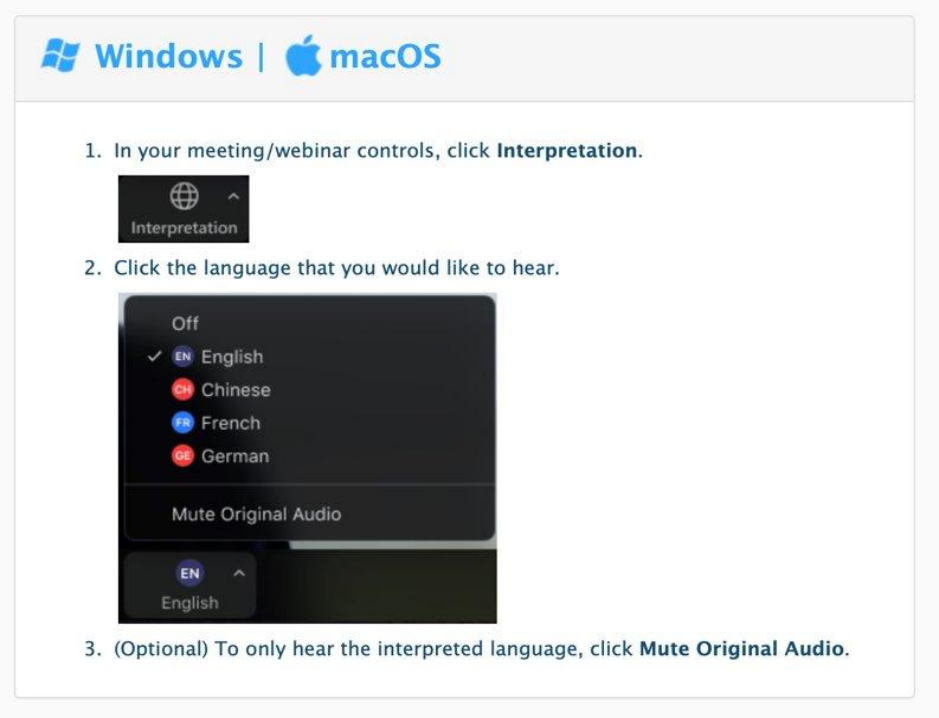
Supporting Provider-Driven Change

June 20, 2024

SOCIAL & BEHAVIOR CHANGE FOR SERVICE DELIVERY

COMMUNITY OF PRACTICE

Interpretation/ L’interprétation



1. Click on the interpretation icon at the bottom of your screen.
   Cliquez sur l’icône d'interprétation en bas à droite de votre écran.
2. Select your preferred language.
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SBC for Service Delivery Community of Practice Co-Chairs

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Announcements

- Global Symposium on Health Systems Research: November 18-22, 2024, Nagasaki Japan
- Provider Behavior Change Tools videos and virtual Q&A sessions
  - English with French interpretation July 16 9:00 ET and July 18 8:00 ET
- Expression of interest for 2-part virtual consultation on pleasure and SBC, focused on gender equity
- PBC Toolkit Adaptation and Implementation Package (MIHR)

Knowledge Cafe

- Our learning event will be a Knowledge Cafe the week of **September 9th**
- Please respond to a short survey to help us:
  - Select the main topics to explore during the Knowledge Cafe
  - Identify tools you would like to learn more about
  - Volunteer to share a tool

Meeting Objectives

1. Share and discuss results from the CoP Sustainability Survey
2. Learn about three programs working to support provider driven change to improve service delivery
3. Discuss opportunities on how to incorporate provider driven change into CoP members' SBC, HSS, and or service delivery programming

Agenda

Time (EST)	Activity
8:30-8:35	Welcome & announcements
8:35-8:10	Connecting the dots
8:40-9:00	Sustainability Plan Discussion
9:00-9:10	Co-creating a new model of person-centred care with healthcare providers in South Africa
9:10-9:20	Addressing Provider Behavior Ecosystem and Improving Postnatal + Experience of Care
9:20-9:30	Club Courage/ ConvoCare Club
9:30-9:40	Q&A
9:40-9:55	Discussion
9:55-10:00	Closing

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Connecting the Dots

Kendra Davis
Co-Chair, SBC for Service Delivery CoP

Program Officer
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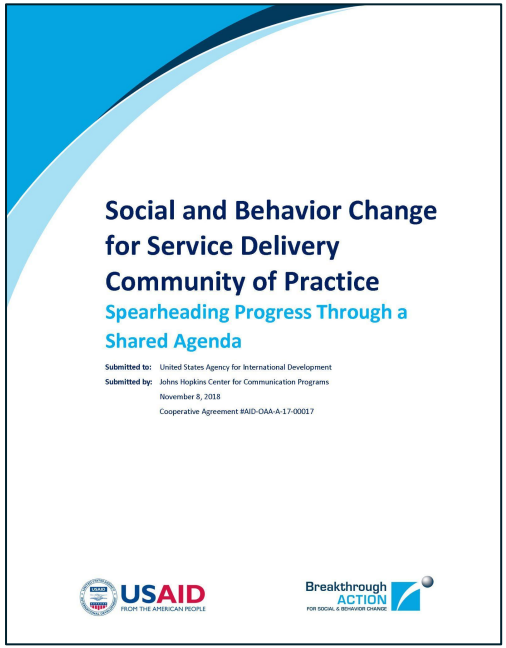
The SBC for Service Delivery Community of Practice Shared Agenda



- Priority areas
  - Normative influences on service delivery
  - Provide Behavior Change
  - Health Systems Strengthening

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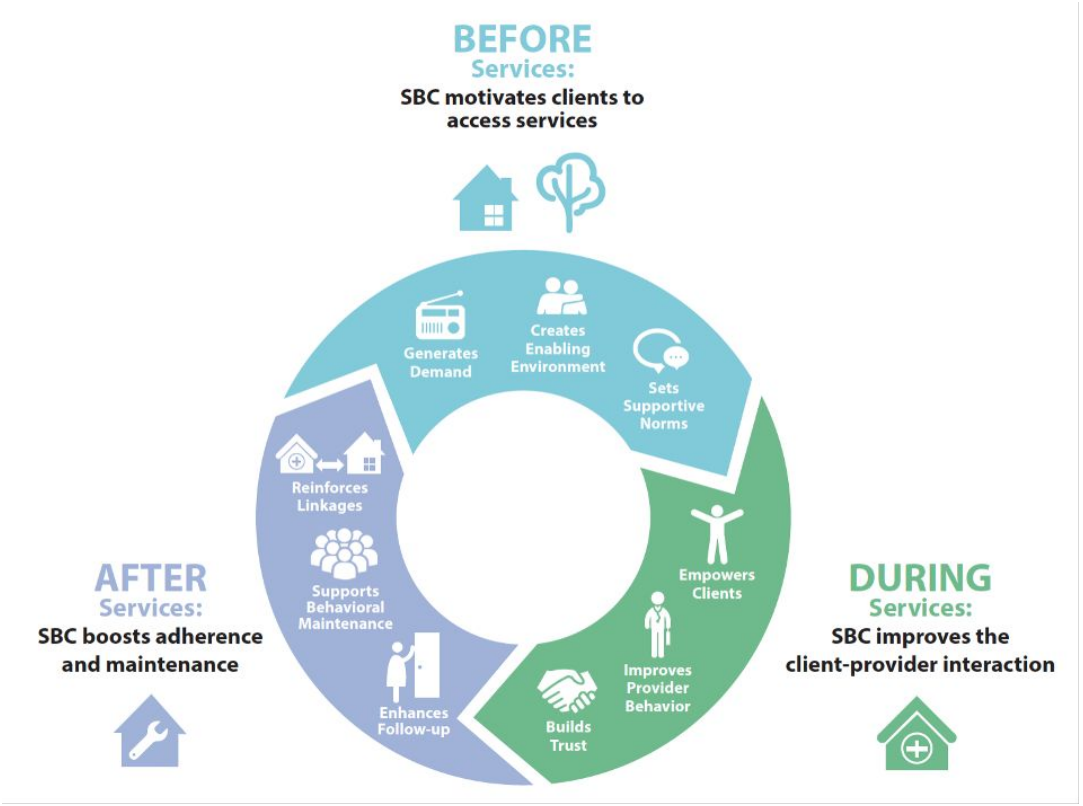
The Circle of Care Model©



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Sustainability Plan Discussion

Kendra Davis
Co-Chair, SBC for Service Delivery CoP

Program Officer
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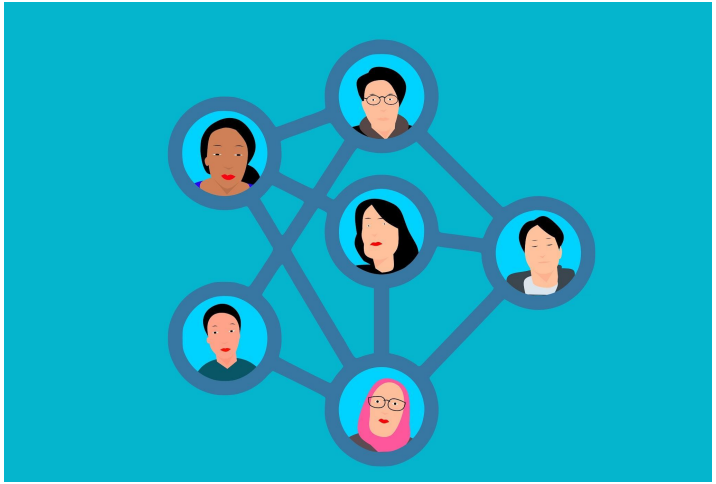
CoP Current Structure

- 100% of respondents agreed the CoP should be co-chaired by two organizations.
- 95% of participants agreed the CoP should continue to develop one knowledge product annually
- 78% agreed the CoP should host three annual meetings



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CoP Co-Chair Structure

- Types of organizations best placed to lead the CoP?
  - SBC-focused organization
  - Youth-led organization
  - Non US based organization
  - Research institutions
  - Multi-stakeholder networks
  - Community based organizations

CoP Suggestions for Restructuring

- Ways the CoP Secretariat can improve the CoP's structure to meet members' needs:
  - Additional technical support
  - Stronger engagement of/leadership from service delivery partners
    - Engagement of HSS partners
  - Regional representation
  - Training, capacity building, networking, field visits
  - Organize annual in-person meetings

CoP Opportunities

- 97% of respondents agreed the CoP should offer occasional capacity strengthening opportunities
- 95% of respondents agreed that the CoP should offer occasional networking opportunities for members

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CoP Funding

- Other Government Donors such as:
  - Norwegian Government
  - Irish Government
  - British Government
- International Organizations such as:
  - World Health Organization
  - United Nations Development Programme
  - Gates Foundation
  - Global Fund
- Members fees
- Corporate Funding

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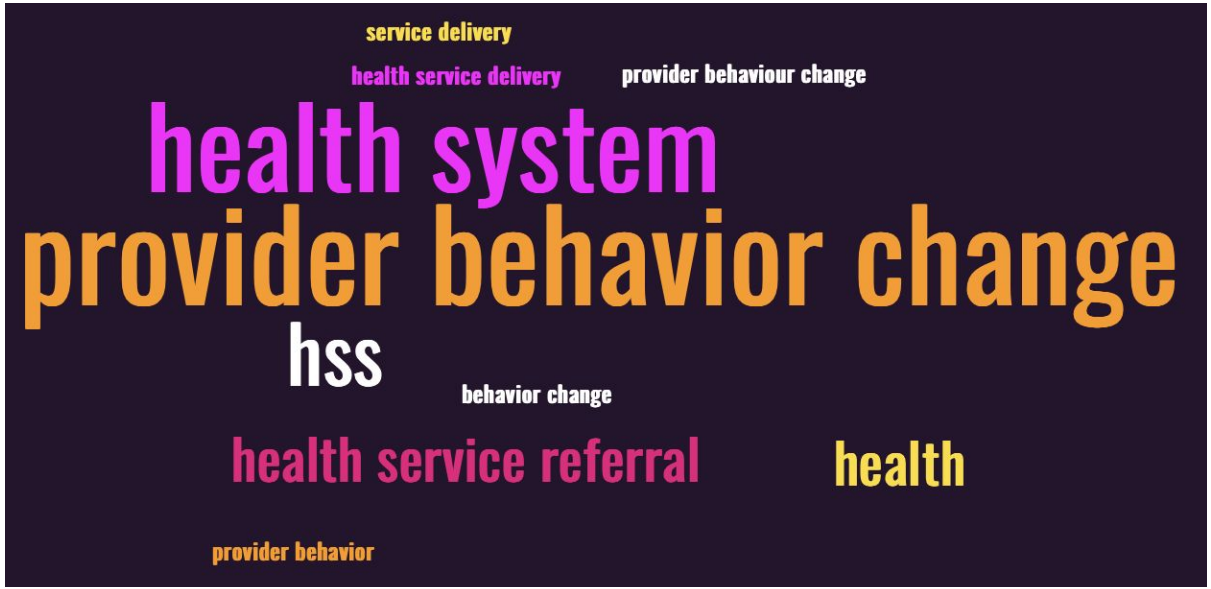
CoP Priorities

- 97% of respondents agreed the CoP should develop a Shared Agenda every four years
- Which priorities are members working in?



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Discussion

- Reflecting on your personal experience with the CoP, would you agree or disagree with the results presented?
- How would the ending of the CoP impact the SBC, service delivery, or HSS work you do for your organization, country, or region?
    - If the CoP had regional representation and support, how could this impact the SBC, service delivery or HSS work you are doing or plan to do with your organization?
- How have other communities of practice managed project or leadership transitions?
- What value would be added to the CoP if there was a youth-led organization in leadership?

Co-creating a new model of person-centred care with healthcare providers in South Africa

Shawn Malone

Project Director, HIV/AIDS
PSI Global

Ngiyakuzwa

Co-creating a new model of person-centred care with healthcare providers in South Africa

THE MPILO PROJECT

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

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psi
Healthy lives. Measurable results.

match boxology

Many patients, particularly men, cite the clinic experience and patient-provider interaction as barriers to care

Many men anticipate a negative experience in the clinic, even if they have not actually had one.

The clinic can be an unfamiliar space that men feel incompetent to navigate.

Healthcare providers may show empathy only up to the point that a patient is compliant.

Counselling is often scripted, one-directional and overly technical. It does not surface or address individual issues.

Some providers view men as ‘a problem’, which can then reflect in their demeanor and communication style.

But healthcare providers told us the clinic is not a supportive or empowering place for them either

- Understaffing
- Ambitious targets
- Stock-outs and shortages
- Inadequate training and capacity development
- Paperwork & admin
- Lack of discretion
- Poor teamwork
- Pressure to ‘push the bench’
- Lack of appreciation
- Unreasonable patients
- Personal stresses

As with men, we also uncovered a lot of stereotypes and misconceptions about providers.

Perception	Reality	Implication
The clinic is unsupportive and disempowering for patients.	The clinic is an unsupportive and disempowering place for providers too.	We need solutions that benefit both providers and patients.
Providers are motivated primarily by extrinsic factors like money and status.	Most providers communicate a strong intrinsic desire to help people.	We need to leverage and bolster providers' intrinsic motivation.
Providers are burnt out and disengaged. They're not interested in providing person-centered care.	While providers acknowledge falling short, most express a strong commitment to person-centered care.	Providers need interventions that affirm and build on their commitment to person-centered care.
Providers are mostly indifferent to whether patients have a positive experience of care.	Providers cited positive feedback from a patient as their number one source of motivation to do a good job.	We need to facilitate sharing of positive patient feedback as a means of reinforcing providers' motivation.
Providers are ineffective in connecting with and supporting patients due primarily to lack of interest and effort.	Providers report a desire for better interactions with patients but lack the necessary strategies and skills.	We need approaches that build provider capacity to provide effective care.

Perception	Reality	Implication
Pre-service training is adequate. Providers know what to do and how to do it..	Providers view in-service training as essential to sustaining motivation, growth, and improvement.	We need more opportunities for providers to learn, grow, and progress in their careers via in-service training.
The best strategy for provider behavior change is audit and enforcement.	Providers feel that training and support is a more productive approach.	Providers need interventions that feel supportive rather than punitive.
Supervisors are too busy to coddle their team members, who must just get on with doing the job they are paid for.	Providers are strongly motivated by recognition and appreciation from their supervisor and colleagues.	We need routine ways of showing recognition and appreciation for quality care if we want it to be provided.
Person-centered care is primarily about improving the provider-patient interaction.	Feeling connected to and supported by one's team is an important enabler of person-centered care.	We need to strengthen clinic team relationships rather than focusing only on the provider-patient relationship.
The systemic barriers faced by providers are so numerous that clinic-level interventions will never make a difference.	It is possible to improve provider experience and effectiveness even in a somewhat dysfunctional system.	Our inability to fix everything in the system should not prevent us from doing what we can to support and empower providers.

Person-centered care models rooted primarily in monitoring and enforcement are unlikely to solve the problem

Healthcare providers already feel overburdened and beaten down.
If we want better care, we need solutions providers can also embrace.

Our hypothesis:

That's what we set out to design and test.

The model focuses on topics identified by providers as enablers of better care

Empathy

Communication

Mental health / Stress management

Teamwork

Patient insights

Supportive supervision (for managers)

Providers also told us how to structure support in a way that would be practical and feasible

Focus on practical knowledge and skills in relevant areas.

Avoid once-off training of select team members and a ‘cascade’ approach.

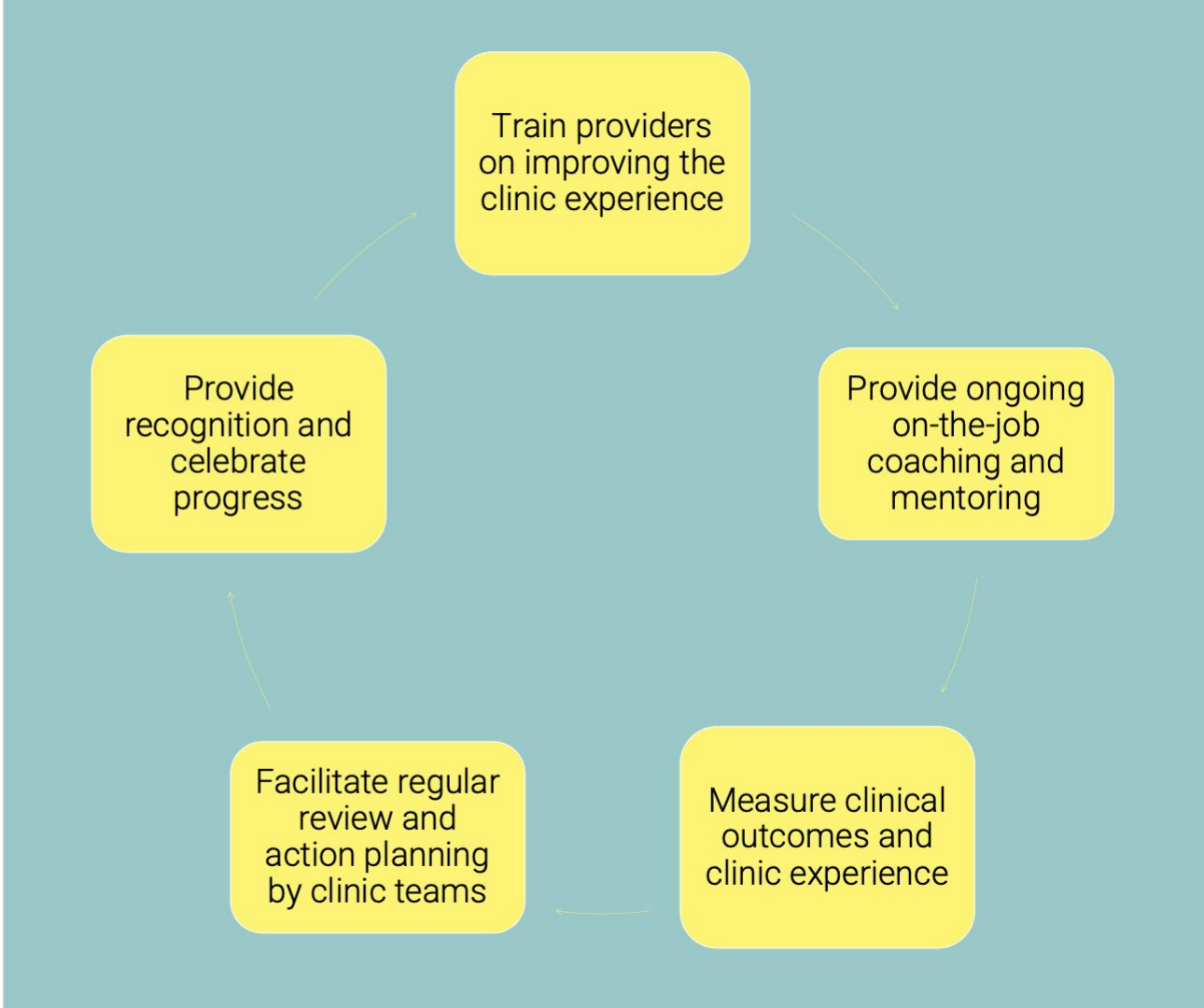
Employ mentors who have walked the same journey (i.e., nurses).

Avoid full-day, off-site trainings. Rather slot into the clinic’s day-to-day routine.

But don’t call them ‘mentors’—too formal and hierarchical. Make them feel like a trusted friend.

Make feedback constructive, not punitive. “Name it but don’t shame it.”

The model is based on an ongoing process of learning, practice, feedback, reflection, and planning, led by a roving nurse mentor in partnership with each facility manager and clinic team.



We've been piloting the model with 8 clinic teams.
What are we seeing?

- A complex picture of provider and patient experiences
- Variability across facilities
- Appreciation for supportive, practical approaches
- Importance of opportunities to practice new knowledge and skills
- Openness to engaging with the data and identifying areas for improvement
- Challenge of aligning training, mentoring and reflection with facility day-to-day

Our measurement approach looks at clinical outcomes as well as patient and provider experience

The **patient survey** focuses on topics including feeling welcomed, heard, respected, well informed, and generally satisfied with the quality of care.

Clinical indicators include:

- Early and late missed appointments
- 3-month and 6-month retention
- Viral load suppression

The **provider survey** focuses on topics including motivation, job satisfaction, sense of accomplishment, team functioning, supportive supervision, recognition, feasibility of person-centred care approaches, and learning & growth.

Results

Healthcare provider survey

Provider survey (n=59 per survey)	Baseline	Mid-pilot
I feel motivated to work as hard as I can	69%	85%
I feel good about the team I work with.	78%	83%
I can talk openly with my supervisor about my feelings and challenges.	34%	70%
Suggestions on how to improve things in this clinic are taken seriously.	37%	63%
I have access to the training I need to perform well in my role.	57%	70%
Person-centred care is not really possible given my work conditions.	28%	17%
The patient needs to listen to me more than I need to listen to them.	18%	8%
I find it difficult to understand some of my male patients.	41%	20%

Patient survey

Provider survey (n=59 per survey)	Baseline	Mid-pilot
Did the nurse make you feel welcome and comfortable?	89%	96%
Did the nurse talk to you in words you could easily understand?	79%	99%
Did the nurse ask you how you are feeling today?	61%	85%
Did the nurse ask you if you had any questions or concerns?	57%	80%
Did the nurse listen carefully to what you said?	94%	98%
Did the nurse give you as much information as you wanted?	62%	98%
Do you feel that your privacy was respected today?	93%	98%

Positive statements in green, negative statements in red. Figures are the percentage of respondents answering Strongly Agree or Agree.

The model is showing high acceptability among providers and improving their interactions with colleagues and patients

"I like Ngiyakuzwa because finally someone cares about us and is willing to listen. Usually it's about numbers. However, ***Ngiyakuzwa puts us first, empowering us to understand others****."*

"Let me say that this clinic was not right. There were tensions. When this program started, it really helped us. ***We are working much better as a team.****"*

"We are learning that we must draw up a strategy with the client. ***We cannot just tell them do this and do that. We must hear their perspective too****."*

*"****It's the first project that talks to workers rather than talking to the patients only****. It's talking to the workers and the patients. I like it."*

*"****Team building really helped us a lot****. Other nurses are willing to assist now. Before we were working in silos."*

"It made me realize that ***I'm dealing with a human being****, besides everything, but this is a human being. Regardless of their sickness, this is a human being."*

Patients are also reporting a better experience of care

"I was scared that they would shout at me [for missing my appointment]… But ***they never shouted at me****, and I got assisted accordingly. Look at me now. I am healthy."*

"What I like is that the clinic manager updates us if there is any change, or if anything is happening. ***She explains to patients and asks us to be patient****."*

"They used to shout at us and if you ask for your file they won't entertain you, but ***now it's better. If you ask for your file, they give you attention****."*

"We were not treated very nice in those days. I don't want to lie. ***Now things are going well****… Like today they were educating us. In other clinics they would say that thing is a waste of time, but we need this kind of information."*

"It's better here at the clinic because ***if you miss the appointment, they talk with you in a good manner*** *and maybe say, "My brother, you were supposed to come on your date today."*

*"****You feel at home*** *because if you talk with them [the nurses], it's like you're talking with your sister."*

Acknowledgements

- National Department of Health
- KZN Department of Health
- iLembe Health District Office
- King Cetshwayo Health District Office
- BroadReach Healthcare
- Centre for Infectious Disease Research in Zambia (CIDRZ)
- Life Healthcare
- The Bill & Melinda Gates Foundation (funder of this work)

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Attribution

Addressing Provider Behavior Ecosystem and Improving Postnatal + Experience of Care

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Addressing the Provider Behavior Ecosystem and Improving Postnatal + Experience of Care

Evaluating a Compassionate Care Intervention

Lynn Van Lith
June 20, 2024

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Context

- Respectful, empathic, and compassionate care are critical components of client experience of care (EoC); also important for providers
- Growing evidence that **providers practicing empathy and compassion can positively impact clients' feelings and behaviors,** which can lead to more positive clinical outcomes and fewer complications
- Also seen to **improve provider job satisfaction and self-esteem** (i.e., reducing aggression, burnout, and exhaustion)
- While respectful care has been advanced through the Respectful Maternity Care agenda, **less research and practice have centered around EoC in postpartum period** up to one year after birth

Process

Rapid Desk Review

2022

- Synthesis of existing evidence, building on existing work

Consultation #1

2022

- Unpack factors that influence experience of postpartum* care

Country-Level Co-Design

2023

- Co-design intervention to test with in-country counterparts

Intervention Development

2023

- Refine intervention; submit research protocol and M&E plan

Implementation & Evaluation

2024

- Partner with CPRC to implement
- Robust evaluation

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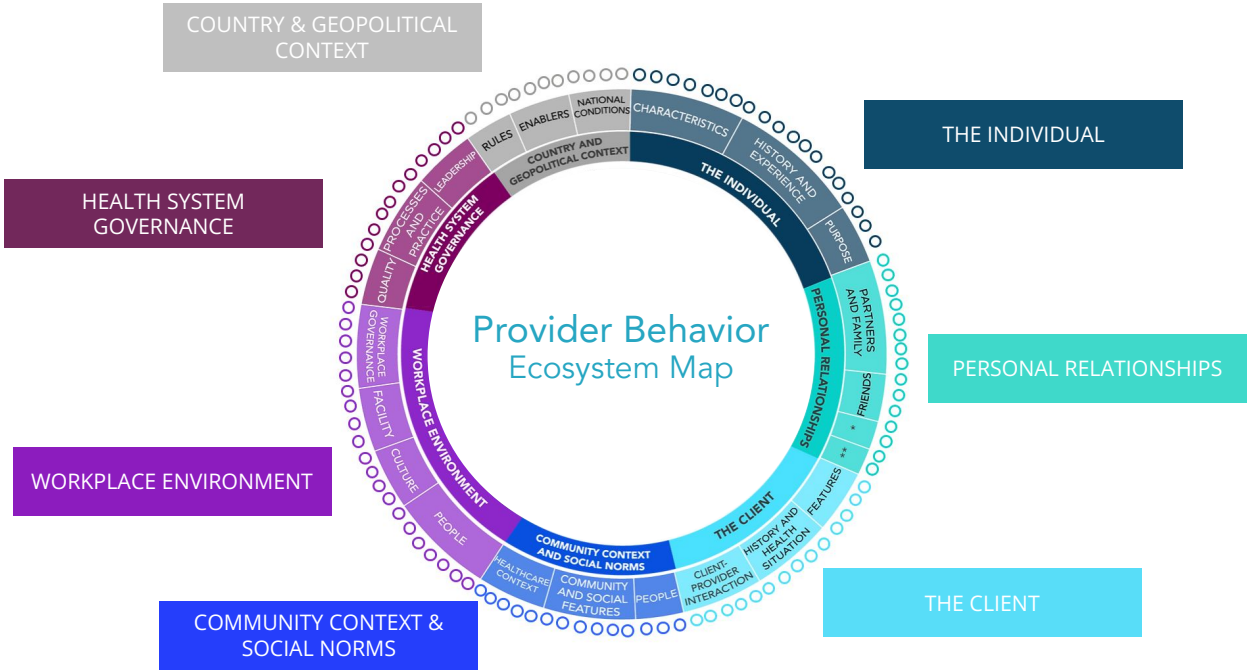
Provider Behavior Ecosystem Map

Interactive tool to understand and consider diverse factors that influence facility-based providers and how those factors interact with one another in a system



Refer to https://breakthroughactionandresearch.org/provider-behavior-ecosystem-map/ for full details and interactive PBC Ecosystem Map

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Emerging Influence Factors Cited in Literature

Literature points to factors driving the Experience of Care

THE INDIVIDUAL (PROVIDER)

1. Socio-demographic factors (age, marital status, gender, etc.)
2. Bias / partiality
3. Stress / fatigue
4. Professional experience
5. Training / competency
6. Work satisfaction / Commitment
7. Relationship with client

INDIVIDUAL RELATIONSHIPS[1]

THE CLIENT

1. Socio-demographic factors (ethnicity, age, marital status)
2. Disability status
3. HIV status
4. Attitude to service delivery / compliance
5. Expectations
6. Birth / delivery methods
7. Birthing companion

COMMUNITY CONTEXT & SOCIAL NORMS

1. Gender norms
2. Social stigma / discrimination
3. Religious norms
4. Traditional values

WORKPLACE ENVIRONMENT

1. Leadership
2. Infrastructure
3. Access to resource / equipment
4. Staffing/ work-load
5. Uniform
6. Facility culture / Supervision
7. Provider training
8. Team culture

HEALTH SYSTEM GOVERNANCE

1. Standards for professional ethics
2. Provider training criteria
3. Equipment + medicine supply chain logistics

COUNTRY & GEOPOLITICAL CONTEXT

1. Policies and laws
2. Regulation / Enforcement
3. Legal redressal

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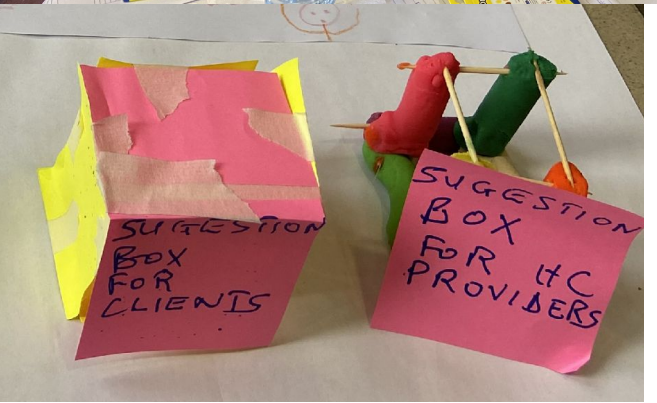
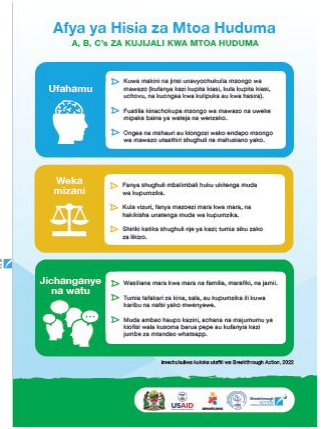
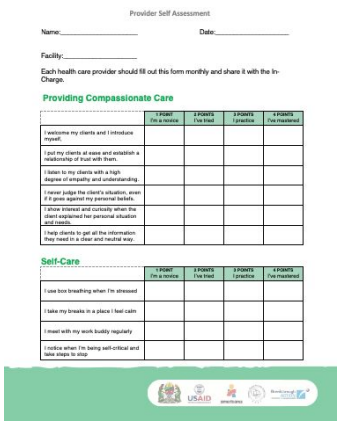


Prototype Designs

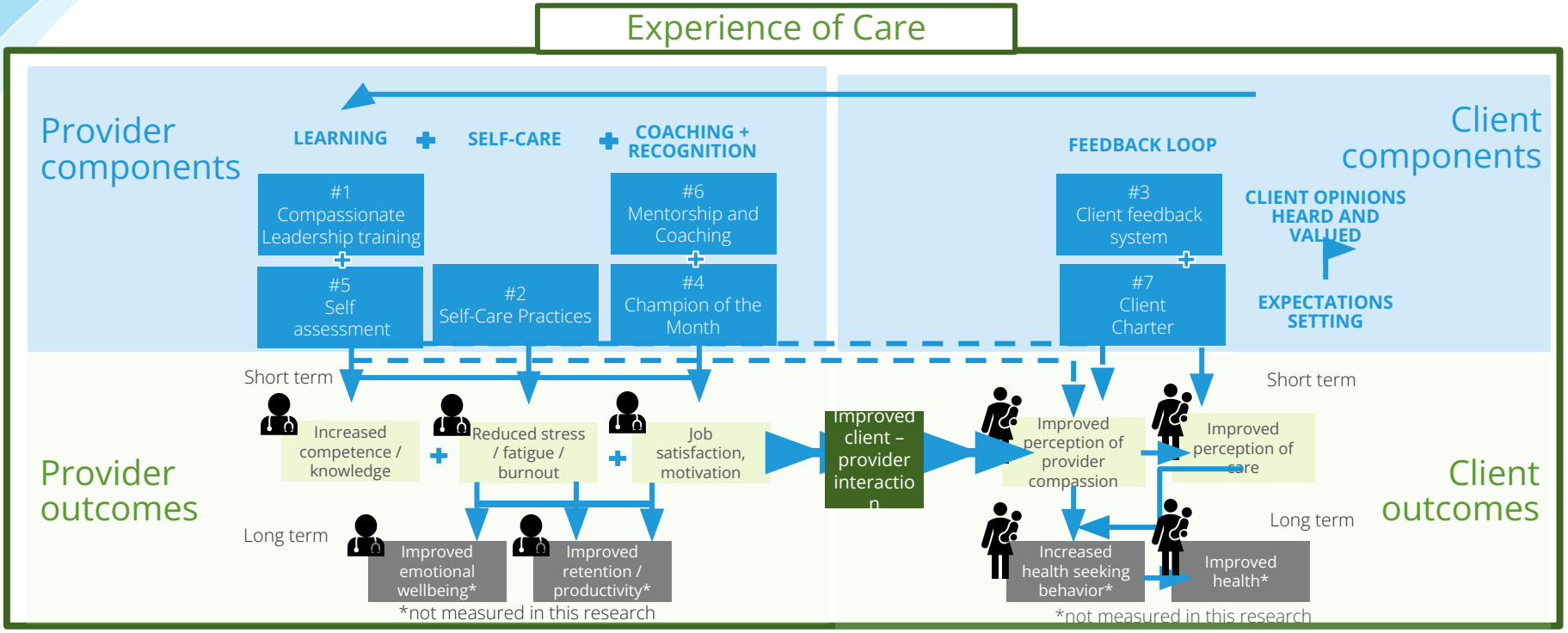
Intervention Components

#1 Compassionate Leadership Training	#2 Self-Care Practices	#3 Client feedback system	#4 Compassion Champion	#5 Provider Self-Assessment	#6 Mentorship and Supervision	#7 Client Charter





Compassionate Care Theory of Change



+ Community Based Activities

Process

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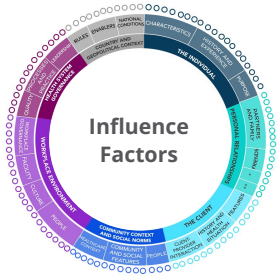
Research Objective

Assess whether the **multi-faceted compassion-focused intervention improves EoC** during facility-based maternal, infant, and childcare visits up to 12 months postpartum, and measure whether it **leads to positive outcomes for providers <u>and</u> clients**.

Study Overview

PRE-TEST		PAUSE	FULL TESTING		
INTERVENTION	**Mini EVALUATION**		**BASELINE**	**INTERVENTION (May-Oct 2024)**	**END-LINE**
Intervention tested in 3 health facilities for 2 months	**Provider interviews (N=14)**	Adaptation	**Provider interviews**	Intervention tested in 3 health facilities for 6 months --- 3 comparison sites implementing the standard of care	**Provider interviews**
	Client interviews (N=10 per facility = 30)		**Client interviews**		**Client interviews**

Potential Outcomes of Interest



POSITIVE Experience of Care

Client Outcomes

- Perception of provider compassion
- Perception of care

Provider Outcomes

- Knowledge/understanding of respectful and compassionate care
- Understanding of factors that influence EoC
- Use of compassion in their care
- Job performance
- Coping skills and resiliency
- Perception of institutional support
- Level of work engagement

Measurement

Provider assessment measures	
Assessment of skills	The Sinclair Compassion Questionnaire – Healthcare Professional Ability Self-Assessment (SCQ-HCPASA)
Self-evaluate job performance	22-item Maslach Burnout Inventory - Human Services Survey (MBI-HSS)
Extent to which they feel they have the tools and support to perform their job	15-item Self-Assessment Communication Survey (SACS)
Level of job satisfaction	NEAR Organizational Compassion Scale (validated tool)
Level of job-related stress + self-efficacy	Compassionate Rational Leadership Questionnaire (CRLQ)

Client assessment measures	
Perceptions from last postpartum visit	The Schwartz Center Compassionate Care Scale (SCCCS)
Perceptions from last postpartum visit	Americares Client interview Q B1-B40 (adapted for postpartum)

Assessment measures selected based upon :

1. Compassion Measures Toolkit* rating
2. Previous use by Americares / USAID MNCH projects
3. Feasibility (e.g. length / complexity)

*https://www.taskforce.org/wp-content/uploads/2023/02/PY_FINAL_COMPASSIONMEASURETOOLBOX.pdf

CPRC Private Sector FBO Health Facilities

Intervention	Comparison
KMT Dispensary	Nyakahoja Dispensary
Makongoro HC	ELCT Nyakato HC
Sengerema Hospital	St Clare Hospital

Name of facility	Council	Total staff	Client Volume
KMT Dispensary	Nyamagana Municipal	3	Low
Makongoro HC	Nyamagana Municipal	12	Low
Sengerema Hospital	Sengerema District	52	High
Nyakahoja Dispensary	Nyamagana Municipal	12	Low
ELCT Nyakato HC	Ilemela Municipal	12	Low
St Clare Hospital	Nyamagana Municipal	33	High

Next Steps

- Baseline complete & data analysis in progress
- Intervention implemented for 6 months (May-Oct)
- Endline data collection (Nov)
- Analysis, synthesis and dissemination of findings (Dec)
- Draft manuscript for peer review with MOH and CPRC (Dec)

Club Courage/ ConvoCare Club

Aissata Ba

Locally Led Development Focal Point
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Senior Technical Advisor Gender
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Club Courage / ConvoCare Club

Supporting Provider-Driven Change for SBC for Service Delivery Community of Practice

Aissata Ba
Elizabeth Doggett

jhpiego 50TH ANNIVERSARY

The problem: Midwives experience constant stress and trauma in their work

- "As a midwife, you are not trained for what's coming." With no easy access to ambulances, blood-banks, nor skilled professionals, midwives feel helpless.
- "A midwife's work is a burden": midwives always walk on eggshells. Not allowed to complain or make mistakes, but are rarely equipped to ensure best practice.
- Midwives are expected to have a "passion and love for their job", but also to conduct it while being greatly underpaid, some working for free as volunteers, and others balancing several jobs.

> We live these three words on a daily basis (stress, emotions, and trauma). We even live through anguish every day.

> We are stressed when the midwife's phone rings. My fear is encountering a complication that I am incapable of resolving. I am always afraid.

How might we create a system in which midwives are better able to deal with their own emotional and traumatic load?

Our solution: Club Courage/ConvoCare Club

Support groups of 8-12 midwives that meet regularly and use cards to spark discussions that increase peer support and resilience

- Low cost, very simple solution
- Peer to peer support: Midwives meet in groups of 8-12
- The clubs are informal, social gatherings away from the workplace (ideally)
- Midwives draw discussion cards to spark conversations between across four categories of care.
- No need for trained facilitators—the "host" changes each meeting

Our solution cuts across MNH, Gender, Demand, Design & SBC

Example [front of card]

Supportive workplaces

What would you need from your in-charge to practice self-care at work?

What resources or spaces would enable you and colleagues to practice self-care at work?

Example [back of card]

Supportive workplaces

Tips

- Consider collaborating with leadership to explore opportunities to better support staff wellbeing at work.
- Midwives' voices are important and may be even stronger in numbers.

Reminder

- My patients and colleagues are all helped when I take care of myself.

Pilot study: December 2022-May 2023

Following a proof of concept in Mali (2022):

- Refined the cards (French and English)
- Re-introduced CC in **Mali** and expanded CC to **Ghana**
- Conducted a programmatic qualitative study to describe the experience, acceptability, and self-reported well-being of CC among participating midwives/nurses.

Results

CC strengthened midwives/nurses' awareness of and capabilities in addressing their mental and emotional well-being through peer-to-peer support in a safe space.

I used to stop speaking to a colleague I was angry with… I have learned to discuss and address those challenges thanks to the experience shared by members [of Club Courage]… I have learned to improve my stress management from how others handle theirs. **- Midwife, ≥35 years, female, Mali**

Through ConvoCare's "care for colleague" module, we have learnt that when you meet a colleague who is suddenly withdrawing… you know how to address the person or the issues……I wanted to suggest that we hold one of our meetings outside our facility, like the beach but it couldn't come on. However…my unit [went out] one holiday to destress. We talked, laughed and had a lot to eat. The next day, we came to work very refreshed. **- Midwife, <35 years, female, Ghana**

…now with the entertainment and the fun of the club, people are more motivated to attend [the association gathering]. **- Midwife, ≥35 years, female, Mali**

Challenges and reflections for future use of CC

- Maintain the spirit of a social gathering that midwives want to attend over time!
- Not everyone can come to every meeting, but that's ok!
- Consider different meeting locations to ease transportation concerns
- Refreshments incentivize meeting attendance
- "Hosting" a club meeting may be a challenge for some, but others are comfortable and felt it could be learned
- Consider trying digital cards instead of printed cards

jhpiego 50TH ANNIVERSARY

When you are stressed and the clients comes, you are likely to displace that stress or anger on them. But now, I have realized that if I deal with my stresses well, there is no way I will displace them on other persons. I realize they are human… [with] issues of their own.

- Midwife, ≥35 years, female, Ghana


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Q & A

Discussion

Manya Dotson
Co-Chair, SBC for Service Delivery CoP

Director
SBC and Applied Design
Jhpiego

Thank you!

- Meeting notes will be shared in the coming days
- Please fill out our meeting poll

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