Provider behavior change: Social and behavior change approaches to quality of care in family planning

Breakthrough RESEARCH

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

JANUARY 2023
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.

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, supervision 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 is hardly ever viewed through the lenses 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 address and change 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 influences 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 often to improve family planning outcomes, 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.

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

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Research and Learning Agenda for Advancing PBC Programming

Breakthrough RESEARCH’s most important contributions to the SBC field was the development of the Research and Learning Agenda (RLA) for the integrated SBC programmatic agenda. This RLA includes a cross-cutting SBC knowledge gap and a range of research questions to be considered as the agenda is developed. The goal is to identify these RLA gaps to help guide evidence-informed strategies, facilitate collective learning, accelerate innovations, and inform the design of research and programmatic investments.

The RLA for Advancing PBC Programming is particularly focused on developing new evidence to inform the implementation of effective, scalable, and sustainably affordable interventions. Why do these questions matter? They will help us to answer the following:
- What works?
- How can it work best?
- How does it scale?
- How can it be replicated, sustained, and sustained locally?

These questions are critical to the adoption and refinement of the SBC and PBC strategies and programs. Some of the proposed questions are critical to inform family planning programs’ existing working and systems, while others will guide stand-alone research that can inform system improvements and adaptations for minimal financial support.

Evidence Review and Analysis of PBC Opportunities

Breakthrough RESEARCH reviewed insights from recent research and policy reports on the status of SBC and PBC opportunities. In addressing the adoption of evidence-based interventions to improve health outcomes through providing family planning services, we found that these interventions have the potential to influence provider behavior and improve perceptions of service quality. However, the context in which providers live and work can trigger universal psychological tendencies that manifest in the way they act.

Many health behaviors, including those related to family planning, are connected. These designs provide opportunities where lessons can be transferred to influence other behaviors or different behaviors at different time points. The following strategies can be implemented to further improve health outcomes:
- Align incentives to provide postpartum family planning in the context of community-centered care (such as staff recognition through incentives) and adherence to timely and respectful client-centered care.
- Enable providers to reconcile their personal identities and make correct provider behavior the easiest option.
- Match clinical guidance to the practical environment.
- Build tools and resources that support behavior change but are applicable for any health system
- Enable providers to recognize that personal identity, obligations, and 5) Alleviate workload burden by reducing hassles and inefficiencies thoughtfully, strategically, and effectively.
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Expressions of Power in Providers’ Experiences and Behavior

Breakthrough RESEARCH worked with partners to better understand the structural contexts in which providers operate, responding to the growing body of literature that shows health-care providers face a range of challenges in their work that they often internalize and that affect how they provide services to clients. Critical centers for the family planning field are expressions of power within these contexts. Of special interest for the family planning field are the ways in which power manifests, and how it influences client-provider interactions. Family planning services to clients 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 the ways in which power manifests, and how it influences client-provider interactions. Family planning services to clients.

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

- Access to assets that influences provider behavior
- Structures, policies, and governance of a health system
- Practices and participation that reflect norms influencing behaviors
- Power within—internal capability or sense of self-worth, self-knowledge

Expressions of power within these domains can vary across health provider cadre and provider-client relationships. For providers, several types of power may be at play:

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

In November 2022, Breakthrough RESEARCH asked Leanne Dougherty of Breakthrough RESEARCH and Phil Anglewicz of Performance Learning Group to share the importance of collecting behavioral determinant data. 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 to inform family planning SBC programs and policies. This brief application in improving family planning program design and outcome monitoring. A 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 impact on family planning service delivery and quality. These tools also advance PBC measurement by providing frameworks and illustrative examples of how measurement can inform program planning and evaluation.

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 program outcomes for clients.
Understanding health care providers' behaviors and actions, as influenced by their own attitudes and potential biases, is critical to improving care for clients. Breakthrough RESEARCH, a leading nonprofit organization, has developed an important tool to measure provider behaviors that can be applied to family planning and other health programs. This measure is intended to facilitate understanding of provider-level factors affecting family planning and help program planners, evaluators, and researchers take the information to heart and make plans to improve quality of care and service delivery of family planning. The technical reference provides information to monitor, evaluate, and research outcomes on the role of knowledge and skills, as well as attitudes and resources for fielding and analyzing providers' authoritarian attitudes using these measures.

**Provider Authoritarian Attitude Scale**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Patients I care for are not capable of making good health decisions for themselves.</td>
</tr>
<tr>
<td>2</td>
<td>Patients I care for should appreciate my efforts when they are given the right information.</td>
</tr>
<tr>
<td>3</td>
<td>Patients I care for are not capable of making good decisions for their health if they are given the right information.</td>
</tr>
<tr>
<td>4</td>
<td>Patients must always respect providers, regardless of the quality of care they receive.</td>
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</tbody>
</table>

Applying the Evidence into Practice

The Provider Authoritarian Attitude Scale (PAAAS) was developed by Breakthrough RESEARCH to identify professional attributes that influence the quality of care provided to clients in family planning. This measure is intended to facilitate understanding of provider-level factors affecting family planning and help program planners, evaluators, and researchers take the information to heart and make plans to improve quality of care and service delivery of family planning. The technical reference provides information to monitor, evaluate, and research outcomes on the role of knowledge and skills, as well as attitudes and resources for fielding and analyzing providers' authoritarian attitudes using these measures.

Beyond Bias: Provider Bias Driver Tree

Breakthrough RESEARCH worked with SBC implementing partners to develop a series of interactive research spotlights that address the problem of youth contraceptive behavior and uptake in SBC programs. This approach seeks to raise the visibility of current technical work. Beyond Bias: Provider Bias Driver Tree is one of these evidence-based research spotlight tools.

- **Raise the visibility of current technical work.**
- **Share tools and resources for partners.**
- **Demonstrate how priority RLA questions are answered.**
- **Support understanding of youth needs and youth communication as provider youth interactions.**
- **Focus to work with adolescents because they require more time and sensitivity.**

Provider bias includes gender, age, similarity, and self-identification of a given provider. Beyond Bias: Provider Bias Driver Tree provides an understanding of the problem of youth contraceptive behavior and uptake in SBC programs. This approach seeks to raise the visibility of current technical work. Beyond Bias: Provider Bias Driver Tree is one of these evidence-based research spotlight tools.

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**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.

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**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 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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**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 behavior.

Further research is needed to understand whether improving the behavior of family planning providers improves 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 adopting both a framework that captures key behavioral determinants and a behavioral theory that captures key individual determinants to create a more comprehensive picture of the drivers of provider behavior.

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**WHAT’S NEXT**

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

**DID YOU KNOW**

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.

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**CALLS TO ACTION**

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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.

Suggested Citation


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