# Measuring Provider Behavior Change

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# Learning objectives

- Defining provider behavior change (PBC)
- Measuring PBC
- Exploring lessons learned for continued improvement

# II. Examples of PBC measures

# How do we measure the determinants that influence provider behavior?

- Provider behavior has traditionally been viewed through the lens of health systems strengthening and quality of care frameworks.
- However, these frameworks do not reflect on provider behavioral determinants such as attitudes, self-efficacy, and perceived norms.
- As there is no singular 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.

# Using the PRECEDE-PROCEED Model to guide PBC measurement

- **Predisposing factors**—an individual's attitudes, beliefs, and perceptions
- **Reinforcing factors**—those that follow a behavior and determine whether, for example, a health worker receives positive (or negative) feedback by their supervisors
- **Enabling factors**—resources and skills required to make desired behavioral and environmental changes (e.g., availability of medical supplies)
- **Ability**—competency and skills of the provider
- **Provider behavior/Client-provider interactions**—client reception, person centered care and clinical management

# Examples of predisposing factor measures

## Provider attitudes toward intrauterine device (IUD), measured through provider interviews

Providers may apply restriction to contraceptive provision based on personal attitudes or beliefs rather than medical eligibility that limits use.

- What is the minimum age of people you offer this method (e.g., pill, IUD)?
- What is the maximum age?
- Is there a minimum number of children?
- Do you require partner consent?
- Would you offer this method to an unmarried person?
- Do you feel comfortable placing in women with prior pelvic inflammatory disease?
- Do you agree the IUD is safe?
- Do you agree the IUD is effective?

*It may be necessary to conduct formative research to identify personal attitudes or beliefs influencing provider behaviors.*

Source: Hohmann HL, Cremer ML, Gonzalez E, Maza M. Knowledge and attitudes about intrauterine devices among women's health care providers in El Salvador. *Rev Panam Salud Publica*. Published online 2011:5.

Source: Pleasants E, Koffi TB, Weidert K, McCoy SI, Prata N. Are women in lomé getting their desired methods of contraception? Understanding provider bias from restrictions to choice. *OAJC*. 2019; 10:79–88.

# Examples of reinforcing factor measures

## Measured through provider interviews

- Job satisfaction components assessed through nine domains (42 questions total—minimum 3 and maximum 5 questions per domain).
- Domains included: a) remuneration, b) equipment and work context, c) workload, d) duties, e) harmony in the workplace, f) on-the-job training, g) management, h) moral satisfaction, and i) job stability.
- Likert-type questions, based on 5-point scale —1 (strongly disagree) to 5 (strongly agree).

Source: Naburi H, Mujinja P, Kilewo C, et al. Job satisfaction and turnover intentions among health care staff providing services for prevention of mother-to-child transmission of HIV in Dar es Salaam, Tanzania. *Hum Resour Health*. 2017;15(1):61. doi:10.1186/s12960-017-0235-y

# Examples of enabling factor measures

## Measured through Health Facility Assessments

**Basic amenities**

1. Electricity source
2. Water source is piped in
3. Toilet (e.g. flush toilet) available
4. Landline or mobile phone access
5. Computer and internet access
6. Functional ambulance or another vehicle for emergency

**Basic equipment**

1. Light source
2. Adult weighing scale
3. Child weighing scale (250 gram)
4. Infant weighing scale (100 gram)
5. Measuring tape (height/board/stadiometer)
6. Clinical thermometer
7. Stethoscope
8. Blood pressure apparatus

**Infection control practices**

1. Clean running water
2. Handwashing soap
3. Alcohol-based hand rub
4. Disposable latex gloves
5. Waste receptacle
6. Sharps container
7. Environmental disinfectant
8. Disposable syringes with disposable needles
9. Auto-disable syringes
10. Medical masks
11. Infection control guidelines

Source: World Health Organization. Service Availability and Readiness Assessment (SARA) An annual monitoring system for service delivery. Geneva, Switzerland; 2013.

# Examples of ability measures

## Measured through provider-client observation or provider interviews

- Assess health worker ability to provide counseling and administer a range of contraceptive methods.
  - Observations may include:
    - MIIplus—four components that include the provision of information about different FP methods, the possible side effects/problems with the selected method, what to do if one experiences side effects, and discussed the possibility of switching to another method if the selected method is not suitable.

Nalwadda G, Mirembe F, Tumwesigye NM, Byamugisha J, Faxelid E. Constraints and prospects for contraceptive service provision to young people in Uganda: providers' perspectives. *BMC Health Serv Res.* 2011;11(1):220. doi:10.1186/1472-6963-11-220

# Examples of provider-client interaction

## Measured through provider-client observation

Observations may include:

- Provider welcomed client
- Client given adequate answers to all questions
- Provider explained what was going to be done to obtain client's consent
- Provider treated the client in a friendly respectful and /or compassionate manner
- Client shown respect for privacy
- Client received care in a clean environment
- Provider asked whether client understood information given

Nalwadda G, Mirembe F, Tumwesigye NM, Byamugisha J, Faxelid E. Constraints and prospects for contraceptive service provision to young people in Uganda: providers' perspectives. *BMC Health Serv Res*. 2011;11(1):220. doi:10.1186/1472-6963-11-220

# In summary

- To address context-specific barriers to service provision, formative research should be used to identify determinants of provider behavior at play in a specific context.
- Multiple study methods including provider interviews, client-provider observations and health facility assessments may be required to provide a comprehensive understanding of provider behavior and its determinants.
- Measures may require multiple survey items to develop indices and scores to capture the latent construct.
- Measures selected should be guided by a theory of change.

# How can we continue to improve the PBC evidence base?

# Programmatic documentation

- To better understand what makes PBC interventions work and to what extent they achieve the desired outcome, there is a need for programs to develop and monitor program theories of change.
- Programs should comprehensively document and share evidence generated through formative research and during the design and development of PBC approaches to inform future activities.
- Programs should share lessons learned so that the evidence base can provide a more robust understanding of what PBC approaches work and do not work in different settings and with different types of providers.

# Research and study design

- Need for more rigorous evidence on what PBC approaches are effective.
- To increase the confidence in conclusions about what works in PBC, approaches using randomized designs, comparison groups, and/or triangulation with routine or program monitoring data should be considered when feasible.
- Behavioral measures and health outcomes should be captured in addition to more intermediate factors, such as changes in knowledge, attitudes, and beliefs.
- Assess the relative contribution of elements when PBC interventions include a package of approaches and assess which approaches are most effective when combined.
- The costs of interventions should be captured and, when there is rigorous effectiveness data available, the cost-effectiveness of interventions should be assessed.

# Barriers addressed

- PBC is heavily reliant on the system and enabling environment in addition to individual provider factors that determine behaviors. Programs should aim to address barriers at various levels for maximum potential for impact.
- PBC programs should conduct and document formative work to understand the social and gender norms that influence provider behavior. More evidence is needed to understand whether normative approaches, such as values clarification, can improve the quality of providers' interpersonal communication with clients.
- In addition to addressing knowledge and competency and structural and contextual barriers, interventions should aim to address attitudinal barriers including provider bias using SBC approaches.
- Programs should be sensitive in designing approaches that address provider bias to ensure that providers feel supported and empowered rather than feeling blamed for holding biases.

# Outcomes assessed

- More evidence is needed on the intermediate results of PBC interventions (e.g., providers' knowledge, attitudes, and behaviors).
    - It would also be useful to understand the strength of the relationship between PBC interventions, intermediate outcomes and FP utilization.
- Further research is needed to understand whether improving the behaviors/practices of health providers influences the quality of care provided.

# In summary

The PBC evidence base is growing quickly, but in order to have the best evidence available to guide implementation, we must improve measurement of provider behavior and behavioral drivers, program documentation, research and study design.

# THANK YOU

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