Leveraging Connections Between Client and Provider Behavior

Behavioral Design for Provider Behavior Change in Care-Seeking for Children in Zambia

Behavioral design is an approach that leverages insights from behavioral economics, social psychology, human centered design, and other disciplines to develop and test innovative solutions that reshape people's environment to positively influence their behavior.

As part of Breakthrough ACTION, ideas42 employs a four-stage behavioral design methodology which consists of (i) defining a problem in terms of a behavior we seek to encourage, (ii) diagnosing the behavioral drivers of that problem, (iii) designing solutions that address the behavioral drivers, and (iv) testing the effectiveness of solutions and adapting as needed. This approach is one way to design interventions to change health-related behaviors and decision-making, grounded in an understanding of why people choose as they do and what motivates their decision-making and action. This brief will describe the application of this approach to a provider behavior change activity in Zambia.

Provider Behavior and Timely Care-Seeking for Children Under Five in Zambia

Regular and timely care-seeking, as well as provision of high-quality care at health facilities, are essential to children's health. However, in many instances, caregivers of children experiencing symptoms of illness do not proactively seek care or follow through on referrals to a health facility from a community health worker.

The problem of delayed care-seeking by caregivers may, on its surface, appear to be a client-side problem. However, formative research conducted by Breakthrough ACTION suggested that caregivers' care-seeking behavior is influenced by providers' behavior, which shapes caregivers' expectations for quality and experience of care. The project applied a behavioral design approach to better understand contextual features—the features in the environment in which providers are making decisions—and their interplay with behavioral barriers that prevent providers from providing quality care.

Defining the Problem

In the define phase, the team conducted formative research consisting of in-depth interviews with health providers, community health workers, and mothers of children under five to systematically define a behavioral problem. Providers and clients revealed that providers often scold or shout at clients. Providers and clients described different perceptions, expectations, and concerns about their interactions in health facilities, which appeared to contribute to two interrelated challenges: disrespectful care by providers and lack of timely care-seeking by caregivers. As a result of these findings, Breakthrough ACTION developed the following behavioral problem statement:

Providers do not always follow quality of care standards, including providing respectful care, when treating childhood illness, which contributes to lack of timely care-seeking by caregivers of children experiencing symptoms of illness. We want providers to consistently provide respectful care.

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The conceptualization of this behavioral problem includes respectful care as a component of quality care, in line with the World Health Organization's Standards for improving the quality of care for children and young adolescents in health facilities.[1]

Diagnosis

Through additional field work, the project investigated behavioral barriers contributing to providers' disrespectful treatment of caregivers seeking care for sick children. Behavioral barriers are triggered by specific features of the context in which providers work, including their experience, interaction, and immediate environment. The following barriers were identified.

DIAGNOSIS #1: Providers believe they are already delivering high-quality care.

Some providers do not follow quality of care standards, including respectful care, because they believe they are already providing high-quality care by following treatment protocols. Providers develop **mental models** of good care, which focus on clinical factors and do not include explicit standards for respectful or quality care. Providers tend to exhibit **automaticity** and do not have clear cues to evaluate whether their actions represent quality care.

Providers' perception of their current practices as "good care" is reinforced by existing feedback and mentorship systems. Supervision, mentorship, and coaching activities focus on clinical competencies and do not provide a model of respectful care, so providers do not receive feedback on this element of quality of care. While national guidelines and protocols for respectful care exist, they are not widely circulated; therefore, providers may not be prompted to consider whether the care they provide is respectful.

BEHAVIORAL DESIGN CONCEPTS

Mental model: cognitive structures of organized prior knowledge that are developed from experience

Automaticity: completing tasks in a habitual way each time

Social proof: people copy the actions of others in an attempt to reflect correct behavior in a given situation

Providers also take cues from other providers' behavior, including observations of poor treatment. Disrespectful actions, such as scolding, are typically more visible than respectful care, and instances of poor treatment are more easily recalled than respectful treatment. Particularly in situations with high levels of uncertainty, people tend to mimic the actions of others, a phenomenon known as **social proof.** Thus, providers may scold, reprimand, and fail to answer questions or provide explanations, since they have seen others take these actions.

DIAGNOSIS #2: Providers expect to be judged on clinical outcomes alone.

Some providers choose not to follow quality of care standards for respectful care because they do not think they need to do so; they expect that caregivers and supervisors will evaluate the care they provide solely on clinical outcomes. Providers often exhibit **outcome bias**; as long as a child recovers from their illness, the provider considers the interaction to be appropriate, even if care could have been more respectful.

Because providers do not typically receive feedback from caregivers on the quality of their experience, they may deprioritize elements of respectful care. This lack of feedback makes the role of respectful care less **salient**: it does not capture their attention over the clinical outcomes that are top of mind. Furthermore, provider evaluation systems prioritize the number of clients a provider visits, rather than the quality of their care. As a result, providers may prioritize treating a higher volume of clients over providing respectful care.

BEHAVIORAL DESIGN CONCEPTS

Outcome bias: weighing the ultimate outcome more heavily than other pieces of information in deciding if a past decision was correct

Salient: the prominence of a person, thing, or trait compared to other elements in the environment

Some providers may choose not to regularly provide respectful care because they perceive that providing respectful care will interfere with positive clinical outcomes or efficiency. While positive clinical outcomes are visible to providers, the link between respectful care and clinical outcomes is not as clear. Providers may, therefore, see respectful care only as a short-term cost and not appreciate the long-term benefits: improved care-seeking behavior among caregivers and subsequent improved health in the community. Even when providers are aware of longer-term benefits, they may demonstrate **present bias**; the immediate costs in terms of additional time and effort required to provide respectful care strongly influence their choices at the expense of a larger, long-term benefit.

BEHAVIORAL DESIGN CONCEPTS

Present bias: tendency to favor immediate rewards at the expense of long-term goals

Risk aversion: a preference for avoiding uncertainty and favoring options that are more certain, even when their expected result is worse, on average

This focus on clinical outcomes at the expense of respectful care is further exacerbated in cases in which caregivers delay bringing their child to the health facility until the illness is more severe. Providers who perceive a tradeoff between respectful care and clinical outcomes may be driven by **risk aversion** to scold caregivers. They may view this harsh treatment as justified because it can prompt caregivers to seek care sooner next time.

DIAGNOSIS #3: Providers react automatically to emotional triggers.

Some providers may intend to provide respectful care but react automatically to emotional triggers at the moment of providing care. Many providers experience **time scarcity**, given the large number of clients and shortage of providers; this depletes mental resources and can reduce impulse control. If providers perceive caregivers' behavior as rude in moments when their time and attention is stretched, providers may scold or mistreat clients even when they intend to treat them respectfully.

BEHAVIORAL DESIGN CONCEPTS

Scarcity: a context of not having enough of a key resource, including time, which negatively impacts cognition, decision making, and self-control

Fundamental attribution error: the tendency to overemphasize internal characteristics rather than external factors when explaining another's behavior

Tunneling: Intently focused on the most urgent or immediate needs in situations of scarcity, even if they are not the most important

Furthermore, when reacting to caregivers' behavior, providers do not always consider the external stressors that may be prompting a caregiver to act the way they do. For example, when a caregiver may seem frustrated or distracted as a result of long wait times, tiring travel to the facility, and/or the stress of caring for a sick child, providers interpret this as meaning that the caregiver is a rude or disrespectful person. This is an example of the **fundamental attribution error.**

Lastly, caregivers may not understand the triage system and perceive favoritism when in fact providers are treating patients in order of urgency. Providers do not feel that they have adequate time to explain this system; they **tunnel** on what they perceive to be more urgent responsibilities rather than explaining decisions to caregivers.

Diagnosis to Design

The behavioral barriers identified during diagnosis provide insight into the drivers of disrespectful care and the connections between provider and client behavior. The solutions outlined below aim to address these barriers by building empathy between caregivers and providers, clarifying the underlying shared interests and goals of both parties, and making the desired behaviors of each group explicit.

Co-creation of quality of care guidelines

The central component of the solution is a collaborative community-provider workshop to co-create common quality of care guidelines, led by a trained neutral facilitator.

The workshop includes a two-hour meeting between facility staff and community members. The process concludes when individual representatives from the facility and the community sign the agreed-upon guidelines, signaling commitment to uphold them. A quality improvement team, consisting of members of the district's Health Advisory Committee, ensures that the guidelines are upheld and that the process continues after the meeting.

How does the solution address behavioral barriers?

- The guideline creation focuses on fostering an equitable environment for all involved parties and building empathy between providers and community members.
- The workshop is an opportunity for providers to understand non-clinical priorities and preferences from caregivers. Non-clinical priorities are further reinforced by codifying these preferences and priorities and by agreeing to evaluation based on these standards.
- This solution is informed by research showing that group problem-solving sessions are among the most effective interventions to change provider behavior.[2]

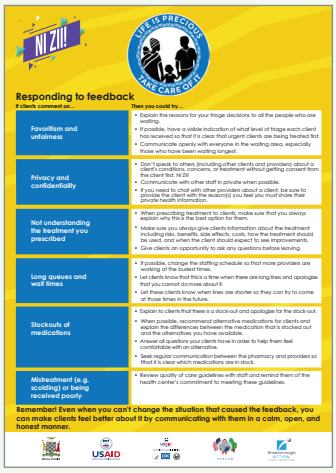
Client feedback system

The client feedback system enables clients to evaluate their experience after a facility visit. The facility supervisor then tabulates the feedback and shares results during regular staff meetings.

How does the solution address behavioral barriers?

- The client feedback system provides an important additional source of input into provider performance and reinforces that performance is measured not only by clinical outcomes by also by client experience. While a provider may be meeting their clinical targets and performing in accordance with their peers, if they are not delivering care that is up to the standards of clients this will be reflected in the client feedback, and they can enact changes as appropriate.

Facility Scorecard



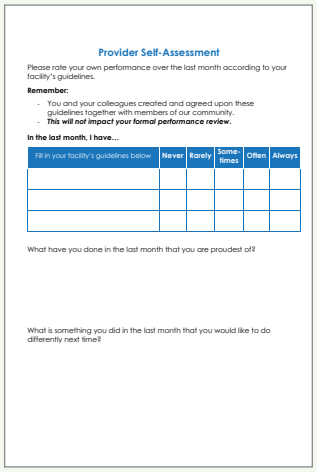
Heuristic Poster

Provider self-assessment and goal setting

During facility discussions, providers set facility goals to improve service provision and review progress against prior goals. Through a guided self-reflection, providers have the opportunity and tools to critically assess their own performance in relation to the co-created guidelines and the client feedback they have received. Providers then set goals and plans for how to act when they are in a stressful situation, so they are prepared to remain calm the next time similar stressors come up.

How does the solution address behavioral barriers?

- While providers expect to be assessed based on clinical outcomes, the self-assessment and goal setting activity increases the salience of the co-created guidelines and respectful care in their evaluation.
- The self-assessment allows providers to consider while they are in a "cold," or less emotional, state whether they have acted inappropriately or disrespectfully when they were in a "hot," or emotionally stressed, state.



Provider Self-Assessment

Please rate your own performance over the last month according to your facility's guidelines.

Remember:

- You and your colleagues created and agreed upon these guidelines together with members of our community.
- ***This will not impact your formal performance review.***

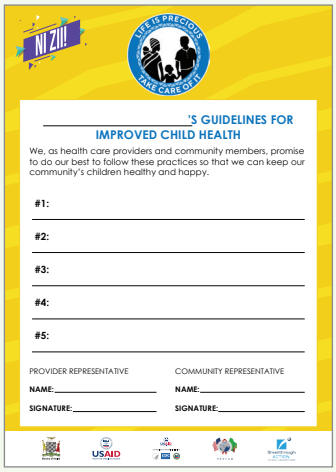
In the last month, I have…

Fill in your facility's guidelines below	Never	Rarely	Some-times	Often	Always

What have you done in the last month that you are proudest of?

What is something you did in the last month that you would like to do differently next time?

Provider self-assessment form



NI 2!!!

LIFE IS PRECIOUS TAKE CARE OF IT

_____'S GUIDELINES FOR IMPROVED CHILD HEALTH

We, as health care providers and community members, promise to do our best to follow these practices so that we can keep our community's children healthy and happy.

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

PROVIDER REPRESENTATIVE
NAME: _____
SIGNATURE: _____

COMMUNITY REPRESENTATIVE
NAME: _____
SIGNATURE: _____

Goal-setting poster

Key Takeaways

This work is an example of how provider behavior change may be a relevant approach for activities that have previously been considered under the purview of health system strengthening- or client-focused interventions. It is often assumed that structural issues such as commodity shortages and overworked staff are the drivers of the problem; however, it is necessary to examine the behavioral dimensions as well. Structural considerations (such as understaffed facilities) and individual interactions form part of the context in which providers work and influence their compliance with quality of care standards.

The solutions were developed and tested with users, including providers, community members, and caregivers of children under five, to elicit feedback and make improvements prior to implementation launch. User-testing participants valued the guidelines co-creation process. Community members were enthusiastic about the collaborative workshop since they felt they had few other outlets to set expectations with providers. Providers were able to hear community members' concerns and also valued being able to share best practices for seeking care with caregivers, with assurance that community members would strive to employ these practices.

A behavioral design approach allowed for a deeper understanding of underlying issues among various stakeholders and the pursuit of innovative solutions. The solutions developed through this activity, in addition to promoting respectful care as a worthy end of its own, help to address an important factor contributing to delayed care-seeking.

The designs were finalized following user-testing and are being piloted in two districts in Zambia in early 2020. Further learnings on implementation will be integrated into the design package prior to scaling to all project-supported health facilities.

Cross-Cutting Findings in the Application of Behavioral Design to Provider Behavior Change

This brief is one of a series on the application of behavioral design to provider behavior change programming in Zambia, Malawi, and Nigeria. While the context varies across country programs, Breakthrough ACTION identified several common behavioral insights relevant to provider behavior change.

1. The environment in which providers work and the feelings of **scarcity** and subsequent tunneling generated by that environment have critical implications for providers' decision-making and ability to follow through on intentions. Often these challenging environments can exacerbate the effects of other behavioral barriers.
2. In the three program examples, providers demonstrated **risk aversion**. Providers in Zambia acted in a way that they perceived to minimize the risk of the particularly salient health consequences of delayed care-seeking.
3. Understanding a provider's **mental model** is important to understanding a provider's actions. While there is no consistent provider mental model across the 3 countries, faulty mental models contributed to a behavioral barrier in each of the three programs examined. In Zambia, mental models for what constitutes "good care" do not extend to respectful treatment of clients.
4. Actors other than the provider can be critical to both diagnosing behavioral barriers and developing solutions to address them. **Clients' behavior** forms part of the context that influences that of the providers and vice versa. In Zambia, caregivers' skepticism of provider performance and preferential treatment can impact providers' decision-making and interactions with clients.
5. Providers tend to prioritize actions and outcomes that are **measured** or on which their performance is evaluated. This was considered in the design of the client feedback system, a tactic for bringing attention to respectful care in assessing provider performance.

While not an exhaustive list of behavioral barriers or approaches to behavior change, these programs highlight some key areas of exploration in designing and implementing provider behavior change activities.

Endnotes

[1] Standards for improving the quality of care for children and young adolescents in health facilities. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.

[2] Rowe, Alexander K et al. 2018. "Effectiveness of Strategies to Improve Health-Care Provider Practices in Low-Income and Middle-Income Countries: A Systematic Review." *The Lancet Global Health* 6(11): e1163–75.

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.