Behavioral tactics to support providers in offering quality care:

Insights from provider behavior change research and practice

Health care providers play a crucial role in health services and health systems.
In many low- and middle-income country (LMIC) settings, providers navigate immense challenges to perform their duties.

Often, they are asked to deliver a wide range of health services with few resources and little guidance and assistance. They are tasked with informing, teaching, and overcoming mistrust of community members, assuring good clinical outcomes and positive client experience, and supporting clients to take follow-up actions after a visit to the health facility.

Providers' behavior is at the heart of good health services and essential for quality care. When a clinical protocol is not followed, when clients do not receive suitable counseling on their health needs, or when community members hesitate to visit a health facility because of a poor prior experience there, health outcomes are negatively impacted. Each of these moments presents an opportunity to improve health outcomes with programming focused on the unique challenges that contribute to gaps in providers' behavior.

Behavioral science offers a set of tools through which to understand these challenges and design new solutions that support providers to carry out their many responsibilities (Zimmerman et al. 2020). It offers insights to understand providers' behaviors and answer questions that global health practitioners have grappled with for decades: *Why doesn't training always translate into practice? Why is it so challenging to institute a change in clinical protocol? Why don't providers always prioritize what it seems they should? What gets in the way of a provider following through on her own good intentions for client care? Why do providers sometimes engage in disrespectful or abusive actions toward clients?*

Drawing insights from a range of disciplines including psychology, economics, neuroscience, and others, behavioral science helps to uncover what drives providers to choose and act as they do. It allows us to see how actions that may seem puzzling on their face are often predictable and understandable. With these insights, we can create new solutions that work with human behavior, rather than against it, to support providers in the essential role they play.

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Introduction

This document offers a synthesis of insights from recent research and design activities conducted by ideas42 through Breakthrough RESEARCH, Breakthrough ACTION, and other projects across nine different LMIC settings about the **behavioral roots of challenges health care providers face in providing high quality services**. We discuss how the physical and social environment in which they work and live sends signals to providers about what is important, how they can navigate difficulties, and how well they are performing. We discuss how experiences outside the health facility impact how providers approach their professional duties. We also discuss how pervasive time and resource constraints create a cognitive and emotional burden that gets in the way of what they can do, even within these constraints.

For each challenge, we also share lessons emerging from this research about about **how global health practitioners can address these challenges through program design and implementation**. Efforts to improve providers' behavior often center on training and supervision, but many such programs fall short of their aims. By homing in on the behavioral roots of common challenges, we can strengthen training and supervision to make them as targeted, useful, and motivational as possible. Understanding the behavioral roots of challenges also helps us anticipate when training and supervision may not be the right solutions, or when they must be complemented by other efforts. Solutions highlighted in this document range from clinical aids and reminders to new devices and alterations in service flow. They are not exhaustive, but are intended to illustrate the range of possibilities for using behavioral science to strengthen provider-focused programming. Just as everything a provider encounters in their professional and personal life can play a role in shaping their behavior, anything and anyone that a provider interacts with might be leveraged as a solution.

The pages that follow present five core insights about behavioral challenges that providers face. They offer examples from research of how those challenges manifest in different health areas and settings, as well as examples of concrete solutions: programming approaches to overcome barriers to quality care and support provider behavior. Each insight is paired with step-by-step guidance for how a practitioner might build upon past research and practice to identify and address provider behavior challenges within their own programming as well as recommendations for where future research and program design innovation may be particularly fruitful.

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5 insights and evidence-informed design tactics to support provider behavior
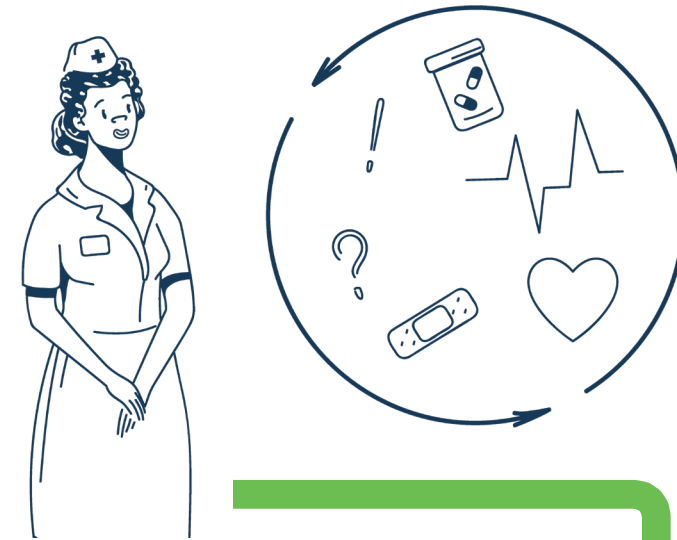
1 CLINICAL CUES
Integrate cues to important but neglected aspects of care into the signs, forms, and markers that providers are exposed to in their day to day
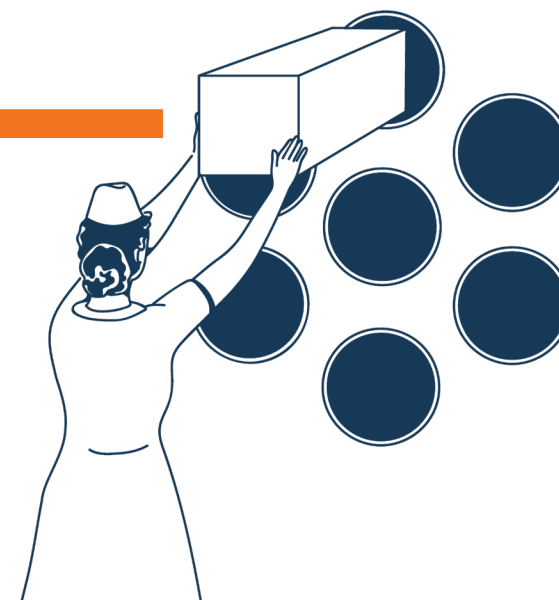
2 FEEDBACK LOOPS
Build tools and channels through which providers can learn from their daily experience and incite them to consider effects of their actions that they might not have expected
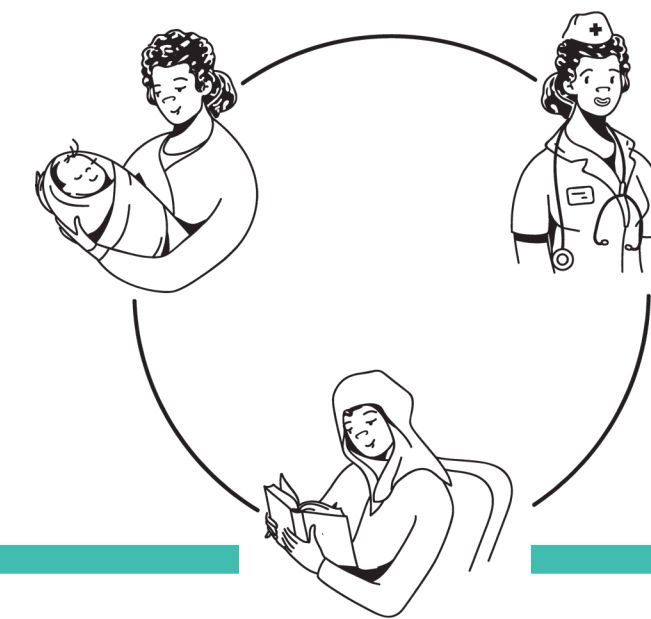
3 PRACTICAL MISMATCHES
Match guidance to the practical environment and make correct provider behavior the easiest one— both practically and psychologically

4 MULTIFACETED IDENTITIES
Enable providers to reconcile their personal identities and past experiences with their professional oblations

5 SCARCITY
Alleviate the burden by reduction hassles and inefficiencies thoughtfully, shifting responsibilities, and recentering attention toward what is within the provider's control
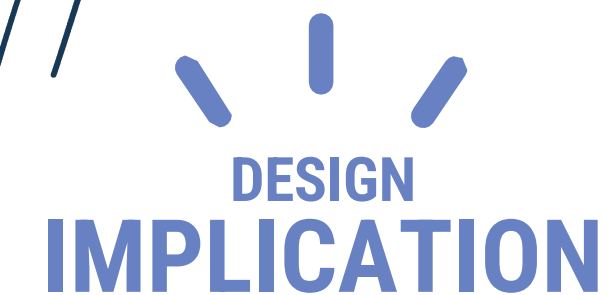
Clinical Cues

RESEARCH INSIGHT

Providers take cues from their clinical environment about what to prioritize

Providers balance a multitude of priorities and often work in settings that are highly resource constrained. In such environments, it's natural to attend most closely to needs that appear most immediately urgent or that are reinforced most strongly. Signage in the facility, clinical forms, the names used to describe services (or providers' roles), and what peers and clients do and say around them as they carry out their responsibilities all serve as cues about what a provider must attend to.

Other important aspects of care that fall outside of this "tunnel" of immediate priorities are more easily forgotten or neglected. Many providers care deeply about being a good provider and offering quality care, and these same cues reinforce notions of what is most critical to achieve those aims.

DESIGN IMPLICATION

Integrate cues to important but neglected aspects of care into the signs, forms, and other markers that providers are exposed to in their day to day role

Example insights about provider behavior

Evidence-informed solutions to support providers

SIGNAGE AND CLINICAL GUIDANCE

Clinical algorithms and guidelines for how to prevent and respond to risks to a baby's life during childbirth papered the walls of delivery rooms in Zambia and were reinforced through clinical forms such as the partograph. By contrast, there were no clear guidelines or visual cues about whether, when, and how to provide respectful care, including pain management support, to a laboring woman.

(Smith et al. 2020)

SERVICE DESCRIPTIONS

The name "immunization day" reinforces a purpose tied to a specific service to protect the health of a young child. In Senegal, this contributed to providers neglecting family planning counseling and referrals despite a broad directive to integrate the two services.

(ideas42 2019)

CLINICAL FORMS

For young children, adequate feeding during and after illness is critical to recovery and to prevent malnutrition. In the Democratic Republic of the Congo, clinical forms providers use during consultations include space to indicate medical treatment, but no cues to counsel the caregiver on appropriate feeding while the child is sick and recovering.

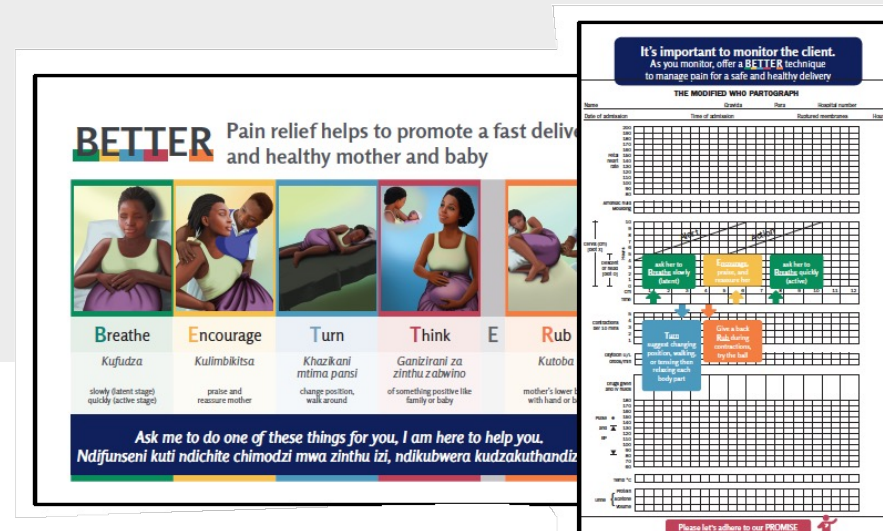(Breakthrough ACTION & USAID Advancing Nutrition 2022a)

NEW GUIDANCE RESOURCES

A pain management toolkit, including a manual, poster, and display partograph prompts providers to give pain management support to laboring women, using specific techniques at different stages of labor.

(ideas42 2021c)

(Smith et al. 2022)

"REBRANDING" OF SERVICE OFFERING

Immunization days renamed as Family Health Days cue providers to consider, offer, and refer clients to other relevant services, including family planning counseling.

(ideas42 2019)

EMBEDDED CUES IN FORMS

A feeding recommendation integrated, alongside medical treatment, into the clinical form used in sick child consultations elevates the importance of nutrition counseling to support a child's recovery.

(Breakthrough ACTION & USAID Advancing Nutrition 2022b)

How can a practitioner use clinical cues to support provider behavior?

1 **Identify aspects of care that are neglected by providers and are not reinforced by clinical cues.** These may include, for example, respectful and compassionate care, referrals to services that are not the primary purpose of a client's visit, or counseling and guidance on issues the client may not have anticipated are important to their needs.

2 **Note what clinical cues shape providers' priorities most strongly,** including what they notice most and what sources of guidance they value most. These might include training and clinical manuals, signage in the facility, clinical forms, messages from supervisors, or the actions of experienced peers.

3 **Where possible, adjust or build upon these existing cues to reinforce new priorities,** rather than trying to capture providers' attention through an entirely new channel.

4 **Aim to help providers build the new priorities into habits,** so that over time they become part of the routine and cues are not needed.

What's next for research and program design?

Providers are inundated with information and messages that compete for their attention and can easily lead to distraction and information overload. Explore tactics for matching the cues a provider is exposed to with the moment when a particular aspect of care is most critical. Working with providers to co-create solutions will allow you to tailor the format, timing, and placement of a cue to take advantage of what they see and attend to at particular moments and avoid unnecessary distractions. Digital technologies may also be helpful for offering timely cues that don't fade into the background when they are needed, but that avoid overwhelming and distracting providers at other times.

Subtractive changes can be immensely powerful. People tend to gravitate toward solutions that *add* features, details, and information, when taking something away can sometimes achieve more. Identify other cues in the clinical environment that can be eliminated or simplified so the most important ones are not lost in the noise.

2 Feedback Loops

RESEARCH INSIGHT

Without clear feedback loops, it's easy for providers to miss performance gaps or to underestimate their impact

Although feedback and supervision are standard best practices for assuring quality care and boosting providers' performance, the supervisory support providers receive is sparse and inconsistent in many settings. Providers learn from more immediate sources of feedback such as the clinical outcomes they observe and how clients respond to what they say and do. However, for many aspects of care this type of immediate feedback is unavailable or incomplete. In some cases, providers miss sources of feedback that might be useful to them due to confirmation bias—a tendency to notice and attend to evidence that confirms rather than challenges one's current beliefs and priorities. In other cases, the signals they look to, such as a client's recovery from an illness, may lead them astray.

DESIGN IMPLICATION

Build tools and channels through which providers can learn from their daily experience and urge them to consider effects of their actions that they might not have expected

Example insights
about provider behavior

Evidence-informed solutions
to support providers

OBSCURED PERFORMANCE GAPS

Providers in rural health facilities in Madagascar typically have little or no experience with cases of postpartum hemorrhage, and as a result have few data points for comparing what happens when they apply oxytocin immediately after birth (per the guidelines) with delayed application. They also don't have a way to easily measure how long they have delayed in administration, which obscures the fact that they aren't currently following the guidelines.

(Flanagan et al. 2020)

LESS APPARENT CONSEQUENCES

Providers are often highly attuned to the immense potential social costs to unmarried young women using contraception, and sometimes themselves also contribute to those costs. In Togo, providers were strongly motivated to protect young clients from social risks, but the health risks associated with early childbearing or unsafe abortion—which contraception helps to avert—were far less apparent and did not factor as strongly into their decisions. This led providers to forgo family planning counseling with young clients, even when they did not personally object to their use of contraception.

UNCLEAR BENCHMARKS

In Nepal, providers were highly motivated to offer quality post-abortion care to their clients, but lacked clear benchmarks for their performance in counseling on contraception. Without information about post-abortion contraceptive uptake in other clinics, it was hard for them to assess how well they were doing in consistently and effectively counseling and whether they could or should do more.

(Spring et al. 2016)

NEW GUIDANCE RESOURCES

An easy-to-use, low power electronic timer gives immediate feedback on the timeliness of oxytocin administration and allows providers to notice when they are not following the guidelines.

(ideas42 2021b)

TRAINING AND REFLECTION

Training for providers on the medical risks to young unmarried women who don't use contraception, including the risks of early childbearing and of unsafe abortion, can support them to reflect on how consistent, thorough family planning counseling mitigates these risks.

PEER COMPARISON

A peer-comparison poster allows providers to compare post-abortion contraception uptake in their own clinic with that of other similar clinics and prompts staff at low-performing clinics to think about ways to improve their counseling while commending high-performing clinics as role models.

(MSI United States 2018)

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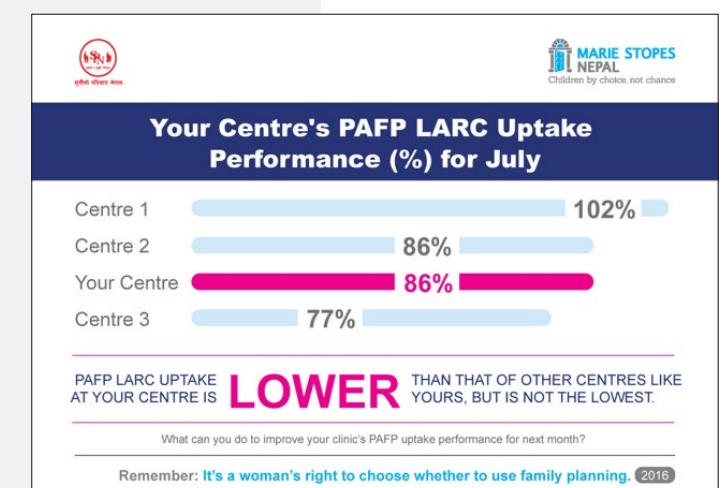
2 Feedback Loops

How can a practitioner use feedback loops to support provider behavior?

1 **Identify gaps in providers' performance for which they do not receive clear, consistent, or accurate feedback.**
Feedback might come from supervisors, from the responses or outcomes providers observe in practice, from clients, or from other sources.

2 **Consider which type of feedback would be useful, trusted, and motivational** for providers to understand and improve their performance.

3 **Where possible, build new sources of feedback into providers' existing routines and interactions,** so they are not asked to exert additional effort to seek them out.

What's next for research and program design?

Clients' experience of care is critically important but challenging to measure reliably, especially among clients with low literacy or low socioeconomic status. Reliable measures are often cumbersome to integrate into routine service provision where they would be most useful to providers. Experiment with new approaches that are both accurate and agile to capture clients' perspectives and reflect the aspects of care they value most. Communicate this feedback back to providers in actionable and motivational ways.
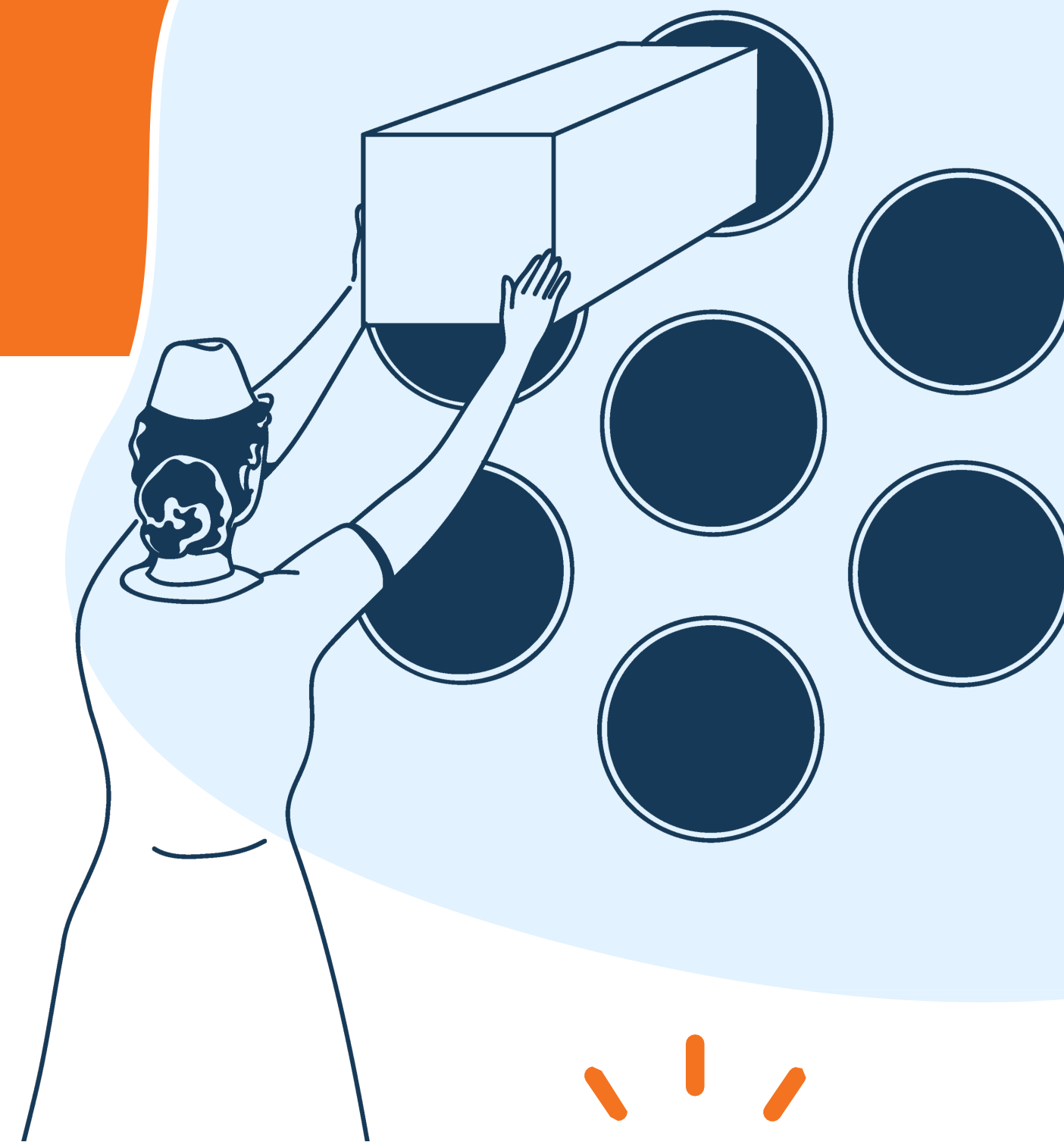
3 Practical Mismatches

RESEARCH INSIGHT

Mismatches between practices providers are trained on and what is feasible in facilities leave them to fill in the gaps

Often, the environment that providers encounter in their daily practice in health facilities differs drastically from the one they were trained to work in. Equipment constraints, stockouts of commodities, time pressures, and understaffed facilities all create disconnects between clinical protocol or guidelines and the reality of practice. This leaves providers to devise their own approaches to provide the best quality care they can: re-imagining the protocol while they are also responsible for providing services to clients.

Without full visibility into the impact of the choices and tradeoffs they are making, providers may reconcile these practical disconnects in ways that aren't optimal for client outcomes. They may prioritize needs and risks that come most easily to mind or extrapolate "rules of thumb" from prior experience that don't fully reflect the latest scientific evidence for high quality care. They may also look to the behavior of more experienced colleagues as a guide, even when those colleagues aren't following current best practices.

DESIGN IMPLICATION

Match guidance to the practical environment and make the correct provider behavior the easiest one, both practically and psychologically

Example insights
about provider behavior

COMPLEX ALGORITHMS

In their formative training, providers learn best practices for detecting and managing postpartum hemorrhage, but those working in rural areas of Madagascar had little experience applying them in practice. Existing clinical algorithms were difficult to reference during an emergency and are not useful at night in facilities without reliable electricity. This left providers to rely on their intuition for how to manage cases of postpartum hemorrhage, when a quick and accurate response may determine whether the client survives.

(Smith et al. 2020)

STOCKOUTS

Best practice for family planning counseling, in Malawi and elsewhere, is to counsel clients on all relevant methods to support their informed choice. However, certain methods are not consistently available due to stockouts. Providers sometimes responded to these constraints by sending women away and telling them to return later, without giving specifics about when or where to return. Sometimes, they hesitated to counsel at all on methods that the client could not adopt that day, missing opportunities to match clients to methods best suited to their needs and preferences.

(Breakthrough ACTION 2020b)

TEST RESULT TIMING

In Nigeria, providers are trained to administer a malaria test to all clients presenting with a fever and to prescribe antimalarial medication only after a positive test result. But in practice, providers who suspect malaria but receives negative test results sometimes find it difficult to change their mind about their initial assessment. If a client recovers when they incorrectly receive antimalarial medication after a negative test, providers easily come to the understandable but incorrect conclusion that the diagnostic test was inaccurate.
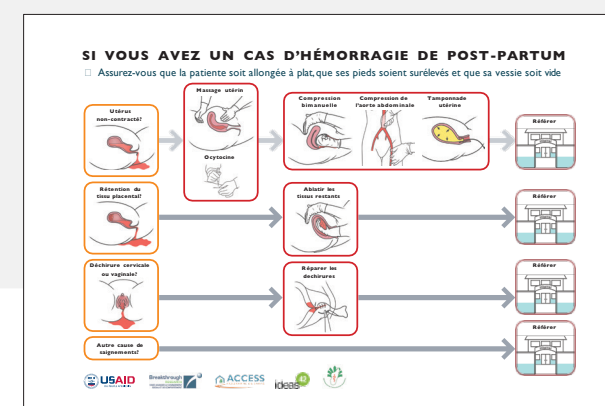
(Breakthrough ACTION 2020a)

Evidence-informed solutions
to support providers

VISUAL, STREAMLINED GUIDANCE

A glow-in-the dark algorithm poster offers simple, highly visual, and easily understandable guidance on how to manage postpartum hemorrhage cases. It supports providers to act quickly to stop bleeding and to refer cases when needed.

(ideas42 2021b)

REFERRAL TOOLS

A family planning method referral card offers clear guidance on how a client can access her desired method, even if it is not available that day or in the facility she visited, supporting providers in their efforts to help clients access all relevant methods.

(ideas42 2020)

SERVICE ADJUSTMENT

Re-ordering service provision so clients with fever receive a malaria test at intake makes malaria testing the default practice for all eligible clients and allows providers to easily factor test results into their fever management plans, while also saving time and streamlining service delivery.

(ideas42 2021a)

How can a practitioner resolve practical mismatches to support provider behavior?

1 **Identify things that providers are trained to do but are difficult or impossible to carry out** in the facilities where they work. These challenges might be caused by constraints such as stockouts, time pressures, or understaffing. They may also arise when it is harder than expected for a provider to put what they have been taught into practice in a real world setting, for example when they are asked to trust a test result over their own prior contradictory clinical assessment.

2 **Where possible, alleviate the constraints and pressures,** making it easier for providers to put what they have learned into practice.

3 **Where mismatches remain, guide providers in translating what they have learned to the settings where they work.** This might be accomplished through formative training that addresses likely constraints, practical and easy-to-follow algorithms and reminders, or referral tools so providers can more readily connect clients with services they can't offer directly.

What's next for research and program design?

Shortages and stockouts contribute significantly to the mismatches between best practice and reality for providers. They result from choices and actions of other actors in the health system related to funding allocation, reporting, planning, and other steps. Just as health providers, clients, and community members are influenced by their physical and social environment and prior experiences, so are these other actors.

Research to unpack the behavioral dimensions of the upstream supply chain challenges that contribute to shortages and stockouts could support programs to smooth supply chains and alleviate the burden shortages and stockouts place on clients and providers.

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4 Multifaceted Identities

Providers don't leave their other identities and personal experiences at the door

Providers often proudly identify as clinical experts and healthcare service providers. However, they often also identify strongly as members of the communities in which they work, and also as spouses, parents, and individuals with rich and varied personal experience that they carry with them to their work. At times, these distinct identities and experiences send them conflicting signals about how best to provide services and interact with clients. In some cases, providers may hesitate to follow clinical guidelines that feel in tension with their personal identities or past experiences. At other times, discomfort or uncertainty may make it difficult for them to comply with the guidelines even if they mean to. Providers' past experiences as individuals inside and outside of the clinic environment also shape their expectations of how clients might respond to actions and their understanding of what is within and outside of their control.

Support providers to reconcile their personal identities and past experiences with their professional responsibilities

4 Multifaceted Identities

Example insights
about provider behavior

Evidence-informed solutions
to support providers

COMMUNITY IDENTITY AND NORMS

In settings where contraceptive use among unmarried women is associated with promiscuity and prostitution, an identity as a community member can feel in tension with clinical guidelines to offer contraceptive services to all clients. In Togo, providers were keenly aware of their professional responsibilities but also felt a desire to protect the young women in their community. At times, this led them to avoid counseling young, unmarried women on contraceptives or to steer them toward certain methods.

PAST PERSONAL EXPERIENCE

Midwives are often mothers themselves, and their own experience in childbirth can color their expectations for clients' experiences. In Zambia, midwives viewed pain as a natural and unavoidable part of the childbirth experience, citing their own painful deliveries and references in scripture. As a result, they sometimes failed to see alleviation of pain as part of their role and showed little empathy to clients who were experiencing pain during labor.

(Smith et al. 2020)

COMMUNITY FEEDBACK

A gratitude book from young women, their parents, and other community members thanking providers for their work keeping young women safe and healthy by counseling them on contraception may encourage providers to see how unbiased counseling protects young women in their community. A values clarification exercise could also guide providers to reflect on how counseling young women on family planning connects to strongly held personal and professional values.

REFLECTION ACTIVITIES

A reflection workshop uses engaging games, role-play scenarios, and goal setting exercises to help providers reflect together on clients' experience during labor and delivery, build empathy, and solidify a commitment to compassionate care and pain management support.

(ideas42 2021c)
(Smith et al. 2022)

How can a practitioner support providers to reconcile identities and experiences?

1 **Identify times when providers find it difficult or uncomfortable** to follow clinical protocol, to offer certain services to certain types of clients, to deliver complete and unbiased counseling, or to perform other aspects of their professional responsibilities because those responsibilities feel in tension with their identities and experience outside the workplace.

2 **Note which other identities and experiences feel in tension with professional responsibilities.** These might include identities as parents, women, community members, or adherents to a faith. Providers might also be influenced by their past experiences receiving health services as a client or by interactions outside the health facility.

3 **Prompt providers to consider these tensions and guide them toward ways to reconcile them.** Reflecting on the client's perspective and seeing how the care they provide connects to the broader wellbeing of the client and community may help to alleviate tensions.

4 Asking providers to ignore or discard other identities is unlikely to be successful. However, **nudging them to think about their professional identity** at the moments when tensions might arise could help that professional identity to exert a stronger influence.

What's next for research and program design?

The social norms attached to an identity determine how it will shape behavior. Identifying as a mother, wife, health care worker, or person of faith implies different things in different settings, which evolve over time. Equipping providers and others with tools to challenge and reshape the norms that lead to tension between personal identities and professional responsibilities may also, over time, reduce the burden they feel to navigate and resolve tensions.

Capturing and illustrating examples of peers' behavior that do not conform to norms that undermine quality care or showing changes in behavior over time may be powerful approaches to reshape norms. However, some provider behaviors such as unbiased counseling and respectful care are particularly difficult to measure. Innovations in measurement will support efforts to capture, communicate, and reward instances of quality care that run counter to prevailing social and gender norms and help providers to re-imagine what their identities mean in the context of their professional responsibilities.

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5 Scarcity

Resource and time constraints impose a cognitive and emotional burden on top of the practical difficulties they create

The settings where providers work are often characterized by scarcity: not enough time to offer clients the attention they feel is needed, not enough medications to ensure that every client receives the recommended treatment, or essential equipment that is unreliable or missing. Providers are also keenly aware of the scarcity their clients often face, which impedes them from following through on providers' recommendations. When any resource is scarce, a large amount of mental effort is absorbed in thinking about and managing that resource, leaving less mental and emotional energy for everything else. Conditions of scarcity impose practical constraints on the care providers can offer. They can also impact clinical decision making and induce errors.

Extreme scarcity may also lead providers to feel frustrated and powerless in ways that obscure actions that remain within their control.

DESIGN
IMPLICATIONS

Alleviate the burden by reducing hassles and inefficiencies, thoughtfully shifting responsibilities, and re-centering attention toward what is within the provider's control

Example insights
about provider behavior

SPARSE RESOURCES

In rural communities in Madagascar, as in many other settings, midwives often deliver babies in sparsely equipped facilities with no other providers to support. Family members who accompany the laboring mother to the facility often want to help, but when they don't know how they can become another source of distraction and stress, making it even more difficult for providers to adhere to best practices.

(Flanagan et al. 2020)

LONG QUEUES

Providers often feel the pressure of a long queue of clients waiting for services. In Nigeria, this pressure made it challenging to carefully and consistently follow fever case management protocol. When a client needed to be sent for a diagnostic test and return to discuss the result, the time pressure compounded.

(Breakthrough ACTION 2020a)

CLIENTS' SCARCITY

In the Democratic Republic of the Congo, providers understood the importance of nutrition for children's recovery from illness, but were also attuned to their clients' struggles to access nutritious food for their children. As a result, they sometimes hesitated to counsel on feeding because they worried that caregivers will not be able to put their guidance into practice.

(Breakthrough ACTION & USAID Advancing Nutrition 2022a)

Evidence-informed solutions
to support providers

DELEGATION AIDS

Family Task Badges allow providers to easily assign family members who have accompanied a laboring woman to specific ways they can support the provider and mother, freeing up time for the provider while encouraging family members to feel pride in the support they give.

(ideas42 2021b)
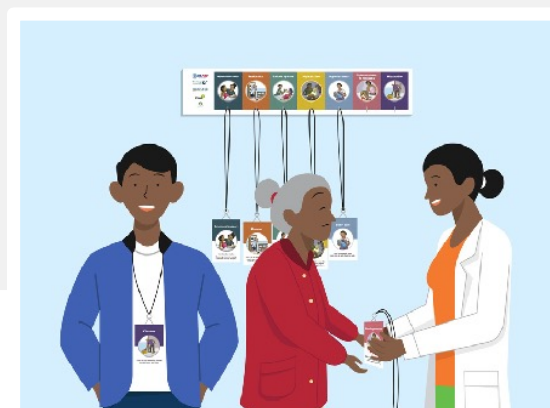
SERVICE ADJUSTMENT

Taking advantage of the fact that clients' vital signs are taken upon arrival to a clinic to refer clients with a fever to malaria testing before they see a provider eliminates the need to see the provider twice, saving time and reducing hassles for both providers and clients. This change also makes it easier for providers to comply with protocol, as noted in Insight 3.

(ideas42 2021a)

REFRAMED MESSAGE

Replacing nutrition counseling on specific foods and quantities that are outside of many families' reach with a simple and motivational message to feed more of available family foods reassures providers that caregivers can put the guidance into practice.

(Breakthrough ACTION & USAID Advancing Nutrition 2022b)

For sick and recovering babies
EVERY BITE COUNTS
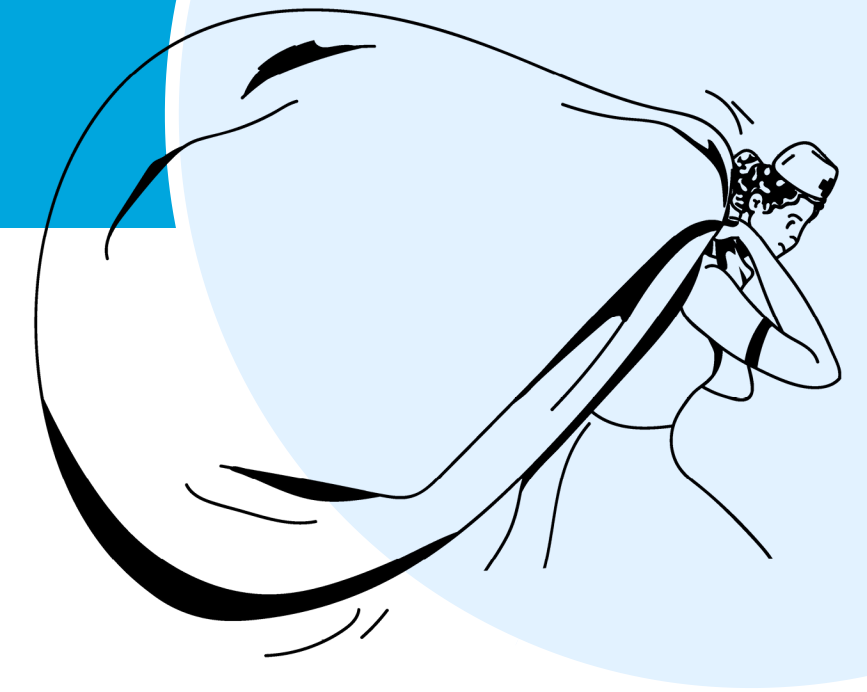
How can a practitioner overcome the impacts of scarcity to support provider behavior?

1 **Identify the constraints that weigh most heavily on providers.** These might include time pressures, equipment challenges, shortages of commodities, or clients' poverty.

2 Where investments to reduce conditions of scarcity are possible, **learn from providers' perspectives to guide choices about which investments to prioritize.** By alleviating the burdens providers feel most sharply, you may generate added benefits by reducing both the practical and the psychological costs they impose.

3 Where possible, **save time for providers by streamlining steps, reducing hassles, and eliminating inefficiencies.**

4 Where constraints are unavoidable, look for opportunities to minimize their impact on providers' outlook and performance. **Aim to re-focus providers' attention away from what they cannot do and toward what is possible for them.**

What's next for research and program design?

The impacts of scarcity have been documented in a variety of settings and populations. Health provider burnout has also been extensively documented and increasing attention has been brought to the effects of stress and burnout on providers' mental health. Further research on the particular impacts of combined time and resource scarcity for health providers could tell us more about the role it plays in stress and burnout and open up new avenues to support and motivate providers.

While programming can support providers to navigate conditions of scarcity, as long as those conditions exist they will impose a burden. Evidence of the cognitive and emotional toll scarcity imposes on providers, and its subsequent effects on quality of care, may also be leveraged to address the root cause of these burdens by advocating for more resources.

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How can global health practitioners leverage behavioral science to support providers?

This document synthesizes insights from recent behavioral science research and practice about providers' behavior and pairs those insights with concrete solutions. The examples in this brief are intended to illustrate the wide range of factors that can impede provider behavior, as well as the wide range of possible solutions. Every context and every challenge is different, and the relevance of a particular solution depends on whether the underlying drivers of providers' behavior are similar. Applying a behavioral design process (Datta & Mullainathan 2014) can help ensure the solutions fit the problem.

The insights and solutions described in this brief were generated through this process:

DEFINE. Identify a specific provider behavior or behaviors that, if changed, will improve quality of care. You might aim, for example to increase referrals to a service, reduce instances of disrespectful treatment, or improve compliance with a clinical protocol.

DIAGNOSE. Unpack the drivers of those provider behaviors. Prior behavioral science research offers hypotheses as to what might influence behavior. By investigating those hypotheses in context, you can home in on what's most relevant and understand what a solution needs to achieve. Human behavior is complex, and often, multiple drivers are at play. Providers might, for example, be discouraged from offering reproductive health services to young clients both because it conflicts with their personal identity and the norms in their community and because, in a situation of scarcity, other tasks more urgently capture their attention.

DESIGN. Create solutions that address these specific drivers, working together with providers, clients, and others who may use and be impacted by those solutions. For example, if providers don't prioritize counseling because they lack feedback loops on counseling's impact for clients, you might co-design with providers a channel for clients to share back the value counseling had for them.

TEST. Using experimental methods, evaluate the impact of a solution on the behavior you set out to improve and how that impact was generated to guide decision making and open opportunities to iteratively improve solutions and increase their impact.

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# Conclusion

Are behavioral dynamics individual or social?

Behavioral science offers insight into how an individual provider responds to their environment—physical, social, and otherwise. It also sheds light on how social norms are shaped, reinforced, and challenged by structures, systems, and the behaviors of individuals. Sometimes, social dynamics contribute to challenges, as when providers see more experienced peers engaging in disrespectful or abusive behavior and come to believe that it is the only way to provide good care in a challenging workplace environment (Smith et al., 2020). One approach to address this challenge is to enable providers and others to question and reshape norms to make them more conducive to quality care, for example through group reflection and discussion activities. Another approach is to work at a more individual level: seeking to make it easier or less risky for an individual provider to deviate from a harmful norm. Even when the drivers of a behavioral challenge are individual in nature, social dynamics can be part of the solution, as when providers receive feedback that compares their performance to peers'.
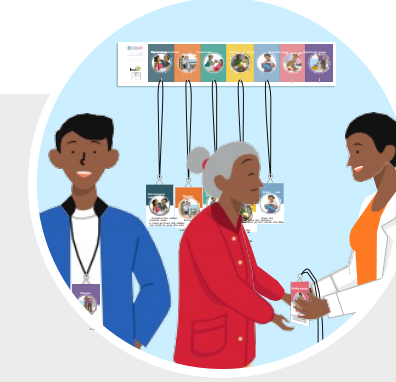

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Conclusion

Illustrative solution types to support provider behavior highlighted above
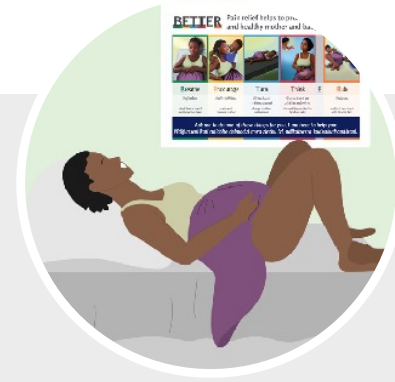
Signage

Clinical guidance

Delegation aids

Clinical forms
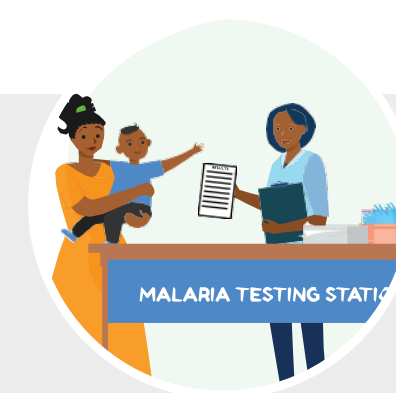

Electronic devices

Supplemental training

Peer comparison feedback

Referral tools

Service adjustment

Conclusion

What more can researchers, programmers, and policymakers do using behavioral science to support provider behavior?

Several years ago, Breakthrough RESEARCH conducted an expansive evidence review on interventions that aim to improve 27 important provider behaviors (Zimmerman et al. 2020). Most of the interventions identified in that review fell into a narrow range of categories, and across most of those categories the evidence on whether they were effective was relatively limited. Over the past few years, Breakthrough RESEARCH and others have expanded the evidence base through new research and program innovation, some of which is highlighted in this brief. These experiences underscore that a wide range of approaches can be leveraged to create environments that are more conducive to quality care by health providers. However, the recent progress also reinforces that a lot more remains to be done to understand the behavioral roots of the challenges providers face more deeply and to design solutions that support them in the critical role they play in health systems and for clients.

Areas ripe for further innovation in research and programming

Explore tactics for matching the cues a provider is exposed to with the moment when a particular aspect of care is most critical.

Identify subtractive changes that eliminate or simplify the cues providers are exposed to in the workplace so the most important ones don't fade into the background.

Experiment with new approaches to measure clients' experience of care that are both accurate and agile to capture clients' perspectives and reflect the aspects of care they value most.

Unpack the behavioral dimensions of the upstream supply chain challenges to support programs to smooth supply chains and alleviate the burden shortages and stockouts place on clients and providers.

Equip providers with tools to challenge and reshape the norms that lead to tension between their personal identities and professional responsibilities, which may over time reduce the burden on providers to navigate and resolve tensions.

Develop new tactics to measure provider behaviors that are difficult to capture, such as unbiased counseling and respectful care.

Elucidate the particular impacts of combined time and resource scarcity for health providers and the role it plays in stress and burnout, open up new avenues to support and motivate providers.

Leverage evidence on the cognitive and emotional toll scarcity imposes on providers, and its subsequent effects on quality of care, to advocate for more resources where they will be particularly impactful.

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The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.

ideas42 is a non-profit that uses insights from human behavior—why people do what they do—to help improve lives, build better systems, and drive social change. When we work with human behavior rather than against it, we go further.

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