

# Antibiotic Prescribing behaviour aligned with COM-B

## Nodes

Name	Description
<b>1. DETERMINANTS OF PRESCRIBING BEHAVIOUR</b>	<b>All codes on Knowledge, skills and reasoning including understanding correct prescribing principles, guidelines and confidence in prescribing and provider's understanding AMR, its consequences.</b>
1.1 Capability. Knowledge, skills and reasoning	
Appropriate prescribing knowledge	
Alternative information sources	
Guideline awareness or use	
Types of guidelines	
Confidence in prescribing	
Self-assessed ability	
Knowledge of AMR	

Name	Description
Understanding AMR as resistance	
Perceived AMR consequences	
Death	
Treatment failure	
1.1.2 Clinical decision-making	
AMR vs recovery trade-off	
Guideline deviation	
Intuitive or quick decisions prescribing	
Limited diagnostic use	
Patient-centered goals	
Preference for clinical judgment over labs	
Steps from history → diagnosis → treatment	
Workload impact on decisions	

Name	Description
<b>1.2 Opportunity. Social &amp; Environmental Determinants</b>	All codes on Social, Environmental influences, Socioeconomic constraints, diagnostic limitations, Workload/staff shortages, health system inefficiencies, support systems & regulation, digital tools Audit & feedback, Training exposure Implementation barriers and AMS structures
1.2.1 Social influences	
Community expectations	
Patient pressure	
Socioeconomic constraints	
1.2.2 Environmental context	
AMS structures	
Committees, stewardship efforts to discuss AMR	
Audit & feedback	
Influence of colleagues	
Influence of supervision	
Diagnostic limitations	

Name	Description
Lack of lab tests	
Digital tools	
Use of apps (e.g., Medscape)	
Drug availability constraints	
Prescribing based on stock	
Health system inefficiencies	
Supply chain failures	
Implementation barriers	
System prevents behavior change	
Prescribing based on stock	
Drug availability constraints	

Name	Description
Support Systems & Regulation	
Use of structured guidelines	
Training exposure	
AMR-related training	
Workload or staff shortages	
High patient load	
<b>2. SYSTEMS IMPROVEMENT &amp; AMS INTERVENTIONS</b>	<b>All codes on System strengthening including diagnostics, training, policy, stewardship tools, public health, facility improvements and community engagement</b>
2.1 System strengthening	
Need better budgeting	
Supply chain improvement	
2.1.2 Diagnostics	
Diagnostics expansion	
Improve lab capacity	

Name	Description
Need culture and sensitivity	
2.1.3 Training	
AMR education	
Staff awareness programs	
2.1.4 Policy	
Data-driven planning	
Quantify cases for budgeting	
Use DHIS for planning	
2.1.5 Stewardship tools	
Show impact of resistance	
Use of videos or pictorial tools	
Visual AMR evidence	
2.1.6 Public health	
Mass awareness	

Name	Description
Mass Media campaigns or communication	
2.1.7 Facility improvements	
Improve facility systems	
Improve service delivery	
Internal workflow or system fixes	
2.1.8 Community engagement	
Community feedback influence	
Manage expectations	
<b>3. MOTIVATION. BELIEFS AND EMOTIONS</b>	<b>ALL codes on beliefs and emotions including fear of complications, emotional prescribing, beliefs about effectiveness, patient satisfaction concern, and consequences of not prescribing.</b>
Beliefs about effectiveness	
Metronidazole helps wounds	
Non-evidence-based practices	
Consequences of not prescribing	

Name	Description
Consultation takes longer	
Fear of dissatisfaction	
Emotional prescribing	
Decisions influenced by stress	
Give drugs with less side effects	
Give stronger drugs	
Empathy	
Desire to relieve suffering	
Patient feel better	
Fear of complications	
Avoid worsening illness	
Patient satisfaction concern	
Need to meet expectations	
Patients feel untreated without drugs	

Name	Description
<b>4. OPTIMISM AND INTENTIONS (AMS FOCUS)</b>	<b>All codes on optimism and intentions including perceived belief and value of UCG and new or emerging prescribing issues and optimism for change.</b>
Intention to adhere	
Willingness to follow guidelines	
New or emerging prescribing issues	
All mothers go with antibiotics	
Knowledge or practice gaps among staff	
Midwives don't understand AMR	
Optimism for change	
Belief system improvements help	
Perceived belief and value of UCG	
Guidelines help reduce AMR	
Structural barriers	
Limits to adherence	

Name	Description
Stock-outs prevent adherence	
<b>5. RECOMMENDATIONS OR SUGGESTED INNOVATIONS ANTIBIOTIC PRESCRIPTION OR AMS</b>	All codes on suggestions for AMS at individual, community and facility levels.
Community	
Facility levels.	
Individual	