Review Articles

The linkage between occupation and stress among community health workers: An Indo-global perspective

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(Received: August 2019 Revised: August 2019 Accepted: September 2019)

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ABSTRACT

Occupational stress is inevitable in all workers, and community health workers are of no exception. High stress among the workers substantially decreases there work efficiency. Occupational stress varies and depends on several predisposing and precipitating factors, including sex, marital status, education, work experience, the magnitude of workload, and individual's satisfaction toward their job. In addition to the above demographic factors, it heavily depends upon other factors including role ambiguity, lack of clarity in the job, inadequate staffing, peer pressure, deadlines to be completed, poor decision making, physical or mental disability, interpersonal conflicts, family and social issues and many more. The workers who can cope with occupational stress show better productivity in the care they provide. The psychological and emotional wellness plays a crucial role in the positive re-appraisal of the workers. The enhanced social relinking of the workers, the reward system in work environment, increased payments to the workers, sorting and prioritizing of work, planning, and its execution, optimizing the workload, the capability of logical reasoning, practicing the spiritual activities shows the better coping of stress among the health workers.

Keywords: Community workers; occupational stress; stress; coping strategy.

INTRODUCTION

Stress is a repulsive or unpleasant condition of emotional arousal experienced by an individual in circumstances where they feel it as risky or debilitating. It is usually followed by behavioral, physiological, spiritual, social, and psychological changes. Occupational stress is stress related to works. When demands from work exceed one's ability to cope or handle, the situation results in stress commonly designated as occupational stress. It elapses by the vagueness of the work situation exceeding the personal capacity to perform. The occurrence and persistence of stress under work situations can also be called 'work stresses or 'job-related stresses.' Stress situations in the workplace are common, and excessive stress in the working environment can have many reasons for origins, or it may come from one single event. The term 'stressor' refers to the "*specific cause or reason for stress*." Coping refers to "*any attempt to deal with a stressful situation in which a person feels he must do something, but which taxes or exceeds his existing adaptation response patterns*." It is the behavior by which an individual attempts to deal or tackle effectively or overcome the situation.

Community Health Workers (1-4)

CHWs: CHWs are defined as "community members who work almost exclusively in community settings and who serve as connectors between health care consumers and providers to promote health among groups that have traditionally lacked access to adequate care".

ASHA: "Accredited social health activist (ASHA) is a health activist in the community, who will create awareness on health and its determinants. They mobilized the community towards local health planning and increased utilization and accountability of the existing health services".

ANM: "Auxiliary nurse-midwife, commonly known as ANM, is a village-level female health worker who is also known as the first contact person between the community and the health service."

Sources of occupation-related stress

On a global level, the factors like role ambiguity – lack of clarity about the boundaries of work, workload, and economic self-sufficiency were significant stressor among community health workers (1, 2). Similarly, having greater volume of work, having inadequate staffing to do the job properly, feeling under pressure to meet deadlines, lack of involvement in organizational decision- making and client disability / client care, having conflicting demands on time, and disrupted home life because of long working hours were also found to be significant stress stressors (3, 4).

According to the service provider's perspective, the principal aspects distinguished that caused declining in the motivation among health care workers at community setup Such as primary health care facilities are of diverse dimensions. Some of them are high workload among the workers, less or inadequate numbers of workers, staff deficiencies, an absence of inter and intra-professional exchange of ideas, and lack of rewarding and positive supervision, including clear and specific career goals. Equipment, materials, and other physical infrastructures accessible to staff in the Health-post and PHC settings did, in some cases, influence. However, in general, the findings from small group discussions show a requirement for an individual health worker to perceive the self-esteemed and supported and to prosper their jobs. During the focus group discussion, many health workers felt that they were forced to handle cases that they were not trained. Female nurse auxiliary summons by saying, "…myself I am handling these patients more compared to those of higher cadres...we should be allowed to go for training to handle our patients properly..."(5). Nigerian health workers revealed that higher workload, unavoidable emergencies, ad-hoc and field duties, lack of infrastructures and equipment, poor and unmanaged work environment, poor administrative and biased managerial support, poor staff confidence and lack of positive attitude toward work and colleagues were common stressors among them and were statistically significant (6). Among rural health workers of Iran, inadequate salary, interference of work obligations with family affairs, delay in receiving official letters, and commuting between village and city were the four top stressors. Other major stressor includes lack of coordination with health houses about the time of workshops, Lack of collaboration between health house and higher levels, Lack of coordination between health houses and sectors out of health system (7).

Factors related to high stress among health professionals were being a female staff and having extensively long shifts even long working hours in a day. Managing disoriented, uncooperative, illiterate, and violent patients and heavy workloads statistic among the healthcare staff were additional stressors. The commonest incessant issues related to high stress were dissatisfaction toward job, irritability without any specific reason, spending more on arousal drinks (for example coffee, tea, cola), poor concentration on job, mild to moderate headaches, dull and chronic back pain, and some common illness like common colds (8). Feeling of individual accomplishment from work, time for customer contact, job satisfaction, satisfaction with work conditions, assurance of colleagues, workload, feeling esteemed as a representative, capacity to manage workload, trust in eventual fate of community, better services one can give, quality of communications with managers, amount of administrative work. The level of responsibility was the variable that builds the stress among community nurses, workers, and community psychiatric nurses. Among all, the workload was observed to be positively and significantly correlated to strain for all groups (9). Social workers from the academic health center (AHC) reported a higher level of job stress, higher intensity of the stress during work, and frequent job pressures and deadlines compare to other social workers from the community hospital. The higher the dimensions of strain on the job, particularly the severity of pressures, show the lowered quality of the services and the lower satisfaction of staff. Social workers from the academic health center credited prominent and intense stress than did social workers from the community hospital. Working together and harmonizing the processes in delivering healthcare to the patients in general and other specific delivery systems shows better results and less stress among workers (10).

Even though the level of stress changed extraordinarily as indicated by occupation, high levels were not continually found in comparable occupations. Work-related stress was surprisingly high among auxiliary staff and to a lesser degree among nursing helpers, while mental burden was high for medical caretakers, other qualified healthcare staff, and distinctive occupations. Deficiency in internal training and conversation was referenced once in a while by less qualified healthcare staff just as by those in occupations other than healthcare. Strain in light of schedule was found generally in nurses and auxiliary staff. Job stress and inadequacy in training and discussion did not vary according to the shift; the night shift was depicted by the significantly lower mental burden and the afternoon shift by a high level of strain due to schedule. All strain catalogs were significantly related to one with the other: the higher the mental burden, the deficiency in training, or the strain given the schedule, the higher the job stress index was found (11).

Unsafe workplace, deployment, indistinct job instructions, equivocal disease control policies, absence of feedback mechanism to senior, being accused of missteps, absence of appreciation at work, the risk to own well-being are major stressors. In addition interference with home life, risk of contaminating relatives/companions, upsetting personal plans, seclusion by companions/relatives, unsure job prospects, taking care of colleague's negative feelings, the public's high expectations were observed to be significant stressor among frontline health workers working in a pestilence. These stressors were classified into three variables: Work factor, individual (personal) factor, and role factor (12). The absence of potential professional success, working with the contrary sex, factors not under direct control, and being underestimated by the department are the factors associated with stress are the primary source of stress among lady health workers of Pakistan. Some other stressors among lady health workers also include difficulty among mothers and their families to get proper vaccination of their children on time and seek other preventive measures, facing trouble in imparting on matter related to the family planning methods, non-accommodating mentalities of the community people, deficient information, communications gaps, and lack of work assistances and rewards (13).

Statistically significant differences were observed among the perception of stress and work-related subscales among health workers of China and India. Significant stressors include: wages and benefit subscale of work-related stress positioned highest, followed by work errand and role, career advancement, organizational structure and atmosphere, and relationships (14, 15). The study conducted in Gujarat indicates that auxiliary nurse midwives (ANMs) are inclined to organization-related job stress. Resource inadequacy was the most common reason for stress among ANMs in the community. Additionally, Job over-burden, a stationary job without increment, and inter workload differences were amongst the other critical stressors among ANMs. Research results propose that ANMs feel that: they don't have a satisfactory measure of resources, amenities, and monetary provision from the top-end establishments; individuals have such a large number of desires since the beginning of their jobs, and as an outcome, ANMs are over-burdened with the assigned work and have constrained open doors for further development. Focus group discussion conducted among urban ASHA workers in urban health centers discovered that they have different "field work-related" causes which may influence the service delivery process and affect the health indicators over the period haul. Some of them incorporate limited average incentives of just Rs. Fifteen hundred - every month, transportation issues incorporate individual expenditure for transport, distant territories, transportation via auto, strolling by carrying a heavy bag filled with registers and other basic supplies. Also, the problems of stray dogs during traveling, bovines, drunkards, and so forth are some more reasons for stress. Poor environmental sanitation, lack of cleaning, monsoon season (especially amid heavy rain), and lack of dry roads were some of the environmental factors for stress (16).

Stress and Socio-demographic Variables

Sex, marital status, education, work experience, and job satisfaction statistically significant variables related to occupation-related stress. The magnitude of work-related strain was higher among females when compared to male health care workers. A higher number of work-related stress subjects were found in the group of widowed/divorced/separated, than single and married. Similarly, being female was more likely to develop work-related stress than males. Married healthcare workers were less likely to develop work-related stress than singles. Respondents who had work experience ≥five years were four times more likely had work-related stress than those not experienced. Respondents who were dissatisfied with their work were triple times more prone to develop job-related stress than respondents who were satisfied with their job (17).

In Poland, female health workers faced a higher level of occupational stress than men, which was a gender-related factor. The most common and stressful variables at work for the entire group of community healthcare workers contained: over-burdened in work, the absence of remunerations, and danger communicated by being in danger of contentions, intensifying wellbeing. Medical caretakers revealed an elevated amount of physical and psychological burdens, unsavory and risky work environments, and the absence of safe provision for workers. In comparison to men, ladies yielded a more grounded feeling of absence of remunerations and control, stronger pressure identified with social relations, a more elevated amount of physical burdens and more grounded sentiments of obligation. Also, Women yielded a larger amount of emotional weariness than men and a lower dimension of individual achievement (18). The job-related stress pattern among government healthcare workers appears to be on the moderately higher side contrasted with private segments. This was surprising because the general discernment holds that working in the private segment expends progressively broadened hours and a heavier workload, accordingly prompting a higher feeling of stress. In any case, the present circumstance could have changed as the public

hospitals are progressively accepting a higher number of patients from all foundations with going with interest for quick, amazing health services. Then again, just a specific stratum of the general public could manage the cost of the gigantic expenses charged by private hospitals. Thus the lower number of individuals they provide services for (19).

Travelling two or more than two km every single day consistently to perform work, residing at a far distance of more than three km away from healthcare facility, and having a less financial assistantships, distance from the village to the nearest city and type of employment has an impact on rural health workers occupational stress, and it is statistically significant (20). Men healthcare workers in China are more stressed with their job in comparison to their female counterparts. This is because men experienced longer overtime work than women. Similarly, male health workers worked in a more crowded place and were in a higher position and were earning higher salaries than female health workers. Gender of the worker, factors like age of workers, marital and education status, social determinants like alcohol drinking and cigarette smoking, amount of salary paid to the worker, affiliated department, position and rank of worker are all independently related to work stress (21). Work-related stress was found to be more common among married nurses, and those with three or more children and the difference was statistically significant. Young age was significantly associated with work-related stress at the primary care level. On the other hand, female gender, married nurses, the presence of work shifts, and working in the surgical department was statistically significant in the secondary care level (22) similarly, workers with lesser experience in service perceived higher occupational stress (23).

Coping strategy among community health workers

Studies conducted among healthcare workers to assess the coping strategies used by them to deal with occupational stress found that HCWs use different coping strategies for different stressful events. For emotional health, positive re-appraisal, quitting, and looking for social help are inclining factors. Strikingly, quitting, and positive re-assessment and feedback are inclining factors. For the 'emotional wellness and otherworldliness,' positive re-appraisal and looking for social help are additionally inclining elements while in regards to social connections; positive re-appraisal is a predisposing factor (5, 24). Health workers believing in more productive things and confidence in coping responses were able to deal with stress related to occupation effectively and thus improves the work performance of an individual dramatically which elevates an individual functioning capacity.

Moreover, focused group discussions, group works, emotional stability, coping strategies, appraisal system increased the level of job satisfaction among workers having a positive attitude. Similarly, it has also been found that community health workers on positive coping strategy had substantially less occupational stress and more job satisfaction compared to those of others. On the other hand, negative coping techniques led to higher occupational stress and lower job satisfaction (25).

The study conducted on Nigeria to assess the coping strategies used by healthcare workers, particularly in response to their revenues found that the salary received by health workers is inadequate. To overcome this issue, they tend to have additional earning arrangements such as farming and trading. Similarly, sorting out and prioritizing the activities, collecting informal payments from other works and gifts from community peoples and patients were some other coping mechanisms followed by community healthcare workers (26).

To manage various occupational stressors, the coping measure includes good and positive self-esteem, a rational and optimally manageable workload, healthy relationship with superior staffs, planning and timely executions of the plans, positive attitudes toward other healthcare staffs, and active participation in the social and organizational activities (25). Similarly, the most used coping strategy used by Portuguese Health workers was better self-controlling activities, self-stable practices, timely problem-solving and seeking colleagues and other social support. This shows that the coping strategies are inversely proportional to the occupational stresses. Hence, distancing from coping strategies, lead to a higher occupation in the stress scale (27). Female participant adopts positive coping strategies than their male partner. Female respondents scored higher in the following scales: unrealistic reasoning/dream, unrealistic reasoning, and looking for assistance from God. It appears that lady workers will utilize techniques about unrealistic reasoning and to look for God's assistance more than males' respondents. The presence of a health issue likewise appears to play a role. It was additionally discovered that professionals who use approaches identified with critical thinking and positive re-evaluation, don't report any health issues and their emotional state is by all accounts superior to anything that the individuals who utilize other adapting techniques. Family status appears to impact the positive and better approach and controlling the sub-factors associated with stress. Wedded and single individuals utilize a positive tactic frequently than divorced or separated people and bereft one. This finding affirms that separated and bereaved

people, as a result of an individual's family situation, they did not use the techniques as referenced previously (28). Front-line community health workers found out several strategies, common two types of coping strategies used were to deal with the use of fee exemptions in Nigeria. The first managing inadequacies of the policy, processes, system, and their effective implementation identified with administrative and management tools, medicate inventories and stocks, Exclusion of the charge and cost recuperation systems, continuous supply management for drugs (requesting by privately owned businesses, issuing temporary medicines): the the other included clientelism, updation of guidelines, and efficiently mobilizing the assets. Antagonistic impacts emerged because of both the failings of the health system to deliver quality care and the poor practices of the community health workers. These incorporate attention on the financial management of patients, the 'costliest' of whom once in a while wind up being refused for treatment, patients looking for prescriptions and treatment, and a decrease in the nature of quality of care (29).

CONCLUSION

Stress is obvious in the working environment. The coping strategies to deal with stress determine the productivity in work and job satisfaction of workers. Systematic management of the inadequacies and bridging the lacunas identified in the policymaking and during its implementation process can reduce the occupational stress among the health workers. The management in material supply chain and quality like healthcare service being provided and the robust and friendly work requirement are fundamentals to reduce occupational stress. The allocation of optimal workload to an individual and proper feedback and reward system are the basic needs of the healthcare system.

RECOMMENDATIONS

The health system can be made better by disseminating healthcare to the individual level in the community by the accessibility of community health workers. The better allocation of health resources, clearly defining the roles and responsibilities to the workers and suitable reward system and provision of evaluation and feedback mechanism, is recommended. This system can inculcate the better stress coping mechanism, which will improve the quality of health services being provided at community levels.

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