# Occupational stress among community health workers in a rural field practice area of Belagavi 

\author{

Sriram T R ${ }^{1}$, Rajesh Kulkarni ${ }^{2}$, Asha Bellad ${ }^{\mathbf{3}}$, Abhinandan Wali ${ }^{4}$ <br> ${ }^{1,2,3}$ Community Medicine, Jawaharlal Nehru Medical College, Belagavi, Karnataka <br> ${ }^{4}$ KLE Jagadguru Gangadhar Mahaswamigalu Moorsavirmath Medical College, Hubballi, Karnataka <br> \begin{tabular}{l}
\hline Abstract <br>
\hline Introduction <br>
Methodology <br>
Corresponding Author <br>

| Dr Asha Bellad, Associate Professor, Department of Community Medicine, Jawaharlal Nehru Medical | Conclusion | References | Citation |
| :--- | :--- | :--- | :--- |
| College, Belagavi, Karnataka 590010 |  |  |  |
| E Mail ID: drashabellad@gmail.com | Figures |  |  |

\end{tabular}

}

## Citation

Sriram TR, Kulkarni R, Bellad A, Wali A. Sriram TR, Kulkarni R, Bellad A, Wali A. Occupational stress among community health workers in a rural field practice area of Belagavi- A cross-sectional study. Indian J Comm Health. 2023;35(3):344-
347. https://doi.org/10.47203/IJCH.2023.v35i03.017

Source of Funding: Nil Conflict of Interest: None declared

## Article Cycle

Received: 28/08/2023; Revision: 15/09/2023; Accepted: 23/09/2023; Published: 30/09/2023
This work is licensed under a Creative Commons Attribution 4.0 International License. ©The Author(s). 2023 Open Access


#### Abstract

Introduction: Community health workers (CHW) are the first level of contact between the health system and the community. This study aimed to find out the level and areas of occupational stress among CHWs so that they can be addressed accordingly. Methods: This study was carried out among 105 CHWs in a rural field practice area of Belagavi. A pre-tested, structured, standard questionnaire was provided to them. After obtaining informed consent, they were asked to fill in the questionnaire. The collected data was entered and analysed through SPSS Version 26. Results: The mean age of the participants was 41.91 years. Majority were Hindu (79.1\%). Most of the participants had completed high school (51.4\%). $25.7 \%$ of the participants belonged to socioeconomic class IV, $34.3 \%$ said that theirs is the only income in the family, and $22.9 \%$ said that salary is the motivation for them to continue working. Among the participants, $16.19 \%$ had low stress, $80.95 \%$ moderate stress, and $2.85 \%$ high stress. The major area of stress was role overload ( $18.3 \%$ ). Conclusion: CHWs are vital for the efficient functioning of primary health services at community level and their role in healthcare and the delivery of various national health programmes is indispensable, so their health and proper work environment should be ensured and safeguarded.


## Keywords

Occupational Stress, Community Health Workers, Rural

## Introduction

Community health workers (CHW) at a primary care level are Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW), Health Assistants (male and female), First divisional assistant, Community Health Officers (CHO), Pharmacists, Lab technicians, and Class D workers. They work at grassroot level to create awareness, provide information to the community on health aspects like nutrition, basic sanitation \& hygienic practices, healthy living and working conditions, existing health services and the need for timely utilization of the same. They are the first level of contact between the health system and the community. They are an important workforce powerful enough to bring a change in the community regarding community participation in health activities, planning, and ensuring equitable access to all health services.(1)

However, this group of workers are also the ones that are affected by stress, which might be due to their unique work environment.(2) Low salary, tedious register work, long meeting hours, usually out of duty timing, education, poor community participation, no adequate space are some of the causes of concern since a long time and they remain to be so in current times, too. $(3,4)$
Stress at work influences the development of subjective stress and may lead to psychosomatic complaints.(5) Continuous stress, so much so that it becomes a usual happening, can negatively impact the health of workers, and can cause increased depression, decreased job satisfaction and psychological distress.(6 )The most basic factor that has a great influence on the quality of work and individual productivity of a worker is the amount of stress that they face in their job. $(7,8)$

## Aims \& Objectives

To assess occupational stress index among Community Health workers.

## Material \& Methods

Study Type: Cross-sectional study
Study Period: October 2022 to December 2022
Study population: All community health workers registered under a rural PHC were included in the study (105).

Sampling technique: Universal sampling Inclusion Criteria:
Community health workers who have been working under the rural PHC for a minimum of one year.

## Exclusion Criteria:

Community health workers registered under the rural PHC, who were indisposed and were not able to fill in the questionnaire.
Data collection procedure: A pre-tested, structured, standard questionnaire was provided to the CHWs. After obtaining informed consent, they filled in the questionnaire, and handed it back to the investigator.
Data processing and analysis/statistical analysis: The collected data was entered and analysed through SPSS Version 26.
Ethical Clearance: The ethical clearance was obtained from the Institutional Ethics Committee (MDC/JNMCIEC/74).

## Results

The mean age of the participants was 41.91 years. Majority were Hindu (79.1\%). Most of the participants had completed high school (51.4\%). 25.7\% of the participants belonged to socioeconomic class IV, according modified B.G.Prasad classification. $34.3 \%$ said that theirs is the only income in the family. $73.3 \%$ did not make any savings and $43.8 \%$ had to borrow money in the last month (Table 1).
$22.9 \%$ said that salary is the motivation for them to continue working (Table 2).
Among the participants, 16.19\% had low stress, 80.95\% moderate stress, and $2.85 \%$ high stress (Table 3).
The major area of stress was role overload (18.3\%) (Figure 1).

The stress scores showed high significant association with the following areas of stress: Role overload, role ambiguity, role conflict, intrinsic impoverishment, strenuous working condition, and unprofitability (Table 4).

## Discussion

Occupational stress among CHWs is seldom addressed. It is a vital aspect as the quality of services rendered by them depends on a stress-free work environment, which will increase performance and productivity of the workers. Hence, the present study assesses the levels and areas of stress among CHWs, so that the problem areas can be identified and resolved.

A community based cross sectional study carried out for a period of 6 months from January 2019 to July 2019 at Kolar, India included 150 ASHAs from 8 PHCs. The results showed that $86.7 \%$ perceived that received payment for the work was low, $60.7 \%$ had to spend more than 2 hours for walking for the official work, and $35.3 \%$ had working hours more than 8 hours. It was also found that $45.3 \%$ had mild to moderate anxiety, 9.3\% had Moderate Anxiety according to Zung Anxiety scale. 54\% had moderate stress according to Cohen's perceived stress scale and $23.3 \%$ had personal burnout, $22 \%$ had work-related burnout and $2.7 \%$ had Client related Burnout of Moderate levels according to Copenhagen Burnout Inventory scale.(9)
A cross-sectional study conducted in 2019 among 347 community health workers of 16 primary health centers of Mangalore taluk, Karnataka. 40.5\% of the participants had occupational stress. Various stressors such as under participation, powerlessness, low status, and unprofitability were significantly associated with occupational stress. The findings of this study are similar to the present study.(10)
A study by Sagar S et al. in Bangalore among 140 public health care workers showed that $37.1 \%$ (52) had mild stress, $52.1 \%$ ( 73 ) were moderately stressed, and $10.7 \%$ (15) were severely stressed, which are similar to the present study.(11)
A study conducted in 2019 among 30 anganwadi workers (AWW) in Rajkot, Gujarat, reported that $81.2 \%$ of AWWs experienced moderate level of stress and $18.8 \%$ of them reported severe stress. This is in line with the present study.(12)

## Conclusion

Among the participants, 16.19\% had low stress, 80.95\% moderate stress, and $2.85 \%$ high stress. The major area of stress was role overload (18.3\%).

## Recommendation

CHWs are vital for the efficient functioning of primary health services at community level and their role in healthcare and the delivery of various national health programmes is indispensable, so their health and proper work environment should be ensured and safeguarded.

## Limitation of the study

A limitation of the present study is that it has been carried out among the CHWs of only one PHC. A larger study including CHWs of various PHCs would produce results that are more generalizable.

## Relevance of the study

Occupational stress among CHWs is often an overlooked aspect, and only a few studies have been carried out on this. The present study has clearly established the levels and areas of stress, using a standard questionnaire, among the CHWs of a rural field practice area. This will help in addressing the problems identified more

INDIAN JOURNAL OF COMMUNITY HEALTH / VOL 35 / ISSUE NO 03 / JUL- SEP 2023
effectively. The results of this study can also be used to compare with the findings of similar studies in the future.

## Authors Contribution

All authors have contributed equally.

## References

1. Garg S, Singh R, Grover M. India's health workforce: Current status and the way forward. Natl Med J India. 2012;25(2):111-3.
2. Desai G, Pandit N, Sharma D. Changing role of Anganwadi workers, A study conducted in Vadodara district. Healthline. 2012;3(1):41-4.
3. Felton JS. Burnout as a clinical entity-its importance in health care workers. Occupational medicine. 1998;48:237-50.
4. Wood BD, Killion JB. Burnout among healthcare professionals. Radiol Manag 2007;29(6):30-4.
5. Semmer NK, Zapf D, Dunckel H. Assessing stress at work: A framework and an instrument. Work and health: Scientific basis of progress in the working environment. 1995:105-13.
6. Shapiro SL, Astin JA, Bishop SR, Cordova M. Mindfulnessbased stress reduction for health care professionals: results from a randomized trial. International journal of stress management. 2005;12(2):164.
[Occupational stress among...] | Sriram TR et al
7. Kaur D, Thakur M, Singh A, Saini SK. Workload and perceived constraints of Anganwadi workers. Nurs Midwifery Res J 2016;12(1):18-24.
8. Mohanan P, Jain A, Shashidhar Kotian M, Vinay NK. Are the Anganwadi Workers Healthy and Happy? A Cross Sectional Study Using the General Health Questionnaire (GHQ 12) at Mangalore, India. Journal of Clinical \& Diagnostic Research. 2012;6(7).
9. Pulagam P, Satyanarayana PT. Stress, anxiety, work-related burnout among primary health care worker: A community based cross sectional study in Kolar. J Family Med Prim Care 2021;10(5):1845-51.
10. Aryal S, D'mello MK. Occupational stress and coping strategy among community health workers of Mangalore Taluk, Karnataka. Indian J Public Health 2020;64(4):351-6
11. Sagar S, Ravish KS, Ranganath TS, Ahmed MT, Shanmugapriya D. Professional stress levels among healthcare workers of Nelamangala: A cross sectional study. Int J Community Med Public Health. 2017;4(12):4685-91.
12. Dhanani R. Occupational stress of Anganawadi workers in Rajkot, Gujarat, India. International Journal of Indian Psychology, 2020;8(4):500-504.

Tables
TABLE 1: SOCIODEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

| S.No. | Variables | Frequency | Percentage |
| :---: | :---: | :---: | :---: |
| 1 | Religion |  |  |
|  | Hindu | 83 | 79.1 |
|  | Muslim | 14 | 13.3 |
|  | Christian | 3 | 2.8 |
|  | Others | 5 | 4.8 |
| 2 | Educational Qualification |  |  |
|  | Primary school completed | 3 | 2.9 |
|  | Secondary school completed | 17 | 16.2 |
|  | High school completed | 54 | 51.4 |
|  | College completed | 20 | 19.0 |
|  | Postgraduate degree completed | 11 | 10.5 |
| 3 | Marital Status |  |  |
|  | Single | 4 | 3.8 |
|  | Married | 94 | 89.5 |
|  | Separated/ Divorced | 4 | 3.8 |
|  | Widowed/ widower | 3 | 2.9 |
| 4 | Type of family |  |  |
|  | Joint | 44 | 41.9 |
|  | Nuclear | 54 | 51.4 |
|  | Three-generation | 3 | 2.9 |
|  | Broken/ Problem | 4 | 3.8 |
| 5 | Socioeconomic class |  |  |
|  | 1 | 26 | 24.8 |
|  | 2 | 25 | 23.8 |
|  | 3 | 26 | 24.8 |
|  | 4 | 27 | 25.7 |
|  | 5 | 1 | 1.0 |
| 6 | Importance of CHWs' income to the total household income |  |  |
|  | It is the only income | 36 | 34.3 |
|  | Largest part of the household income | 28 | 26.7 |
|  | It makes a substantial contribution | 20 | 19.0 |
|  | Helps to increase total household income as an add-on to other income sources | 21 | 20.0 |
| 7 | Saved money in the last month |  |  |
|  | Yes | 28 | 26.7 |
|  | No | 77 | 73.3 |
| 8 | Had to borrow money in the last month |  |  |
|  | Yes | 46 | 43.8 |
|  | No | 59 | 56.2 |

TABLE 2: MOTIVATION FACTORS TO STAY IN JOB

| S.No. | Motivation factors | Frequency | Percentage |
| :--- | :--- | :--- | :--- | :--- |
| $\mathbf{1}$ | Salary | 24 | 22.9 |
| $\mathbf{2}$ | Good working conditions | 22 | 21.0 |
| $\mathbf{3}$ | Opportunities for training | 14 | 13.3 |
| $\mathbf{4}$ | Social status | 21 | 2.0 |
| $\mathbf{5}$ | Opportunity to serve the community | 21 | 2.0 |
| $\mathbf{6}$ | Close to family/ home | 2 | 20.0 |
| $\mathbf{7}$ | No better options are available elsewhere | 1 | 1.9 |

TABLE 3: LEVELS OF STRESS

| S.No. | Level of stress | Frequency | Percentage |
| :--- | :--- | :--- | :--- |
| $\mathbf{1}$ | Low | 17 | 16.19 |
| $\mathbf{2}$ | Moderate | 85 | 80.95 |
| $\mathbf{3}$ | High | 3 | 2.85 |

TABLE 4: CROSSTABULATION BETWEEN STRESS SCORES AND AREAS OF STRESS

|  | Occupational Stress |  | P Value |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Low |  |  |  |
| Total score | $115(112.5,118)$ | $137(125,142)$ | $165(161,166)$ | $<0.001^{* * *}$ |
| Role overload | $15(13,17)$ | $19(17,22)$ | $21(20,22)$ | $<0.001^{* * *}$ |
| Role ambiguity | $9(7.5,11.5)$ | $13(11,14)$ | $16(16,18)$ | $<0.001^{* * *}$ |
| Role conflict | $12(11.5,14)$ | $15(13,17)$ | $18(16,18)$ | $<0.001^{* * *}$ |
| Unreasonable group and political pressure | $9(7.5,10)$ | $12(9.5,15)$ | $16(14,18)$ | $0.001^{* *}$ |
| Responsibility | $7(5.5,8.5)$ | $8(7,10)$ | $9(8,14)$ | 0.081 |
| Under participation | $13(11.5,16)$ | $12(9,15)$ | $13(12,15)$ | 0.255 |
| Powerlessness | $11(8,13)$ | $9(6,10)$ | $7(3,7)$ | $0.004^{*}$ |
| Poor peer group relations | $10(8.5,12)$ | $11(9,12)$ | $13(12,14)$ | 0.119 |
| Intrinsic impoverishment | $10(8,10)$ | $12(11,13)$ | $14(14,17)$ | $<0.001^{* * *}$ |
| Low status | $7(6,8.5)$ | $8(7,10)$ | $11(9,12)$ | $0.004^{*}$ |
| Strenuous working condition | $9(6,11.5)$ | $12(10,13)$ | $17(14,17)$ | $<0.001^{* * *}$ |
| Unprofitability | $3(2,3)$ | $5(3,6.5)$ | $9(9,10)$ | $<0.001^{* * *}$ |

***Highly Significant; **Moderately Significant; *Significant

## Figures

FIGURE 1: AREAS OF STRESS


