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Field Dynamics Faced by Community Health Workers During a Public Health Crisis: A Qualitative Study of Motivations and Challenges

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ABSTRACT

The global shortage of healthcare professionals has intensified efforts to train more Community Health Workers (CHWs) to meet health and developmental needs. Amidst a global health crisis, such as the COVID-19 pandemic tragedy that occurred several years ago, CHWs have played a crucial role in controlling community-based outbreaks, thereby strengthening the public health emergency response while facing numerous challenges. This study explores the motivations and challenges CHWs face in managing health crises. Employing a descriptive phenomenological approach, this study conducted semi-structured in-depth interviews with 13 CHWs in Makassar City, selected through purposive sampling. Data were analyzed using thematic analysis via the Colaizzi method. Thematic analysis revealed three main themes and seven sub-themes, encapsulating factors of social needs and expanded health perspectives as motivational elements alongside challenges such as the prevailing negative paradigm regarding the health crisis. CHWs are instrumental in spearheading community-based activities to manage health crises. CHW training programs, facilitated by community nurses, can significantly improve their performance and impact within the community.

Keywords : community health workers; challenges; motivation; emergency; public health

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INTRODUCTION

The global health threat is the shortage of healthcare workers, which poses an existential risk to public health systems worldwide. This issue has been further exacerbated by the recent public health crisis, namely the COVID-19 pandemic, making the situation increasingly critical (1–3). The World Health Organization (WHO) estimates a shortfall of 10 million health workers by 2030, primarily from low- and lower-middle-income countries (4). This global shortage has shifted priorities towards investing in training more Community Health Workers (CHWs) to meet health and development needs (5). CHWs are considered a vital component of a model designed to increase the number of individuals capable of meeting public health needs, providing sustainable improvements in global health, and supporting community-based disease prevention and control programs (6).

Public health interventions through cross-sector collaboration play a crucial role in controlling the spread of infectious diseases during public health crises (7). Society is expected to work together to achieve health goals and reduce transmission rates. Community engagement is essential in this effort (8). Studies indicate that well-implemented community engagement strategies can assist in designing interventions, building community trust and access, facilitating social and behavioral change communication, enhancing risk communication, and supporting surveillance and contact tracing, as well as providing logistical and administrative support (9). CHWs are key figures in community groups, playing a vital role in responding to these health crises (10).

In Indonesia, Community Health Workers (CHWs), locally known as health cadres, are community members selected for their deep understanding of the communities they serve. They act as liaisons between the community and health service providers, in this case, the Public Health Centers, and build the capacity of individuals and communities by enhancing public health knowledge and independence through various activities such as outreach, public health education, informal counseling, and social support (11). In the context of public health crises, CHWs play a crucial role in reducing the transmission rate of viruses. For example, following the WHO's declaration of COVID-19 as a pandemic, the Omani Ministry of Health initiated its preparedness and response strategy by empowering CHWs as key components of the national plan, especially when physical access is limited due to distancing measures (12). The Thai Government did the same; since the onset of the COVID-19 pandemic, the Government has recruited 1 million CHWs to help protect the national community from further outbreaks (10).

In Indonesia, CHWs are also involved in crisis management, including during the COVID-19 pandemic. However, their implementation faces many complex challenges, particularly as the COVID-19 pandemic is a new experience for CHWs, and they are expected to play a significant role in its management (13). To date, few qualitative studies have been conducted in Indonesia that explore the obstacles they face and what motivates them to engage in community-based crisis management. As extensions of Public Health Centers, CHWs, serving as community representatives, have an essential role in implementing effective interventions to reduce the spread of infectious diseases during public health crises (14). Therefore, this study aims to explore the motivations of CHWs to be involved in health crisis management and the challenges they face while on duty.

METHOD

This study employed a qualitative design using a descriptive phenomenological approach to elucidate common themes in participants' experiences (15–17). It involved 13 Community Health Workers (CHWs) selected through purposive sampling with the assistance of Public Health Center staff, who helped identify participants meeting the inclusion criteria. The criteria required CHWs actively

engaged in Covid-19 prevention and control activities and willing to participate in the study. No participants withdrew during the data collection process.

The research was conducted in Makassar City between February and March 2021. Data were collected via semi-structured in-depth interviews, employing both online and offline methods. The interview guidelines were developed by the researchers based on the study objectives and utilized throughout the interviewing process. The research team consisted of five members, each with prior experience in qualitative research and publications in this field. SBS, HP, and AS contributed to the conception and design of the study. Interviews were conducted by SBS and BBHY, while data analysis and interpretation were performed by SBS and HP. SBS, AS, HS prepared the manuscript, with SBS acting as the corresponding author. SBS, HP, AS, BBHY, HS were involved in data interpretation.

SBS, a volunteer nurse assigned to the city of Makassar to manage the Covid-19 pandemic, frequently interacted with community health workers, which facilitated the establishment of trust prior to conducting interviews. A typical research question posed was, "Sir/Madam, could you please describe the challenges or obstacles you encountered while on duty during the Covid-19 pandemic, and what motivated you to engage in its control?" Prior to data collection, researchers thoroughly explained the details of the study and the participants' rights. During interviews, the researcher recorded the sessions, closely observed and noted each participant's facial expressions, and maintained comprehensive field notes. Recruitment and interviewing of participants continued until data saturation was achieved, indicated by no new information emerging.

The interviews conducted on the same day were immediately transcribed in the evening to ensure no important details from the interview process were missed. Information gleaned from these interviews was utilized to enrich subsequent ones. The data analysis was performed using a thematic approach according to the steps outlined by Colaizzi (18). The Colaizzi method entails seven steps in thematic analysis, which include: (a) reading and understanding the entire content of the interviews; (b) extracting significant statements; (c) formulating meanings; (d) organizing meanings into thematic clusters; (e) integrating theme clusters into exhaustive descriptions; (f) establishing the fundamental structure of the phenomenon identified by definitive statements; and (g) validating the findings through member checking by returning to participants to confirm the accuracy of the representation of their experiences. In addition to applying these seven principles of data analysis, the researchers also utilized NVIVO version 12, a software application developed by QSR International, to assist in organizing the data and formulating sub-themes and themes.

Several strategies were employed to ensure the trustworthiness and credibility of the research results (19). The credibility of the data was assessed through member checking, where findings were represented to participants to verify correctness and then validated with other participants not initially involved in the study to ensure accuracy. Objectivity was maintained through discussions among the researchers (SBS, AS, and HP) about their preconceptions regarding the research topic before the study commenced. Throughout the research process, efforts were made to minimize bias through regular discussions, interpretation of data, and source triangulation involving the coordinator of the health promotion program at the public health center responsible for CHW activities..

Ethics approval was obtained from the Research Ethics Committee of the Faculty of Nursing, University of Indonesia (Number: SK-21/UN2.F12.D1.2.1/ETHICS 2021). The purpose of the study was clearly explained to participants, and oral consent was secured before commencing the interviews. Participant confidentiality was ensured by anonymizing transcripts with codes (e.g., P1, P2, etc.). All

audio recordings and transcripts are securely stored on a password-protected computer. The research adhered to the ethical guidelines for qualitative research throughout the study.

RESULTS

We conducted interviews with 13 Community Health Workers (CHWs) who have been instrumental in managing the Covid-19 health crisis. Each interview lasted between 40 and 60 minutes. The characteristics of the participants are detailed in Table 1.

Table 1. Participant characteristics (n=13)

Characteristic	N (%)
	CHWs
Gender	
Woman	13 (100%)
Age range (years)	31 -51 year
Final Education	
Junior Secondary	2 (15%)
Senior Secondary	7 (55%)
Diploma	2 (15%)
Bachelor	2 (15%)
Work experience range (years)	3-19 year

The thematic analysis revealed three main themes and seven sub-themes that addressed the research objectives (Table 2). Two themes emerged from the motivations of CHWs, which include factors related to social needs and expanded health perspectives. Conversely, the challenges faced by CHWs yielded one main theme, which pertains to the negative paradigms associated regarding the health crisis.

Table 2: Thematic Analysis of CHW Motivations and Challenges in Responding to Public Health Crises

Theme	Sub-theme
Social Needs Factors	• Desire to be involved and be part of managing the health crisis
	• Maximizing the role of Community Health Workers (CHWs)
	• Improving social relations in the community
Expand Perspective on Health	• Increasing vigilance in response to the health crisis
	• Raising awareness about the importance of maintaining health
Negative Paradigm Regarding the Health Crisis	• Negative community attitudes towards the health crisis
	• Declining public compliance with health protocols

Theme 1: Social Needs Factors

This theme emerged from three sub-themes: (1) the desire to be involved and be part of managing the health crisis; (2) maximizing the role of CHWs; and (3) improving social relations within the community.

Desire to be involved and be part of managing the health crisis

Participants expressed a strong motivation to be actively involved in providing community health services. The following quotes illustrate this motivation:

- Participant 1 remarked, “When I was asked by the head of the cadre to join as a Covid cadre, I immediately agreed because I saw it as a service.”
- Participant 3 shared, “It was actually because of the desire to participate in controlling this pandemic”
- Participant 7 stated, “I feel called to share important health information with the community because this is what we do as the frontline in our environment.”

Participants also noted their empathy for public health issues and satisfaction in being part of the healthcare system:

- “We have a sense of empathy for our community,” said Participant 9.
- Participant 13 expressed, “I serve as an extension of the Public Health Center to the community, and I am very happy to be part of it.”

Maximizing the Role of Community Health Workers (CHWs)

This sub-theme reflects statements from participants who feel a strong sense of responsibility and a commitment to their roles, which motivates their involvement in crisis response:

- Participant 5 explained, “Our social spirit is high, motivating us to help those who need information and access to health services.”
- “Controlling this pandemic is also our responsibility as cadres,” Participant 8 mentioned.

Improving Social Relations in the Community

Home visits have played a crucial role in strengthening community bonds, as described by the participants:

- “We received assignments from the Health Center to conduct home visits, which helped me get to know the community members in the area where I live,” Participant 11 described.

Theme 2: Expanding Perspectives on Health

This theme encompasses two sub-themes: increasing vigilance in response to health crises and raising awareness about the importance of maintaining health.

Increasing Vigilance in Response to the Health Crisis

This sub-theme reflects the participants' reasons for becoming involved in crisis response. Participants described their proactive efforts to understand community dynamics and to adopt a measured approach to crisis management. For instance:

- Participant 2 stated, “We as cadres have trained ourselves to understand all the dynamics in society and to be wiser in dealing with various issues that arise.”
- “We try not to panic too much because if we panic, the people often do as well,” explained Participant 12.

Raising Awareness about the Importance of Maintaining Health

Participants also cited increased awareness of health maintenance as a crucial motivation for their involvement. This awareness translates into more diligent health practices to prevent disease transmission:

- “I am more conscious of practicing clean and healthy living behaviors. I make sure the food is nutritious, including vegetables and fruits, get enough rest, and I walk every morning in the neighborhood,” shared Participant 4.
- Participant 10 added, “Now, I no longer linger after shopping at the market. I used to chat with other mothers; now, I go straight home, wash my hands immediately, and always wear a mask while at the market.”

Theme 3: Negative Paradigm Regarding the Health Crisis

This theme explores the challenges CHWs face due to negative community attitudes toward the health crisis and declining compliance with health protocols.

Negative Community Attitudes Towards the Health Crisis

One significant challenge reported by CHWs is the pervasive negative attitude toward the health crisis. Participants noted skepticism and denial among the public, which hindered effective crisis management. For example:

- Participant 3 observed, “There are still some people who are unaware of the dangers of this virus. They often gather, even though we have reminded them repeatedly, because some do not believe in the severity of the situation.”
- “We often receive unpleasant treatment from the community when we provide counseling in public spaces like hallways or markets,” mentioned Participant 6.
- Participant 7 added, “We still face difficulties reminding the public not to gather because they are convinced that this crisis is just a story.”

Declining Public Compliance with Health Protocols

Another challenge is the decreasing level of public compliance with health protocols, which is critical for controlling the spread of the virus. This is observed through various non-compliant behaviors and resistance to preventive measures:

- “There are still many people we encounter who are not wearing masks, especially in public places,” said Participant 1.

- “Some protest against policies like online schooling, even though tourist attractions have reopened. That's why they rarely wear masks and have started gathering again,” reported Participant 4.

DISCUSSION

This study aimed to explore the motivations of Community Health Workers (CHWs) for participating in handling the health crisis and the challenges they face while on duty. Three main themes were formulated to represent the experiences of the 13 CHWs during their duty: (1) social needs factors; (2) expanding perspectives on health; and (3) the emergence of a negative paradigm regarding the health crisis.

Social Needs Factors

The first theme, social needs factors, was formulated to uncover why CHWs are involved in handling the crisis. Strong motivation based on personal commitment and social responsibility to their communities has been identified as the main driver for CHWs (20). The social need factor acts as an internal drive to improve relationships while contributing to community development and enhancing living conditions (21). The motivation or desire within CHWs, as defined by Sands (2020), is the impulse to work with a sense of responsibility (22). Adequate support from the community and local leaders can significantly enhance this motivation (23). This study found that CHWs are driven by a high sense of concern, social spirit, and the courage to handle and control the health crisis. These findings align with meta-synthesis studies identifying factors that enable health cadres to effect behavioral change in society, such as a call to serve, accompany, and empower the community (24). Another study highlighted that a high sense of empathy and concern motivates health cadres to build relationships with stigmatized individuals in the context of AIDS Treatment Interventions (25).

Furthermore, increasing social relations between CHWs and the community is a desired social need. Social relations involve interactions that concern relationships between individuals and groups (26). During the pandemic, CHWs played a key role in maintaining social connections despite physical restrictions (27). The crisis has intensified interactions between CHWs and the community through active visits to vulnerable communities and families, despite challenges in building communication due to social distancing and mask usage, which can hinder interpersonal communication relationships. However, activity restrictions have fostered mutual solidarity (28). Additionally, the use of social media platforms like WhatsApp, Instagram, Zoom, and Facebook has played a role in building communication virtually and maintaining well-established interpersonal relationships (29).

Expanding Perspectives on Health

The second motivation that emerged for CHWs involved in handling the health crisis was to expand perspectives on health. The pandemic has increased CHWs' awareness of the importance of maintaining their own and the community's physical and mental health (30). CHWs have increased their

vigilance and adopted healthier lifestyles while becoming more disciplined in adhering to health protocols. The pandemic has forced many to stay home, reducing social interactions and physical activities, which can harm physical and mental health if individuals cannot adapt to the situation (31). Preventive measures are crucial for limiting the spread of the virus and mitigating risks, problems, and adverse impacts (32). Some respondents reported using coping strategies to manage stress and lifestyle changes due to restrictions, such as becoming more aware and focusing on positive activities (33).

Negative Paradigm Regarding the Health Crisis

The final theme identified was the emergence of a negative paradigm related to the health crisis. CHWs play a vital role in addressing misinformation, fears, and stigma by providing accurate information about the crisis and precautions people can take. A study in Rwanda during the first national lockdown showed that, although CHWs have a significant responsibility in educating the public, only 56.2% of them reported receiving health-related training in the 12 months prior, which challenged them in addressing fears and stigma (30). Despite their critical role, CHWs face numerous challenges in implementing health promotion and disease prevention efforts, primarily due to negative public attitudes during the pandemic. Some CHWs reported public indifference when provided with education, disbelief in the severity of the crisis, and the spread of fake news (hoaxes) within the community.

Compliance with implementing health protocols is key to suppressing the spread of the virus (32). During the lockdown, the lack of adequate supervision and inadequate infrastructure, such as a shortage of masks and the absence of portable hand washing facilities, often hindered CHWs' efforts to perform their duties, with nearly 10% of CHWs not receiving any supervision and only 24% receiving at least three supervision visits during the three-month lockdown (34). Therefore, CHWs need support to ensure the smooth running of activities in the community. The various supports provided certainly influence the success of health programs (35).

CONCLUSIONS AND RECOMMENDATIONS

Empowering Community Health Workers (CHWs) to manage the health crisis in their communities is a critical strategy in responding effectively. Throughout their deployment, CHWs faced numerous complex challenges. Despite these challenges, motivated by strong dedication and supported adequately, CHWs have consistently aided Public Health Centers in executing community health service programs under pandemic conditions. The findings of this study underscore the vital role of CHWs in pandemic response efforts. It is clear that optimizing the role of CHWs is intricately linked to the ability of community nurses to provide effective community nursing care. This involves health promotion training for CHWs as a crucial aspect of community empowerment. Community nurses, who serve at Public Health Centers, are pivotal in empowering CHWs by offering training that enhances their capacity to perform effectively within the community.

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