

Factors influencing the motivation of community health workers in Vhembe district, Limpopo

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Introduction

Community health workers (CHWs) form part of South Africa's ward-based-outreach team and constitute an integral part of primary health care (PHC) delivery. A study was done in Vhembe district, Limpopo, to determine factors influencing CHW motivation. Participants were 14 females aged 39–52 years, with educational levels ranging from no formal education to Grade 12, and varying work experience ranging from 5 to 12 years. Home-based workers were excluded from the study because they fall under the auspices of the Department of Social Development (DSD). All the necessary ethical and research standards were adhered to.

Key findings

The CHWs interviewed reported being involved in the following activities: supporting people living with HIV and AIDS; assisting with management of tuberculosis; giving health-promotion talks; conducting home visits for chronic patients; tracing medication defaulters and encouraging adherence to medication; referring clients to the clinics where CHWs are stationed; and assisting the parents of the malnourished children.

Community health workers expressed an interest in delivering more clinical services in order to address patients' needs in their communities. However, they reported that lack of clarity from the health system regarding their scope of practice was the biggest deterrent to their motivation. In addition, they felt that nurses perceived them as a threat. They cited examples as evidence of this, namely nurses refusing to allow them to screen for blood pressure, even though CHWs are trained to fulfil this function, and nurses objecting to CHWs wearing white uniforms. In expressing this frustration, one participant said the following:

We are trained to assist the nurses but they do not accept us, it's like they have jealousy. I say this because we are trained on how to take BP, prepare bed for the sick and we have chosen white uniform. We are not allowed to do all these things because they think we are trying to be like them. (Participant F)

Community health workers also cited irregular remuneration and work hours and lack of office space as deterrents to their performance.

We sometimes spend two or three month without being paid. We do not get paid every month. We work eight hours a day Monday to Friday but since we are accessible to the community members, we even work after hours depending on the seriousness of the illness. During rainy seasons it's a problem because we lack umbrellas and raincoats. We meet under a tree, we do not have a place and when it rains we have to ask [to use] someone's house. (Participant B)

Participants expressed distress at the lack of basic equipment and consumables, which resulted in increased risk of the spread of infection and less than optimal care and management of patients.

We should receive enough money, be given resources like Pampers [adult diapers] because other patients are unable to help themselves. We do not have resources and it's been a year now. We sometimes request patients to buy gloves and pampers. Pampers for the older people are expensive and as a result the family must use clothes to replace pampers. When we lack gloves, we make use of plastics to cover our hands and assist our patients. (Participant E)

Patients live in poor socio-economic conditions, often with no money or food, and there is a cultural expectation that CHWs should 'bring something' when they do house visits, although the CHWs themselves experience financial difficulties.

The problem is when we visit them in families whereby they say we visit empty handed. The problems in the community are poverty, sickness and traditionally a sick cannot be visited without something. (Participant C)

When doing door to door, we get patients and sometimes I even take money from my own pocket and give a patient to go to the clinic and consult. We are able to visit patients at homes and detect issues that require urgent attention. We even take treatment for the frail. (Participant E)

The toll of working under stressful conditions due to limited resources, poor supervision and the expectations of the community, has left CHWs feeling mentally and physically exhausted.

Some situations of patients are stressful, some patients stay alone, I am forced to clean, cook for the patient and that is a lot of work. To clean and cook is not my work. We work long hours from 8 o'clock until 4:30. (Participant C)

This work is very difficult, other patients, e.g. the elderly, when found bed bound, is a patient who is terminally ill. We clean such a person and care for them. (Participant D)

Certain elements featured prominently in the interviews, namely the possibility of permanent employment as CHWs, the responsibility they feel towards their patients, and the respect afforded to them by the communities in which they work.

We have hope that one day they will make us permanent and we are working because there is nothing we can do. We continue to provide the community, patients and the families with our services because we cannot leave our patients. (Participant J)

Some people who are sick are the only bread winners and if we can stop they might die. (Participant H)

The community accepts us, the community structures talk about our services at funerals and this makes the community to respect us and appreciate our availability in the village. (Participant D)

Lessons learned

- All members of the healthcare team need to be educated on their specific scope of practice and need to be made aware of working in a spirit of mutual co-operation rather than competition.
- Scopes of practice must be clearly defined, with roles and responsibilities clearly articulated.
- Community health workers need to be given the necessary supplies and resources required for their work.
- Consideration should be given to providing psychological support for CHWs who work under extremely stressful conditions.
- The recognition and respect given to CHWs by their communities is an important motivating factor in their work; this respect and recognition should also be forthcoming from the healthcare system.

Conclusion

This study found that CHWs take an active role in the delivery of community-based PHC interventions linked to their local health facilities, and that their motivation is affected by a mix of monetary and non-monetary incentives. It is critical to recognise CHWs as an essential cadre for improving healthcare delivery at community level. Community health workers should be offered adequate remuneration for their work, as well as advanced training and a clear career development pathway to improve the quality of their services and their motivation.