

# Self-management skills may be key to helping Community Health Workers cope amid the COVID-19 pandemic

## Authors

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Self-management is a key skill that can be used by healthcare workers to manage the daily stress of work and the environment.

Community Health Workers are a key frontline cadre in the Primary Health Care approach to patient-centred care and are well recognised as the link between the communities and the formal health sector. From the outset of the COVID-19 pandemic, this cadre's duties became more critical as they had to assist with COVID-19 screening in communities and to co-ordinate queries around medication delivery in addition to their regular duties. This chapter explores and describes how Community Health Workers coped during the pandemic and whether the skills learnt through a self-management training programme they had attended prior to the COVID-19 outbreak assisted them in managing themselves and others during the pandemic.

A qualitative exploratory design using mobile instant-messaging interviews was used to explore and describe the coping methods employed by Community Health Workers

and the value of self-management knowledge and skills in their personal and professional capacity during COVID-19. Five themes emerged, namely spirituality, communities of practice, self-care, taking action, and self-efficacy.

Self-management skills proved very valuable in empowering Community Health Workers to cope during the epidemic and facilitated their professional and personal resourcefulness and resilience. This strategy should be considered formally as Community Health Workers sustain their contribution to COVID-19 responses, because the effort directed at improving their own-self-care will not only allow them to be maximally available for their job demands, but should also lead to them transferring these skills to the communities and colleagues they engage with daily. This may ultimately lead to a wider improvement of overall health status.

## Introduction

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The outbreak of the Coronavirus disease 2019 (COVID-19)<sup>1</sup> worldwide has highlighted the importance of health professionals and their role in contributing to a healthy population. The impact of the pandemic has compounded the strains under which the current healthcare system labours. With the country's quadruple burden of disease<sup>2</sup> ongoing in the face of the epidemic and the reality that the health system is under-resourced and over-burdened<sup>3</sup>, there remained an expectation that healthcare workers would cope in the face of such traumatic conditions. Over the last few years, Community Health Workers (CHWs) have been utilised increasingly to remedy the shortage of staff in the health sector.<sup>4</sup> These key frontline workers, in practice since the early 1920s<sup>5</sup>, are lay persons without tertiary or formal education who render auxiliary health services most commonly in their own communities.<sup>6</sup> Their roles have undergone a metamorphosis from being identified merely as 'links' between the community and the professional health force<sup>4</sup> to a more varied version that includes participating in impactful health promotion programmes for HIV and TB treatment. They are also involved in the healthcare plan to decrease the prevalence of non-communicable diseases (NCDs).<sup>6</sup> At the beginning of the COVID-19 outbreak, CHWs were recognised as a pivotal resource in combatting the spread of infection.<sup>7</sup> In addition to rendering basic home-based services focused on the activities of daily living, this cadre took on the task of delivering (on foot) previously hospital-collected chronic medication to patients, assisting with COVID-19 screening, and providing COVID-19 education in the communities.<sup>8</sup> This aligned with findings that in previous pandemics, CHWs have had their roles and tasks drastically altered<sup>9</sup> and that they had been crucial in plugging gaps in service delivery by the formal health sector. The sudden onset of COVID-19 and the subsequent lockdown, coupled with the adapted ways in which health services were being delivered, did not allow time to adequately prepare the CHWs for their new roles.<sup>9</sup> CHWs thus had to rely on prior training to effectively manage the abrupt changes.

Self-management is a well-documented person-centred intervention that was initially designed to assist persons with chronic illnesses in improving and managing their health behaviours.<sup>10</sup> This modality has advanced over the years and has been employed to address the health behaviours associated with NCDs<sup>11</sup>. More recently, it has been successfully applied in the workplace setting with healthy participants.<sup>12</sup> In this study, CHWs had been exposed to a self-management intervention that would assist them to manage themselves and their health conditions. The intervention equipped participants with core skills of decision-making, finding and utilising resources, forming partnerships with their healthcare providers, action planning, and setting health-related goals<sup>13</sup> that could be modelled positively to influence the health behaviours of the community. The intervention is part of a larger study

and, fortuitously, was implemented just prior to the onset of COVID-19 in South Africa. The purpose of this chapter to explore and describe how CHWs coped during COVID-19 and whether the self-management skills learnt assisted them in managing themselves and others during the pandemic.

The study was conducted between weeks 18 and 19 of 2020 in an urban town in the Western Cape Province of South Africa, where changes in the burden of disease profiles saw NCDs move to fifth place.<sup>14</sup> The Western Cape was the first province in the country to experience a peak in COVID-19 infections during the first wave, which occurred from weeks 24 to 28 of 2020.<sup>15</sup>

## Methodology

A mixed-method<sup>16</sup> qualitative exploratory design using mobile instant-messaging interviews was deemed appropriate<sup>17</sup> to explore and describe the coping methods employed by CHWs and the value of self-management knowledge and skills in their personal and professional capacity during COVID-19. The data for this article were collected 12 months after the participants had attended a self-management intervention programme. The data collection coincided with the first wave of COVID-19, but occurred six weeks prior to the peak.<sup>15</sup>

Ethical approval was obtained from the Human and Social Sciences Research Ethics Committee at the University of the Western Cape (Clearance No. HS17/8/23).

## Intervention

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The self-management intervention in which the participants had engaged prior to this study is an adaptation of the Chronic Disease Self-Management Programme and the Act Healthy Programme. The workshop is targeted at lay health workers and those with NCDs, working in a Primary Health Care (PHC) setting and who aimed to improve or maintain their health behaviours. The core foci of the training programme are to improve self-efficacy and promote healthier behaviours by teaching decision-making skills, problem-solving, action planning and how to strengthen links between co-workers. The programme incorporated a face-to-face two-session workshop format that was presented to the participants over a two-week period, with one week between sessions. The programme extended over a six-week period and was delivered at the end of 2018, with a six-month follow-up conducted in 2019.

## Key findings

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Thirteen CHWs affiliated to one urban non-governmental organisation (NGO) participated in the study, of whom 11 were female CHWs (85%) and two were male CHWs (15%). Their ages ranged from 34 to 69 years, with a mean age

of 48 years. Their work experience ranged from five to 18 years with a mean of nine years of experience. Of the participants, 92% (n = 12) have immediate families (spouses, children), 46% (n = 6) are married, and 31% (n = 4) passed the highest school grade in South Africa, namely Grade 12.

Five primary themes emerged from the data, namely spirituality, formation of communities of practice, self-care, taking action, and self-efficacy.

## Spirituality

Participants suggested that their spirituality helped them to cope during COVID-19. This is expressed by a participant in the following quote:

*I cry sometimes when I get home. When I feel like that, I cry out to God, I call on the Holy Spirit, and I read my bible. I put on my gospel music, and I dance, sing, worship and praise and then I feel better. (P61F)*

Participants also stated that their spirituality provided motivation to continue with their assigned tasks.

*Prayer helps me, I just take every day at a time and you know, God is good. Things happen for a reason and we don't always understand at the time. I'm even more blessed now, I'm doing my job and I'm happy to do it. (P82F)*

Furthermore, participants expressed that their religious belief alleviated their fears about COVID-19 and their personal safety.

*People fear the pandemic. Nobody wanted to die, but I have learnt to trust the Almighty. We were also scared, but we trusted God for protection. (P61F)*

Interestingly, the community's collective spirituality was foregrounded and this eased the burden for the CHWs when they were delivering home-based care for patients.

The participants expressed their increased reliance on their faith during COVID-19.

*I'm depending on God; the Holy Spirit became part of my life even more than before. (P61F)*

*All you can do is walk with faith. (P18M)*

## Communities of practice

The CHWs conveyed that they felt part of the broader multidisciplinary healthcare team and have good working relationships.

*We will all get through it because we had to stand together as healthcare workers, as a community, as a country, just to take care of one another. (P15F)*

They were also able to form partnerships with other members of the multi-disciplinary team.

*I think I'm on about four other health groups, and we're conversing all the time, – we ask questions to one another. They are quite good and its doctors and pharmacists and these people. There's no problem that side. (P75M)*

*I work with my colleague as a pair. I never had a partner before. I enjoy my work because we can laugh together while we learn from each other and do our work. (P50F)*

## Self-care

Self-care was highlighted by the participants. The importance of 'caring for the carer' in order to be most efficient in their prescribed tasks was acknowledged.

*The biggest lesson coming from a TB background is to be more alert of what is going on around you and taking care of myself. That is part of that Self-Management course, if I'm not taking care of myself, how can I take care of my patients, my family if I'm not healthy... (P15F)*

One way in which the CHWs demonstrated self-care was by ensuring that they remain optimally protected from the virus. They ensured that they followed the COVID-19 safety protocols of hand-sanitising, wearing of masks and physical distancing.

*Before we even put the gloves on our hands, we sanitise our hands and then we put on the gloves. We are covered, we have our apron on, we have our gloves on, we have our masks on, and we try not to talk a lot when we do the washing. (P75M)*

Self-care was articulated in the manner in which the CHWs optimised their own health status. They made changes to the execution of their daily work routines and devoted specified time to themselves at home to regroup and unwind from the demands of serving as a frontline worker.

*When I get home, I used to make time for myself and then I would have a little nap and relax... (P82F)*

They also found innovative ways to be physically active.

*There's always ways and means to do things to keep fit and even though I don't have a yard or a freestanding house – I'm living in a flat – and yes, I do make time, I walk up and down the stairs and try to rope jump. (P25F)*

Furthermore, the CHWs acknowledged their own chronic health issues and the importance of promoting and maintaining their own health.

*I'm still going through the steps to keep myself healthy. I need to rest; I need to take my medication because I am on medication. (P122F)*

## Taking action

The CHWs in this study were all subject to changes in their daily work tasks and demonstrated good adaptation skills to undertake their new roles and responsibilities.

*It's different, you don't have your normal work – we focus now, on issuing the people pills where we deliver the pills. We also have home-based care – but we only do the needy people, like people who are disabled. (P18M)*

They embraced the new experiences as a learning curve and gained confidence from the process.

*My clubs were closed due to the COVID, but now I'm in pharmacy and yes, it's a new experience for me. But I love it ... I'm meeting so many people and the experience for me is mind-blowing. (P25F)*

*I've been on a high ever since I started with the screening; honestly speaking, for me, everything is a learning curve ... (P122F)*

The CHWs had to review plans by critically appraising them and then determining whether changes were necessary. They also had to adapt their professional tasks and their personal goals.

*Your whole mind-set had to change and it was difficult. It was challenging but it was also a great learning curve for all of us ... I think what changed for us is that we have to set an example. When we were out and about, we had to be dressed appropriately so that people could see how important it was to wear that mask all the time to keep physical distancing because people learn from what they see and not from what you tell them. (P15F)*

## Self-efficacy

The CHWs described an increase in their self-confidence.

*My confidence in the beginning was really very low because it affects all of us in different ways. I became a bit depressed. (P15F)*

*I have also learnt to stand up for myself. My confidence boosted up more. I don't hesitate anymore. I want to change, I am worthy, I am capable. I am a strong independent woman who can except any challenge. (P61F)*

## Discussion

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Analysis of the five primary themes emerging from the data yielded the following insights:

### Spirituality

The theme of spirituality highlighted that the CHWs' faith in God fulfilled various emotional and psychological needs.

CHWs in this study survived challenging times during COVID-19 by using their faith as a coping strategy. Religious coping has been reported as an important coping tool employed by healthcare workers in Pakistan during the pandemic.<sup>18</sup> This study confirmed that healthcare workers attributed their acceptance of difficult working conditions and challenges during COVID-19 to religious coping.<sup>18</sup> In Ghana, 50% of the healthcare workers participating in one study reported that they prayed more often to cope during the pandemic.<sup>19</sup> Participants expressed that their religious beliefs alleviated their fears about COVID-19 and their personal safety. This is contrary to the findings of a recent study in Portugal<sup>20</sup> which found that religion did not significantly reduce the fear or anxiety faced by healthcare workers with regard to COVID-19. The current study supports previous literature indicating that religion helped to reduce people's anxiety during hardship.<sup>21</sup> While female participants in the Portugal study demonstrated higher levels of COVID-19-related fear and anxiety,<sup>20</sup> the current study had a population of 85% females which could partially explain their reported fear. The study did not explicitly explore why the women experienced this fear. However, in the South African context women tended to be more prevalent in the caring role in families and communities. Thus fear experienced by the female participants could be due to the fact that the responsibility of caring for loved ones rests with them and if they understood the devastation of the virus, this could lead to an increase in the fear they experience.

The participants' religious actions were not known prior to COVID-19, therefore this study cannot support or contradict previous findings observed in Canada.<sup>22</sup> It has been found that persons who directly experience the negative consequences of a crisis also experience an increase in religious faith.<sup>23</sup> The current study supports this because the CHWs, as frontline workers, are exposed to the negative impact of COVID-19 on a daily basis.

### Communities of practice

The CHWs' sense of belonging as role-players in a broader healthcare team and their good working relationships with colleagues were reported as enabling factors for the CHWs' self-management. Being respected by the formal health team<sup>24</sup> and being acknowledged as a vital component in the healthcare system<sup>25</sup> are recognised as affirming aspects. In self-management, being able to form partnerships and deepening their networking with the healthcare providers are considered vital skills and crucial for acting.<sup>26</sup> The CHWs in this study have demonstrated these abilities. It is evident that creating supportive work environments through teams that work well together enhances individuals' performance.

### Self-care

Self-care was highlighted by the participants as a crucial component to survival. They experienced a renewed understanding of the importance of caring for themselves first, a mindfulness of their surroundings, and a sense of self-discovery amid the stress of fulfilling their roles during

the pandemic. One way in which the CHWs demonstrated self-care was by ensuring that they observed infection protection and control measures for themselves. Self-care was also demonstrated in the manner in which they optimised their own health status: they made changes to the execution of their daily work routines and devoted specified time to themselves for rest and recreation at home. They also found innovative ways to maintain or improve their physical health. Furthermore, the CHWs acknowledged their own chronic health issues and their need to preserve and value their own health and wellbeing. It is important for healthcare workers to take control of their own self-care needs in order to be maximally available for their job demands.<sup>27</sup> Beginning with small changes, recognising their own feelings, simplifying their lives, and practising self-care at work will optimise holistic self-care.<sup>27</sup> The participants in this study demonstrated these changes by incorporating strategies that supported their well-being in their daily lives.

### Taking action

A change in job tasks for CHWs was an integral part of the health system's strategy to address the healthcare service delivery needs during COVID-19.<sup>7,8</sup> The CHWs in this study were all subject to changes in their daily occupational tasks and demonstrated sound adaptation skills to fulfil their new roles and responsibilities. They embraced the new experiences as opportunities for learning and enhancing self-confidence. The CHWs had to review plans by critically appraising them and then determine whether changes are necessary. They also had to adapt in both their professional tasks and pursuit of personal goals. These skills were taught during the self-management programme, and were demonstrably employed by the CHWs through notable resilience and changed mind-sets during this period. Healthcare workers are regarded as exemplars of positive health behaviours stemming from their increased knowledge of healthy choices.<sup>28</sup> In this study, the CHWs seemed to understand this assumed role. Their holistic approach, which incorporated a positive outlook, living purposefully by setting realistic goals regarding diet, exercise and personal medication adherence, culminated in an improvement and transformation in their personal and professional lives. This outcome differs from the findings of another study, which noted that although healthcare workers accepted the expectation placed on them to be role models for healthy behaviours, they rejected having their personal health choices linked to their professional work and generally they did not 'practise what they preach'.<sup>29</sup>

### Self-efficacy

The CHWs reported an increase in their self-confidence. A person's perception of self-efficacy is directly proportional to the activities and behaviours they choose to enact as well as the degree of effort and time they will devote to

these in distressing situations.<sup>30</sup> Self-efficacy is known to influence coping in various circumstances. In the current study, it is evident from the CHWs' responses that they had gained a greater degree of self-assurance in managing their new normality.

## Conclusions

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With the onset of COVID-19, CHWs were expected to speedily and without adequate preparation adapt to new roles in order to counter the spread of COVID-19 in their communities. We suggest that CHWs be given training and support that will facilitate their preparedness for pandemics. As demonstrated, a self-management programme can be effectively used to develop and empower healthcare workers with much-needed coping strategies. The interplay of the five thematic coping strategies outlined here provides a foundational framework for healthcare workers to use in building their resilience to face health crises.

CHWs are fundamental to the country's COVID-19 response and therefore ensuring that they are fully equipped to deal with the fallout of this health crisis is vital. The cost-effective self-management model which was taught to the CHWs empowered and assisted them to be prepared to cope with COVID-19. Whilst the findings of this study cannot be generalised, the self-management programme may be a viable option to consider for building the capacity of the broader healthcare workforce to cope with the daunting demands placed on them during this pandemic and in future traumatic health crises.

## Recommendations

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The introduction of a self-management programme for Community Health Workers should be considered to facilitate their coping skills. The lessons learnt from the frontline workers participating in this study should be explored and utilised to design related interventions.

## Acknowledgements

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