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A qualitative study on diversity of psychological stress between the suburban & metropolitan field level health workers.

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Abstract

Introduction: Urban front-level surveillance workers (HCWs) visited door-to-door to find out whether any residents had any symptoms of Covid 19 in both slums and non-slums of West Bengal. This study aims to discover what type of problems HCWs face; their perception about why people are not responding or hiding their symptoms; what type of stigma they face & what type of response they get from their family members & neighbours.

Materials and methods: Three Focus Group Discussions (FGD) were conducted with 8 participants each, the sample size being 24. They were asked about their perception of different aspects per one FGD guide. The discussion was on local languages (Bengali and Hindi) which were audio recorded transcribed and translated into English. Data saturation was reached after 3 interviews.

Result: From inductive analysis, themes like 'job responsibility', 'difficulty faced' and 'stigmatisation of community', 'response about symptoms', and 'stigma to HCW from neighbour & Family Member'. In theme 1, making the community aware of the Government's health system was uttered mostly. Health workers thought that most of the beneficiaries were hiding symptoms mainly due to the stigma faced by the neighbours. Human-to-human transmission probability is the reason behind stigma. Hostility faced in the community due to many grievances towards the authority was the main difficulty of HCWs.

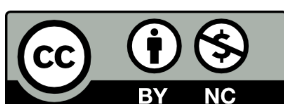
Conclusion: Stigma regarding disease and grievances towards authority were the main causes of hostility faced by the health workers.

Keywords: Focus Group Discussion, COVID-19, stigma, hostility

INTRODUCTION

The novel coronavirus (COVID-19), originating in China in December 2019, led to the first reported cases of atypical pneumonia in Wuhan. In India, the first COVID-19 case emerged on January 30, 2020, with West Bengal detecting its initial case on March 17, 2020. Howrah district confirmed its first case on March 27, 2020.[1] With a population exceeding 1.34 billion, India faces challenges in controlling the transmission of severe acute respiratory syndrome coronavirus - 2.

Howrah district, located in West Bengal, is highly urbanized, with urbanization contributing to an increase in slum population. It is the second-largest city and the second-smallest district after Kolkata, covering an area of 1,467 km^2.[2] According to the 2011 census, the district's population was approximately 4,850,029, with a population density of 3,306/km^2. As of May 4, Howrah reported 241 total cases, with 201 active cases.[3] Patients were treated at the Howrah District Hospital under the Howrah Municipality Corporation (HMC), indicating a shift in infection spread within the HMC area. Covering 63.55 km^2, the HMC area comprises 66 wards and 15 Urban Primary Health Centres (UPHCs), with one UPHC serving every 50,000 population. As of August 12, the total reported cases in West Bengal stood at 104,326, with Howrah ranking third



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third district-wise with 10,372 cases.[4]

Surveillance efforts commenced at the outbreak's onset, with collaboration between the WBH&FW department and HMC to conduct active case finding at the grassroots level. Workers involved in Dengue Surveillance were enlisted for COVID-19 surveillance. Globally, there's an increasing focus on the quality of COVID-19-related healthcare service delivery alongside patient numbers.In Howrah district, corona screening and testing occur at UPHCs, with samples collected onsite and sent for testing. Health workers and supervisors conduct regular field visits, reporting to their respective UPHCs. The Chief Medical Officer appointed a District Nodal Officer (DNO) to oversee the situation, primarily focusing on the HMC area and liaising with relevant health authorities.

Training programs were organized for UPHC doctors and teams, led by the UPHC Medical Officer. After initial training, surveillance efforts were reviewed and strengthened. The WBH&FW department enlisted experts from the Community Medicine Department of Kolkata Medical College for qualitative guidance in the HMC area.

Despite studies focusing on doctors, nurses, and medical students, there's a gap concerning health workers' experiences. These workers, serving as supervisors and health workers, faced community resistance despite their experience in Dengue Surveillance. Thus, a study was initiated to explore the challenges they encountered, perceptions regarding community response, stigma experiences, and responses from family and neighbours.

MATERIALS AND METHODS

This qualitative study was conducted at UPHC-5 in Howrah Municipality Corporation in August. A total of 8 supervisors were attained in this FGD research method, after obtaining their informed consent.

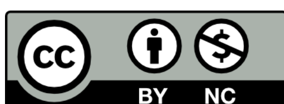
As there was a short gap between the first reported case & first reported death, the HMC health department started its surveillance work in the first week of April. In April, it was seen that there were many difficulties faced by the health authority like lack of knowledge between the health care providers regarding COVID-19 infection, lack of training programmes among the health care providers, communication gap between healthcare care providers & community etc. Besides this, it was also seen that the public of this area also over-responding to this situation. To solve those problems, the health department repeatedly arranged review meetings, discussed those problems and took necessary action. The community also understood this situation & cooperated with the healthcare provider after some time. So the investigators decided to do the study in August.

All the Health Workers (HW), Supervisors and the associated staff workers of UPHC-5 worked properly according to the training module. It is seen that where other UPHCs became containment, the UPHC-5 continues their work. Ward 25 to Ward 35 comes under the jurisdiction of UPHC- 5. Total number of supervisors is 8 & each supervisor has 4 team. Each team has 2 Health Workers. They all regularly visited their field area. Home-to-home surveillance reports are submitted to their Supervisor the Health Worker. The Supervisors then complied their report and finally submitted the Data Collector of the UPHC-5.So, investigators choose UPHC-5 for this study.

During field visits, if any HW faced any problem, the respective supervisor tried to solve this problem. If the problems remained unsolved, the supervisor communicated with the other supervisor to solve the problem. If it still remained unsolved, they discussed the matter with the Medical Officer. Besides this, a review meeting is arranged by the Investigators every month, where all supervisors discuss their problems with the investigators. It was seen that during this period they gained some experience, knowledge and different types of resistance from the community. So, investigators found interest among them for this study.

All investigators were appointed as experts for Qualitative Guidance in the HMC area in April. During this period, they earned different types of knowledge. After discussing the scenario, the investigators fixed their theme for this study. They wanted to focus on HCWs' work in the field; Response to symptoms & reasons; difficulties faced by HCWs in the field; Stigmatization of Corona patients & suspects; and the Stigma of HCWs from family members & neighbours. To achieve their goal, they prepared a semi-structured interview guide. These interview guides were designed to elicit, the context & experiences of the participants.

Three focus group discussions (FGD) were conducted with 8 participants each. Data saturation was reached after that. Before starting the FGD, the investigators narrated the whole matter & made some communication with them to make them comfortable for talking. Participants were asked to comment on the respective FGD guide & particularly on any areas that they felt had been misunderstood. They were also encouraged to make further comments. The whole process was carried out in a room of the UPHC-5 which was noise-free & well-ventilated. The discussion was done in Bengali. Some participants communicated in Hindi, but they understood Bengali. The moderator questioned the participants & rapotaier took field notes of this discussion. The Moderator observed their body language during the interviewing session & sometimes probed them to understand their insight. Audio recording was done of these discussions. The main interview session was 24.12 min, 26 min and 25.3 min respectively. After that whole audio recording was transcribed in Bengali, and then translated into English. The audio recording was reviewed against the transcripts by another investigator. As data was collected, thematic analysis was undertaken in an iterative process where investigators searched for commonly expressed behaviours, feelings or words. From this initial inductive analysis, themes began to emerge such as 'job responsibility', 'difficulty faced' and 'stigmatization of community', 'response about symptoms', and 'stigma to HCW from neighbour & Family Member'. Summarises & initial themes of the FGD reviewed by the investigators multiple times.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The validity and reliability of the theme development were evaluated using feedback from participants & investigators. The emerging themes were also presented to several healthcare providers. This generated useful feedback which in turn aided thematic analysis. Investigators read & coded transcripts independently to identify emergent themes relating to the experiences & perceptions of the participants. Investigators compared & discussed their coding to reach a consensus around the final key themes. Data saturation was achieved by all coders with the following key themes. For each of these key themes, a negative response was also elicited.

RESULTS

Theme 1: Health Care Workers (HCWs) work in the community.

This theme dealt with functions performed by HCWs. 11 responses from the participants were about making the community aware of services delivery by the health facility.

Statement 1: "*We immediately give them the address of UPHC where doctors are available & it is told them to contact the doctor around 11:00 am-11:30 am*"

Statement 2: "*Here we have madam of health department….you come and get free check-up…..*"

8 responses were about their enquiry regarding the general health status of the community. Enquiring regarding the general health status of the community. Enquiring about Covid 19 symptoms & ways of corona prevention were pointed out in 5 responses each.

Statement 1:

When the team member visits home firstly they ask that "*Whether every family member is feeling well? Whether anybody is suffering from fever?*" We ask all these things in their mother tongue, for those who speak Hindi, we ask them in Hindi and for those who speak Bengali, we ask them in Bengali. *"Whether anybody has body ache?.................loose motion?"*

Theme 2: Response about symptoms & reasons.

This theme highlighted people's attitudes towards Covid 19 disease & all of the participants agreed that most people are not willing to disclose their symptoms to the HCWs but neighbours are more keen to disclose the symptoms of others. Among 17 responses, 5 pointed out that due to fear of stigma from neighbours, people don't want to disclose symptoms.

Statement 1: "*They say…no no…we don't have any disease…if I go to health clinic nearby flats will not let me into my own house……I will take care of my disease"*

Statement 2: *"Everybody says we don't have any case……but you know I think that flat has fever case….."*

Statement 3: *"That person goes out regularly….he will bring corona….if he is not allowed in the society, we will be healthy"*

9 among 17 responses highlighted that they fear that authorities will take action if they are diagnosed with Covid 19. Going to a quarantine centre without family members, not being able to visit sick relatives, and not being able to receive the dead body of a COVID-19 patient are also recurrent causes of fear in this regard.

Statement 3: *"What happens you know….if anyone has corona… the whole area will be sealed by authority as containment…..so nobody is interested to disclose fever…."*

Theme 3: Stigmatization of corona patients and suspects.

The next theme elicited stigmatization behaviour faced by corona suspects and patients and it revealed that most of them faced this from neighbours.5 out of 13 responses were related to the responses that incident stigma due to fear from authority. Only 1 response stated that the whole community was causing hindrance & stigmatization behaviour.

This theme also tried to find out their perception about the reason for this stigmatization behaviour & almost all responses regarding this mention fear of human-to-human transmission as the main culprit.

Statement 1: *"They panic if someone is infected with corona, which means if someone suffers from fever and if he or she tells about fever then not only he or she but also everyone in his circle will be sent for corona test. Whatever the reports come, they all will be sent to a quarantine centre."*

Statement 2: *"If someone suffers from corona, then the other family members of that particular family also have a chance for the infection and they all also come under spot spotlight. These things also lead to panic among the society."*

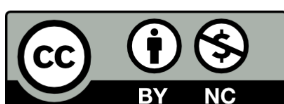
6 out of 19 responses mentioned that people are mostly uniform about the mode of spread, severity & prevention & 5 said that people's attitude towards disease is negligent due to misinformation.

Statement 1: *"We try to inform them about the disease…..they believe rumours more….some say only health workers are spreading corona…."*

Statement 2: *"…..they don't wear masks….but try to cast away the fever suspects from the area….as if only from them they will get the disease…."*

Theme 4-Difficulties faced by HCW in the field.

Regarding this theme of difficulties faced by HCWs in the field, the FGD revealed that the hostile response of the community towards HCWs is mostly causing difficulty in performing their tasks. As many as 14 responses among a total of 31, were related to this code. Unhealthy behaviour of community members like not using masks, poor acceptance, doubt regarding the HC delivery system, and vindictive attitude towards HCWs are some recurring features in this regard. Some of the hostilities faced by them were unrelated to health matters like poor sanitation works.



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Statement 1: *"When we visit slum areas, nobody uses masks, so we are having problems. Whenever the gate is opened three people come out at a time without a mask. They say that we have brought corona on saying anything. They don't use masks."*

Statement 2: *"No doctor present there most of the time….we go and come without medicines…total time loss"*

Statement 3: *"……I told you previously …. no sanitation work is done in most of my area. My first problem- then what are you doing in our area….garbage is dumped here and there."*

Followed by this grievance towards authority came as the second most attended response in this theme.10 responses among 31 in this theme somehow related to this. In this matter shortage of logistics like thermal guns, masks & sanitizer were some key responses.

Statement 1: *"Only one thermal gun has been given to use…………………. I carry the gun today I'll test a few people, not possible to check everyone. The next day, when we visited the same area some people said- you tested those people why not us?"*

Statement 2: *"……. in Chengish garden, The secretary told us that hand gloves are a must, mask and sanitisers must be carried, then we will be allowed to enter. …..bring letters from the corporation"*

Another response to this theme was the problem of accessibility.

Theme 5: Stigma to HCW from family members & neighbours.

The next theme was constructed based on social support which revealed mixed responses. Most of the responses highlighted positive family support though 3 responses showed otherwise.

Statement 1: "*My family members are living together…but they say you are doing social work…for the country…we are not afraid."*

Statement 2: "*Every day my daughter is accusing me…..why are you going to work? First, you will get affected….then me…my husband…my children….lots of case here….."*

Half of the responses pointed out that neighbours are supportive but curious about COVID-19-related scenarios in the community but half of them highlighted that neighbours tend to avoid committed HCWs.

Statement 1: *"Whenever we went out from our home for a field visit, they asked- Who are the people infected? In which house? In which area? As if we know all report."*

Statement 2: *"You go out of the house for our work, we all stay in our own house.so, be safe."*

Statement 3: "*Some of the neighbours also tell us that do your work carefully, do not get infected by corona…but many of them are talking much less with us nowadays"*

DISCUSSION

This qualitative study finally elicited 5 key themes regarding the work of the urban frontline healthcare workers and worries related to their duties. The first theme pointed out what functions HCWs have to perform on the field and it showed that most of their work is not related to coronavirus instead of enquiring about COVID-19 symptoms. They had to convince people about available Government services in UPHC which in turn points out a gross ignorance of the beneficiaries which may be due to that in urban areas people are more used to avail private health services. As they don't use government health services much like rural area beneficiaries recent mandatory health drive for enquiry about the Covid related symptoms by the health workers was taken sceptically in turn may have contributed to their non-cooperation with the workers.

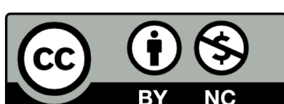
The next two themes were interrelated and elicited people's responses regarding COVID-19 symptoms and reasons for stigmatizing behaviour towards COVID-19 suspects and patients. It highlighted that though people are not willing to disclose symptoms like fever, cough etc they are very eager to point out similar symptoms of the neighbours. This attitude reflects the tendency to blame others for COVID-19 disease and that a similar mindset may have played a role in stigmatizing behaviour towards HCWs.

Moreover fear that if such symptoms are known to neighbours they will evict them from the neighbourhood or society. When further probed about the reason behind this kind of behaviour by the society HCWs said that the fear that they will be taken to quarantine centre by the authority and the whole area will be sealed as the containment zone by the municipality plays a big part in these kind of attitude. The inconvenience caused by the disease is what people were more concerned about not the disease itself. That's why neighbourhoods especially apartment societies expelled people with similar symptoms to avoid inconvenience to all. The same mindset alternatively compelled people to hide their COVID-19 symptoms. That they were not hiding diarrhoea like fever and cough, as it was not well well-known symptom of COVID-19 is further proof of this attitude. Paradoxically use of protective measures among these stigmatizing people is quite low as it was reported in many cases by the HCWs that 20-25 people gather together most without masks to drive out people having symptoms like fever, or whose family member has been diagnosed as Covid 19 positive. This whole attitude is a reflection of the mentality that someone else and not my actions are responsible for acquiring COVID-19. This mentality percolated to our next theme which dealt with the difficulties faced by the HCWs in the field.

The fourth theme reveals the difficulties faced by the HCWs in the community. To elaborate on this theme we want to narrate some interesting characteristics of the area and probable explanations of the findings.

This study was conducted in an area where slum & non-slum areas like apartment, societies are present & some of those apartment residents are a high-income group.

The slum area was overcrowded and there was no or very little usage of masks due to different reasons stated by the inhabitants.



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In the apartment area, most people were hardly dependent on Government health services. So in many cases, they were not willing to let the HCWs enter into the society. Few apartments wanted to show them the official government order copies for entering the apartment. Maybe the inhabitants would not have been so reluctant if they were regular consumers of municipality health services.

Doubt regarding Municipality HC delivery system caused problems in slum areas also. Overcrowded urban health clinics are often blamed for the non-availability of Doctors & medicine due to prolonged waiting time. Here the HCWs faced difficulties and many people tried to make them accountable and became hostile. Even grievances unrelated to the HC systems like poor disposal of garbage from the same municipality area were also for which HCWs were blamed due to similar grudges towards authority.

Vindictive attitudes towards HCWs may be because of their freedom of movement even though the area was in containment. After many days to day, the work people were hampered due to the lockdown and people were expecting no movement would halt COVID-19 spread immediately and lockdown would be over. Maybe the privilege of moving around the HCWs was what beneficiaries did not like and accused them of spreading the disease.

Lack of adequate logistics like sanitiser, gloves, and thermal guns was also a big difficulty faced by the HCWs as it slowed down their pace of work and also made them apprehensive of acquiring COVID-19 themselves which may lead to the disease of their other family members.

The fifth theme pointed out the response of the family members & neighbours. It was seen that half of the responses supported their work. They believed that HCWs doing good social work without being afraid of disease. The neighbours of the HCWs got daily information about the status of the disease. So they remain updated.

Few family members of the HCWs were fear of getting infected with the disease because of them.

CONCLUSION

This study found out that beneficiaries showed complex perceptions regarding COVID-19 19 where negligence towards disease and stigma towards diseased or suspect, though seeming poles apart, are noted. Though health workers did hardly face stigma from family members or neighbours hostility towards the community in many matters related or unrelated to health was causing main hindrance in their workplace.

CONFLICT OF INTEREST

None

FUNDING

Self-funded

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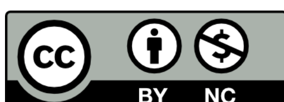

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