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RESILIENCE AMIDST OVERLOAD: BALANCING WORKLOAD, PERFORMANCE, AND COPING MECHANISMS OF COMMUNITY HEALTH OFFICERS IN DISTRICT HOSHIARPUR, PUNJAB.

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ABSTRACT

Community Health Officers (CHOs) are the backbone of India's Ayushman Arogya Mandir framework, yet they face mounting challenges. There is a critical lack of research exploring how these frontline workers maintain high performance under such severe systemic constraints. Failing to understand the intrinsic motivators and coping mechanisms that drive this resilience leaves the primary healthcare system vulnerable to sudden, widespread burnout, high turnover, and eventual structural collapse. In Punjab's Hoshiarpur district, CHOs balance demanding clinical duties with extensive administrative reporting across multiple digital portals, all while working under rigid contractual salaries and delayed incentives. Despite excessive workloads, financial hardship, and lack of team support, they routinely meet national goals. This qualitative research design, based on interviews with 15 CHOs and triangulated with media and social data, reveals widespread role overload, financial strain, and health issues. However, sustainability cannot rest solely on intrinsic dedication. The study highlights urgent policy needs: redesigning incentive structures, strengthening team dynamics with ANMs and ASHAs, and implementing burnout-prevention strategies. Without structural support, the resilience of CHOs risks collapsing into burnout and attrition, threatening the stability of rural primary healthcare delivery.

KEYWORDS: *Role Overload; Psychological Resilience; Burnout; Turnover Intentions; Work Outcomes.*

1. INTRODUCTION

Community Health Officers (CHOs), also known as Mid-Level Practitioners (MLHPs), are non-physician healthcare professionals qualified to provide a range of essential primary healthcare services under the National Health Mission (NHM). Since 2019, they have served as the foundation of India's Ayushman Bharat Health and Wellness Centres (AB-HWCs), which underpin the government's expansive primary healthcare program.[1]

The primary healthcare network in Hoshiarpur, Punjab, relies heavily on Community Health Officers (CHOs), who face heavy workloads, administrative tech stress, and low contractual salaries. The core problem is that despite this severe imbalance between high job demands and low financial rewards, CHOs continue to deliver exceptional healthcare outcomes and meet strict national targets. [2]

Relying solely on the intrinsic motivation and moral duty of these workers is an unsustainable public health strategy. Without investigating how they achieve these high outcomes and addressing their underlying financial and operational dissatisfaction, the system faces an imminent risk of severe provider burnout and workforce attrition.[3] Moreover, CHOs successfully drive primary healthcare delivery, screening targets, and institutional deliveries. Investigating this resilience is essential to understand the coping strategies and intrinsic motivations of these healthcare providers before systemic burnout leads to structural attrition.[4]

With the problem statement "Resilience Amidst Overload: Balancing High Workload and High Performance", the objectives of the study are to measure the extent of occupational stress and burnout among CHOs in Hoshiarpur resulting from high clinical duties and digital reporting workloads. To evaluate the impact of team dynamics, specifically exploring how role conflict and a lack of cooperation from sub-centre cadres (ANMs and ASHAs) affect the CHO workflow.

2. MATERIALS AND METHODS

Research Design : A mixed-methods qualitative research design that uses a semi-structured questionnaire, in-depth interviews, Purposive and Snowball sampling, and secondary data sources to examine local news items and public social media dispatches (Twitter/Instagram) concerning Punjab CHOs working conditions was used.

Target Population: The target population consists of contractually appointed Community Health Officers (CHOs) currently managing functional Ayushman Arogya Mandirs across different block, District Hoshiarpur, Punjab.

Sample Size: * Primary Data: 15 active CHOs for in-depth, semi-structured qualitative interviews.

* Secondary Data: regional news articles (last 2–3 years) and public social media dispatches (Twitter/Instagram) concerning Punjab CHO working conditions.

Inclusion and Exclusion Criteria: * Inclusion: Must be a qualified CHO working full-time in an upscale or rural Sub-Centre in Hoshiarpur district under the National Health Mission (NHM) Punjab [nhm.punjab.gov.in].* Exclusion: Part-time volunteers, newly joined trainees (under 3 months of independent charge), or senior block-level medical officers who do not personally operate the village-level portals.

Data Collection Tool: Data collection relied primarily on semi-structured interviews supported by demographic profiling (age, gender, marital status, years of service, distance from home to centre). Semi-structured interview guides were used to elicit detailed narratives on workload, financial stress, health concerns, and team dynamics.

Analysis of data : Qualitative data, including interview transcripts, regional news articles, and social media posts, were examined using Braun and Clarke's thematic content analysis framework

3. RESULTS

Workload and Administrative Burden

- **12 out of 15 CHOs** reported that daily portal entries (e-Sanjeevani, Nikshay, NCD, ABM) interfere directly with patient care.
- Evening data entry was described as exhausting, with dual reporting across multiple health programs creating high mental stress.

Financial Strain

- **12 participants** stated that commuting expenses consumed a significant portion of their fixed salary.
- Delayed performance incentives further reduced motivation, especially for evening administrative tasks.
- Several CHOs reported using personal funds for clinic maintenance and supplies when government disbursements were delayed.

Health Impact

- **9 CHOs**, aged 31–39, reported health issues including dry eyes, vision problems, back pain, and cervicalgia.
- Physical strain was linked to prolonged screen use and extended working hours.

Team Dynamics and Role Conflict

- Only **33% of CHOs** reported optimal cooperation from ANMs and ASHAs.
- **7 participants** noted working alone without ANM or MPHW support, relying solely on ASHA workers.
- Lack of collaboration increased stress and hindered achievement of health targets.

Burnout and Career Concerns

- **11 out of 15 CHOs** felt their role lacked career progression and permanent job security.
- Many expressed stress related to achieving targets under insecure contractual conditions.
- Despite these challenges, **10 CHOs** reported meeting their last three months' targets, reflecting strong resilience.

Protests and Collective Action

- In August 2024, CHOs staged agitations by wearing black strips to demand incentives.[4]
- In January 2026, a massive protest at Civil Surgeon offices saw CHOs abstain from portal work to highlight administrative overload and delayed payments.[5]
- In June 2026 , In Punjab, 2,500 Ayushman Arogya Mandirs are closed as health officials announce an indefinite strike in order to fulfil their demands. [6]

Agitation on Social Platforms

- Verified health cadre accounts expressed intense dissatisfaction with bureaucratic delays in incentive distributions and excessive digital reporting. Posts emphasized delayed loyalty bonuses, unfulfilled demands for cadre sanction, and deteriorating resilience. Among the representative comments were:
- "We spend more time on portals than patients."
- "Four hours uploading data on ANMOL/e-Sanjeevani after a long clinic day, with erratic rural internet. We are clinicians, not data entry operators."
- "Base salary is low, and PLIs are stuck in red tape for months. How can we stay motivated?"
- "Completely drained of energy, working under constant threat of memos while managing rural health centers alone."

4. DISCUSSION

Workload and Administrative Burden

The findings confirm that excessive digital reporting requirements significantly interfere with clinical care. This aligns with national reports highlighting "constant digital logging" as a major stressor for CHOs. The dual burden of patient care and portal management creates role overload, a well-documented precursor to burnout in frontline health workers.

Financial Strain

Financial stability is undermined by delayed incentives and transportation expenses, which is consistent with global data showing that community health workers in lower-income areas frequently receive little or inconsistent compensation (Gupta & Khan, 2024)[7]. Such financial insecurity undermines motivation and threatens long-term retention.

Health Impact

Physical health problems reported by CHOs (eye strain, musculoskeletal pain) reflect the occupational hazards of prolonged screen use and extended working hours. Similar findings in (Pandey et al., 2026)[8] emphasize that poor infrastructure and connectivity exacerbate stress, making health deterioration a systemic issue rather than an isolated occurrence.

Team Dynamics and Role Conflict

Limited cooperation from ANMs and ASHAs highlights cadre friction. As CHOs are a relatively new workforce, role confusion persists (Bhardwaj & Chandra, 2024)[9] argue that unclear authority and expectations amplify stress. Joint training and team-building are therefore essential to reduce conflict and strengthen collaborative delivery.

Burnout and Career Concerns

The lack of career progression and job security intensifies turnover intentions. Mitchell et al. (2024)[10] found similar patterns among community health workers in Madhya Pradesh, where burnout and low satisfaction were linked to insecure contracts. Without structural reforms, Punjab risks widespread attrition of its CHO cadre.

Collective Action and Policy Implications

Protests and boycotts by CHOs in 2023–2026 demonstrate escalating frustration. While resilience and public service motivation currently sustain performance, reliance on intrinsic dedication alone is unsustainable. Policy redesign must address incentive delays, cadre sanctioning, and burnout prevention to safeguard rural primary healthcare delivery.

5. CONCLUSION

Community Health Officers (CHOs) in Hoshiarpur, Punjab, play a pivotal role in providing comprehensive basic healthcare; nonetheless, they encounter major, stressful challenges that are frequently overlooked. Despite these systemic pressures, CHOs continue to deliver strong healthcare outcomes, driven by psychological resilience and public service motivation. On other hand, because there were fewer public health physicians in remote locations, CHOs were viewed as community doctors that raised patient expectations. Strong community ties and a desire to serve the public good serve as psychological buffers against systemic problems, sustaining their resilience. However, this reliance on intrinsic dedication is unsustainable. The study's objectives—examining occupational stress, team dynamics, and financial dissatisfaction—clearly show that unresolved structural issues are driving burnout, health deterioration, and turnover intentions. Without policy intervention, Punjab risks losing its frontline workforce, jeopardizing the stability of rural healthcare delivery.

To safeguard the system, urgent reforms are needed:

- **Burnout prevention** through wellness programs, peer support, and workload limits.
- **Financial restructuring** with timely incentives and untied funds to reduce out-of-pocket expenses.
- **Cadre sanctioning** to provide career progression and job security.
- **Team-building initiatives** to reduce role conflict with ANMs and ASHAs.

By addressing these systemic gaps, the Punjab Health Department can transform resilience from a survival mechanism into a sustainable foundation for rural primary healthcare.

6. SUGGESTION

The Punjab Health Department may offer CHOs noticeable professional growth through the implementation of Burnout Prevention, which includes quarterly wellness courses, peer support groups, and reasonable workload limits to protect the emotional health of frontline caregivers. Ensure annual untied funds to support AAKs and minimise out-of-pocket expenses. Other employees at SC-AAKs have been allocated as regular cadre; similarly, CHOs should be sanctioned as regular cadre to recognise exclusive reliance and support their work.

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