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PSYCHO-SOCIAL EXPERIENCES OF COMMUNITY HEALTH WORKERS DURING THE COVID-19 EPIDEMIC AT EDITH OPERMAN, MBARE IN ZIMBABWE

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ABSTRACT: *This study explores the experiences of community health workers at Edith Operman Clinic, Mbare in Zimbabwe during the COVID-19 pandemic. A qualitative research methodology was used, together with a phenomenological research design. The target population comprised fifteen CHWs and five trainers of trainers, selected through purposive sampling. The study found that CHWs faced challenges such as stigma, transport problems, limited personal protective equipment, and fear of infection. The CHWs employed different coping mechanisms such as support from friends, family, and peers, listening to music, watching television, praying, and using home remedies. The study recommends that psychosocial interventions be put in place to take care of the CHWs, especially during pandemics like COVID-19.*

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INTRODUCTION

The most deadly periods of the COVID-19 pandemic have come and gone, but they have affected people in more than one way, some of the effects of which will stay with us into the unforeseeable future. It was accompanied by various morbidity and mortality trajectories with long lasting effects impacting public health, with serious psychosocial consequences across the globe. This upsurge in COVID-19 cases heavily burdened and in many cases overwhelmed and impaired the healthcare systems (Armocida, Formenti, Ussai & Palestra, 2020). Healthcare workers (HCWs) across the globe experienced an increase in their work volume and intensity, additional responsibilities, and had to adapt to new protocols and adjust to the 'new normality' (Chineka & Kurevakwesu, 2021; Parel et al., 2020). This pandemic was clouded with uncertainties accompanied by high transmission rates which challenged the mental health of HCWs (Kurevakwesu, 2021). On the one hand, the HCWs needed to respond to their call to serve humanity and, on the other hand, they were gripped with a strong fear of infection through the provision of care. This is a paradox that resulted in psychological distress including depression, anxiety, and sleep disturbance among HCWs (Huang & Zhao, 2020).

According to Shah et al. (2020), a global pandemic such as COVID-19 can be a source of dread and alarm among healthcare workers. The feelings of insecurity and vulnerability during the pandemic were found to be strong predictors of poor mental health for healthcare workers (Parkash & Saini, 2021). Other issues that affect healthcare workers during pandemics were highlighted by Thobaity and Alshammari (2020) and Stuijfzand et al. (2020) which included changes in everyday tasks, which can lead to stress, fear of infection, economic losses, lifestyle changes, changes in work schedules and undesirable mental health outcomes (including sleep problems, anxiety and suicide). As the pandemic progressed, healthcare professionals usually had more worries in line with the care of patients in the wake of limited resources and the sufficiency of their own protection from COVID-19.

Patients, Health Care Workers (HCWs), and the public worldwide experienced extraordinary psychological stress as a result of the Coronavirus's continuous spread throughout the world (Benitez et al., 2020). High rates of sadness (50%), anxiety (42%), insomnia (34%) and distress (72%) were found in research on psychological reactions of healthcare workers during the COVID-19 outbreak in 34 hospitals in China (Lai et al., 2020). Similarly, rates of melancholy, anxiety, and post-traumatic stress disorder (PTSD) ranged from 8.9% to 50.45%, 10.4% to 44.6%, and 32% to 71.5%, respectively, in a systematic review of the global literature on healthcare workers' mental health (Roberston et al., 2004). It is evident that HCWs have both physical and psychological difficulties in providing patients with high-quality care (Lai et al., 2020). Similar studies have been carried out in South Africa, but due to considerable variations in study populations, study sites, and screening methods, it is challenging to report on the incidence of mental health issues there (Roberston et al., 2020). Poor knowledge of the virus, new and frequently changing protocols, greater usage of personal protective equipment (PPE), lengthy workdays, and subpar hospital equipment are all variables that exacerbate the psychological stress experienced by HCWs. For instance, it has been demonstrated that the use of PPE impairs surgeons' non-technical abilities by increasing weariness, causing headaches, and impairing their performance (Walton, Murray, & Christian, 2020).

Globally, Community Health Workers (CHWs) are considered as an integral part of the health care system in achieving universal health coverage for all individuals (Schaaf et al., 2018). The most recent estimates suggest that there are around five million CHWs currently working

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worldwide. The WHO has forecasted a global shortage of 18 million trained health professionals by 2030 (O'Donovan et al., 2018). CHWs have been shown to be a cost-saving way to complement the shortages of health professionals in implementing community-based health care programs, as well as representing a potentially scalable workforce (Long et al., 2018). The concept of CHWs primarily evolved in LMICs during the 1970s. Further, in the Alma Ata declaration (1978), the WHO (1978) explicitly stressed the importance of CHWs in providing effective primary health care (PHC), by ensuring access to basic health services for the underserved, that address local health needs and engage the community. Over the last decade, many CHW-led programs in LMICs have been restructured to deliver primary health care services for infectious diseases as well as services for prevention and management of non-communicable diseases (Scott et al., 2018). Some of the most well-known, large-scale, and effective CHW programs in LMICs are *Gentes Comunitários de Saúde* in Brazil, *Sasthya Sebika and Sasthya Kormis* of BRAC, Female Community Health Volunteer (FCHV) in Nepal, Lady Health Worker in Pakistan, and Accredited Social Health Activists (ASHAs) in India (Perry et al., 2014).

On the African continent, there is a dearth of literature on mental health and even less with regard to COVID-19. In the context of the pandemic, community health care workers (CHCWs) were particularly vulnerable to psychological distress (Saddik et al., 2021). Risk factors included their lack of adequate supplies of personal protective equipment (PPE), limited treatment options for patients with COVID-19, stigma and discrimination because of their profession, and personal fear of infecting their loved ones, in addition to periodical isolation from family members owing to being quarantined (McFee, 2020). Yet CHCWs are crucial in ensuring an effective response to pandemics like COVID-19, including diagnosis and treatment of infected patients, implementation of appropriate infection prevention and control (IPC) measures, vaccination and continued service provision for other health conditions. Most studies assessing the mental health of HCWs were rapid cross-sectional surveys (Saddik et al., 2021), providing a snapshot during a certain phase of the pandemic such as the "first wave" which was characterized by unprepared health care systems and high levels of uncertainty. Mental health needs of HCWs were likely to differ as the number of SARS-Cov-2 waxed and waned, health systems adapted, and new information became available.

THEORETICAL FRAMEWORK: THE STRESS VULNERABILITY MODEL

According to the stress-vulnerability paradigm (Zubin & Spring, 1977), mental health issues arise when vulnerabilities and stresses come together and grow to be too much for a person to handle. People cross the "distress" line when stress levels and vulnerability reach a crucial point of convergence. Beyond this point, an individual's weaknesses prevent them from having the capacity to handle the stresses, and their strengths and built-in coping mechanisms are not enough to handle the discomfort brought on by daily stressors. People start to experience dysregulated emotional states that trigger reactive behaviors; for some people, this will be an anxiety disease; for others, it will be psychosis; and for others, it will be depression.

This model is useful for this research because it helps us understand the pressures that community health workers experienced during the COVID-19 pandemic. It is crucial to understand the challenges CHWs were facing at the time (stressors) and how they saw them (psychological make-up). Additionally, it is critical to understand one's strengths, both internal

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(such cognitive styles) and external (like social support); hence, it is important that the researchers gather data on both the level of subjective distress and how the CHWs' lives changed as a consequence, with the thought in mind of interventions that can be harnessed and aimed to at ameliorating the distress.

This comprehension of psychopathology gives the field of community psychology a priceless chance to intervene meaningfully and therapeutically. The definition of mental health problems states that they are made up of domains (stress and vulnerability) that may be understood and treated using biological, psychological, and social interventions. For instance, with regards to depression, it is known that some early experiences and life events increase one's susceptibility to developing depression, and there is evidence that biological activities (medication and exercise), and promotion and maintenance of recovery can be aided by psychological and social therapies (NCCMH, 2010). In order to address recovery through treating psychological vulnerabilities and both internal and external stresses, this research is led by the stress vulnerability framework.

Statement of the Problem

COVID-19 was first documented in Zimbabwe in March 2020 (Government of Zimbabwe, 2020). In response to the coming of the disease, a nationwide lockdown was imposed at the end of March 2020. The lockdown, among other restrictions, limited the movement of people and disrupted business activity. The restrictions have gradually been relaxed, but the threat posed by the pandemic is still massive in view of the continued rise in the number of infected people. One of the areas under serious threat from the pandemic is mental health of health care workers. The Biomedical Research and Training Institute set up an occupational health programme in Zimbabwe for HCWs offering screening for symptoms of common mental disorder (CMD) integrated with screening for SARS-CoV-2 and other infections including HIV and tuberculosis (TB) as well as common non-communicable diseases in July 2020 (Mackworth-Young et al., 2021). A number of mixed method studies have been done to investigate changes in psychological distress and anxiety among HCWs accessing the programme over 12 months across three SARS-CoV-2 waves and evaluated a psychosocial support model that combined screening for CMD with referral for remote counselling (Mackworth-Young et al., 2021). While there have been some programs set up to inquire into the psychosocial distress on mainstream health care workers, such as nurses and medical doctors, not much attention has been focused on community health workers, who are also an important part of the health care workforce of the country, and who could have experienced considerable challenges at the height of the COVID-19 pandemic. This study focuses on community health care workers at Edith Operman clinic and explores the experiences of community health workers at the height of the COVID-19 epidemic.

Objectives of the Study

- To examine the general psychosocial experiences and challenges of community health workers at Edith Operman Clinic at the height of the COVID 19 pandemic.
- To identify the coping mechanisms used by community health workers to cope with different psychosocial challenges.
- To determine if any psychosocial interventions were put in place to protect community health care workers during the COVID-19 pandemic, and to recommend such measures

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if they were not put in place or were inadequate.

RESEARCH METHODOLOGY

Research Approach

This study employs a qualitative approach and its use is desirable for this research because of several reasons. Saunders (2012) describes qualitative research as a type of research which involves a naturalistic and interpretive approach to research methods, which enables the study of people's thoughts, beliefs, views and lived experiences in their natural settings. The researchers chose this approach as it enabled them to effectively capture the personal and organizational experiences and challenges of the CHCWs at the height of the COVID-19 pandemic. In the same vein, it was also suitable for identifying the coping mechanisms used by community health workers to cope with different psychosocial challenges, in addition to determining if any psychosocial interventions were put in place to protect them.

Research Design

This study follows a phenomenological research design. Phenomenological research design is a study that tries to comprehend people's viewpoints, perceptions, and understanding of a certain event or issue. According to Creswell and Creswell (2005), the strongest indicator of when to apply phenomenology is when the study issue calls for a thorough comprehension of a particular group of people's shared human experience. The paradigm of personal insight and subjectivity serves as the foundation for phenomenological research, which places a greater emphasis on individual experience and interpretation. Hence, the phenomenological research design was the most suitable to capture the rich depth of the subjective experience of CHWs who work at Edith Operman Clinic.

Target Population

A target population, also known as the target audience, is a specific group of people chosen from the total population from which a researcher selects a sample to carry out their research study (Thompson, 2012). According to Creswell and Creswell (2005), a target population includes individuals who possess one or more characteristics which are of interest to the researcher. The study targeted two sets of population samples, that is, Community Health Workers and Trainers of Trainers (ToTS) who are responsible for training and supervising Community Health Workers. In this instance, CHWs and ToTs are key informants to this study.

Sampling Procedures

The sampling procedure was purposive sampling which is a technique in which the investigator selects participants because of characteristics which are considered suitable for the research objectives. Good participants are those who know the information required, are willing to reflect on the phenomena of interest, and do have the time and willingness to participate (Campbell et al., 2020). With reference to the above, key informants in this study included the CHWs and Trainers of Trainers who supervise the community health workers under Edith Operman Clinic. Blair and Wood (2016) assert that key informants can provide information which is of particular importance to many aspects of the study based on their rich knowledge,

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experience and seniority in their specialist roles.

Table 1: Population and Sampling

Sample Characteristics	Sampling Technique	Research instrument to be used	Total Population	Sample Population
Trainers of Trainers (ToTS)	Purposive Sampling	Interview Guide	20	5
Community Health workers	Purposive Sampling	Focus Group discussions	30	15
Total			50	20

Research Instruments

Interview Guide

The researchers conducted personal interviews with Trainers of Trainers (ToTS) at Edith Operman Clinic. A personal interview is a two-way communication method initiated by an interviewer to gather information required from the respondent (Saunders, 2012). The interview guide was designed following an extensive review of literature on the subject under investigation to ensure that it helped the researchers in addressing the research objectives. The interview had semi-structured questions to ensure that the key personnel shared their views and ideas rather than just answering a series of questions. Cant et al. (2015) has argued that this process is advantageous as it is personal and the researcher can clarify difficult concepts to the respondents, thereby enhancing the accuracy of the data provided.

Focus Group Discussions

Focus group discussions were conducted with personnel who operate under Edith Operman Clinic. Focus group discussions are a small, temporary community formed for the purpose of collaborative enterprise of discovery (O. Nyumba et al., 2018). Three focus group discussions of at least 15 respondents each were carried out. In this study, the use of focus group discussions allowed the researcher to gain the research domain quickly from the respondents. By using focus group discussions, the researcher is provided with unique insights into the effectiveness of strategies they have been using in trying to diversify their income. This process generated rich answers from the respondents.

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Ethical Considerations

Throughout the research trajectory, the researchers adhered to the following ethical principles:

- The researchers aimed to maximize the benefits for CHWs and society and minimize risk and harm. In particular, the research ran under COVID-19 regulations; hence, the researchers observed all the necessary precautionary measures to minimize the risk of spread of the virus and harm to participants through observing all the COVID-19 induced safety protocols, such as wearing face masks and observing social distancing.
- The researchers also got informed consent from the participants.
- The rights and dignity of respondents were to be respected.
- Participation was voluntary and respondents were appropriately informed about that.
- Participants were allowed to withdraw from the study at any given time.
- The researchers upheld the confidentiality and anonymity of all respondents.
- As part of the ethical considerations, Lindorff (2017) states that researchers need to exercise care that the rights of individuals and institutions are safeguarded. In order to carry out a legitimate research study, permission was sought from the authorities at Edith Operman Clinic and the Ministry of Health.

DATA PRESENTATION

Thematic content analysis was utilized to analyse the data. According to Saunders et al. (2012), thematic analysis refers to the identification of major themes and sub themes from the qualitative data generated by the research, in line with the research objectives used to guide the study. Thus, the data from the open-ended questions was condensed to major themes and sub themes in line with the research objectives of the study. The researchers went through the entire focus group discussions and interview transcripts and broke down the responses into smaller meaningful pieces of information. The researcher then identified key factors emerging from the respondents' views from which major themes and sub themes were later developed.

Identification of the Psychosocial Experiences of Community Health Workers at Edith Operman Clinic at the Height of the COVID-19 pandemic

Trust

A number of participants believed that being able to ask questions, get answers, and inform communities about COVID-19 and its prevention was made much easier by their pre-existing trust with community members. Participants could frequently relate to the populace, speak their language, and successfully integrate themselves within the communities they were educating since they were members of such communities.

"People in my community know me so well that is why it was a bit easy for me to ask them questions" (CHW, H: Female, 45 years).

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CHWs' Commitment to Their Role

Each participant reported a sense of duty and obligation which fueled their desire to work harder. Many participants believed that because they had received training for their position, their community required them.

"You need to be able to assist…that is why you are trained, as a health worker you must help others therefore I need to do my job" (*CHW, J: Female, 42 years).*

Participants' passion for the job fueled their commitment since they cherished their roles as CHWs. One member spoke in particular about their willingness to continue working despite the dangers posed to them:

"Because I love health. I love taking care of people. I love seeing people being well in my community, that motivated me to be strong and to continue helping my community despite how COVID-19 scared a lot of people" (CHW, B: Female, 57 years).

Identification of the Psychosocial Challenges Faced by Community Health Workers at Edith Operman Clinic at the Height of the COVID-19 Pandemic

CHW Perception of COVID-19 Risk in Work Role

The majority of participants showed knowledge of their role-related risk of exposure to COVID-19 as well as the uncertainty surrounding their exposure as a result of their interactions with people who had not yet taken a COVID-19 test. However, they were still willing to work despite being exposed to the virus as they believed that this was part of their job as healthcare providers.

"Looking at exposure as a frontline health worker, I cannot say for sure that I am not exposed nor can I say I am exposed" (CHW, C: Female, 59 years).

Due to their unfamiliarity with COVID-19 pandemic, some participants reported concern. However, many individuals were still willing to participate since they had prior experience working during disease outbreaks such as cholera. Despite not having sufficient PPE, these participants said they were still willing to work. The need to take personal responsibility for infection prevention was highlighted by a number of participants. Most CHWs had PPE provided by their employers, but it was frequently regarded as insufficient, forcing many participants to purchase their own protection and alter their health-related behaviors. Those with comorbid conditions or participants who had at-risk family members at home were more likely to report this:

"I have not been infected since it started because normally I protect myself by wearing a face mask, at least I double mask, sanitize and wash my hands frequently as well. I always wash my clothes when I come from the field, because looking at our ages we were also at risk of getting COVID-19 (CHW, S: Female, 60 years).

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Increased Workload and Burnout

Due to the additional duties COVID-19 added to their regular roles, participants considered their involvement during the pandemic to be physically and emotionally taxing. Participants also discussed the detrimental effects on themselves when people ignored CHWs' recommendations and when community members anticipated receiving PPE from CHWs or the government.

"There is lots of pressure and we are overloaded with work. We get too tired and we get angry too because we have to deal with the public, especially those who don't understand the situation" (CHW, X: Female, 55 years).

"*Oh, my experience, it was not really fun I tell you, it was draining me physically and emotionally*" (CHW, A: Female, 41 years).

Problems in Finding COVID-19 Cases, Stigma and Rejection

A few participants talked about how the social stigmatization of COVID-19 patients drove many people not to reveal their illness when they visited institutions, potentially exposing more participants to infection. As a result, CHWs reported having trouble finding COVID-19 cases in the neighborhood. One participant highlighted the psychological effects of stigmatization when they talked about how COVID-19 is seen as a "death sentence" and how some people experienced depressing symptoms after receiving the diagnosis. Consequently, it was thought that ongoing patient follow-up was crucial.

"Even those who tested positive did not want to come out and say that they have it because of fear of stigmatization" [P5] "We have to follow them or some of them once they get home because they will be thinking that this is the end of their life" (CHW, G: Female, 51 years).

The majority of the CHWs experienced encounters with stigma and rejection as a result of caring for and/or perceived contact with COVID-19 patients. This showed up in a variety of ways. The majority of them claimed that their neighbours, acquaintances, and family members gave them the impression that they were carriers of the COVID-19 infection and avoided them, occasionally making unpleasant comments and also showing reluctance to connect with them.

"When people see me, they say, 'Here comes corona!' My neighbours would close their doors and windows if they saw me coming from a distance. At marketplaces, people would cover their faces when they see us. Some of my relatives would walk away when they saw me and some would avoid seeing me when I wanted to pass by… this was during the first days of lockdown though" (CHW, R: Female, 55 years).

Transport Challenges

Three participants said that during the initial lockdown, getting to their job station was very challenging, particularly for those who did not have access to motor vehicles. Participants found this to be worrying since they needed access to the community in order to fulfil their roles since public transport was hardly moving.

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"Some of us who do have access to our own motor vehicles face challenges to move from one place to another as Mbare is also big" (CHW, K: Female, 40 years).

Challenges with Personal Protective Equipment (PPE)

Working with people who had COVID-19, the new idea of protection with PPE presented a number of difficulties of its own, which had a variety of effects on the work culture of CHWs.

"Wearing a mask for a long time makes me feel suffocated. It is just like being covered up with a plastic bag. I feel breathless and I sweat excessively, but I have to face all this for my safety as well as the society's" (CHW: Female, 60 years).

Fear of Infecting Family Members

The risk of exposing family members to COVID-19 was mentioned by every participant as being their main worry.

"*Since I am the one who is looking after some of my grandchildren, I am really scared of infecting them since I am involved with the community extensively. I stay with young children and my daughter has also given birth to her first born. According to tradition, I am the one staying with her till her and the baby, and I am scared of infecting her and the infant" (CHW: Female, 63 years).*

Challenges Specific to Female CHWs

Nearly all of the study's participants had significant difficulties since they were female CHWs. Due to lockdowns and the lack of either public or private transportation, the majority had experienced significant transit difficulties. As a result of having to ask their husbands to drop them off at work every day because the majority of the women did not own cars or know how to drive, they encountered more family conflicts.

All the participants who looked after children had significant difficulties juggling their COVID-19 responsibilities with their family responsibilities. The issue connected to work-family balance during their COVID-19 responsibilities was homeschooling and online classes for children without any assistance. One member provided the following details on her worries:

"My grandson is just two years old, and it was impossible for me to stay away from him as I had nobody to look after him, since both his parents are overseas" (CHW, Z: Female, 63 years).

Coping Mechanisms Utilized by CHWs

Appreciating the Positive Experiences

One of the coping mechanisms that arose was the gratitude and recognition for their contributions throughout the pandemic, which elevated their sense of value and contributed to their sense of professional pride. Many participants said that by helping others, even at the danger to their own life, they felt they had fulfilled their responsibility.

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"Even though some of the community members did not want to stop and talk to us, others really appreciated our services when you met them, and as an individual that kept me going that someone out there appreciates and sees my efforts" (CHW, K: Female, 57 years).

Family and Friends' Support

The support of their close family and friends helped all participants cope with the difficulties they encountered. Others who had anxiety managed to fight this through support from family members.

"My family is very supportive, and they said that as I am doing the work related to COVID-19, I am getting an opportunity to contribute my service, and therefore, I should help as many people as I can" (CHW, D: Female, 51 years).

"We also tried to support CHWs who were anxious through talking to them but most of them said that their greatest pillars of strength have been their

families and friends" (Trainer of Trainers, L: Male, 40 years).

Religious Faith

Numerous participants also noted that their religious faith had a significant influence in providing them with comfort while at work. Participants' perception of the threat posed by COVID-19 was reduced by their conviction that their destiny was in God's hands, enhancing their willingness to work.

"As a Christian, I would say my religious beliefs keep me going because it really is not easy" (CHW, P: Female, 51 years).

Peer Support

All participants pointed out that a strong sense of support from their co-workers was one of the key motivating factors that assisted them with coping. Many claimed that the strength that kept them motivated in trying circumstances was the sharing platform where co-workers had similar struggles. Some of them also valued the assistance they received from their superiors, which enabled them to fulfil their obligations at work while preserving their psychological wellbeing.

"We work as a team, so whenever we face a problem, we discuss it with the team. We bring out the best in each other, so whenever we feel demotivated or frustrated, we encourage each other" (Trainer of Trainers, B: Female, 38 years).

Having Some 'Me' Time

Furthermore, many of the CHWs claimed that their spiritual dependence, listening to music, and or watching television were their go-to coping mechanisms. The majority of them expressed the opinion that, given their work schedules, there was no time for any physical activity, such as exercise or outdoor games; instead, they had to manage their "me" time at home.

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Psychosocial Interventions Put in Place, and Related Recommendations

Participants invariably stated that there were no specialized psychosocial interventions available at the time to meet the needs of community health workers. The CHWs offered a variety of intervention options to address the psychosocial experiences. The issues were divided into three categories: organizational level, societal level, and individual level obstacles.

Financial Incentives

All participants agreed that improvements in financial rewards were required to make the job less demanding and more fulfiling. No participant, however, indicated that they would think about quitting the position if no such improvements were made. Financial incentives were the most talked-about improvement. Although not all were CHWs on salaries, many believed that a financial reward was necessary, given the demanding nature of the job. Despite receiving an "added allowance" (an additional COVID-19 payment made in appreciation for their labor), the majority of participants said they still felt it was insufficient and "not quite worth the risk" they were being exposed to.

"They should increase CHWs' allowance, especially during pandemics because just like any other HCW they are at risk" (Trainer of Trainers, W: Male, 52 years).

PPE

Given the high COVID-19 risk associated with the CHW role, inadequate PPE given by employers was ruled unsatisfactory. To ensure CHWs are always protected, it was proposed that enough PPE be provided.

"They could've supported us better with PPE instead of us getting it ourselves" (CHW, S: Female, 50 years).

Transportation

Some participants noted that it would be extremely helpful to provide transportation for community health workers to use within their communities especially during lockdowns.

"They could have done better to support us during COVID-19 lockdown, especially with transportation" (CHW, P: Female, 49 years).

Recruitment of More Staff

One participant also mentioned the need for extra employees to ease individual workloads and support the provision of care owing to CHWs' redeployment to do community work.

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DISCUSSION

Psychosocial Experiences and Challenges Encountered by the Community Health Workers

The present research findings indicated that the community health workers benefitted in the execution of their duties from the trust that was flourishing between them and members of the community. This is in line with existing research, which indicates that the close connections CHWs have with local residents serve to bridge the gap between the clinic system and the community (Mayfield-Johnson et al., 2020). Despite a high degree of potential exposure to COVID-19 infection, CHWs' feeling of responsibility, enthusiasm, and faith had a significant impact on their willingness and commitment to work. Despite the fact that PPE was not always provided, the findings of this study indicate that CHWs remained dedicated to and accepted personal responsibility for their own infection management, particularly if they judged their risk of contracting COVID-19 to be high. This is consistent with past research, which revealed that individuals who perceive themselves to be at a higher risk of infection take more protective steps (Van der Pligt, 1996).

Nevertheless, CHWs are always on the front lines, risking their lives to promote community health, which results in acute mental and social discomfort. Unwanted emotions like anxiety and distress, and helplessness were caused by factors such as challenges with personal protective equipment (PPE), fear of contracting the virus, increased workload and the ensuing burnout, stigma and rejection. In other nations, CHWs' concern was mostly fueled by difficult working circumstances, an overwhelming patient load, and a lack of protective equipment, especially during the early periods of the pandemic (Lotta, Nunes, Fernandez & Correa, 2022). Noteworthy was the regular exposure to COVID-19-infected persons and the dread of contracting the infection shared by all levels of health care workers, which cascaded to the fear of infecting family members. Many times, this anxiety got in the way of the quality and adequate humane care that CHWs are expected to provide. However, many soldiered on. Overall, the problems reported above in this study were mostly typical of low-resource settings found in developing countries (see Razu et al., 2021). Without access to their own transport, PPE, and adequate testing facilities, the community health workers and everyone else were at a great risk of acquiring and transmitting the virus. Hence, the community treated the CHWs with stigma and rejection, who themselves were not certain either of their health status or the probability of passing the virus to their loved ones, with all these factors accumulating to form a vicious cycle.

Notable is that there were difficulties that were rather unique to female CHWs. This study shows that the greatest difficulty faced by female CHWs in Zimbabwe was isolating themselves at home after work. In addition, they lacked transport to and from work during the lockdowns. Furthermore, if they had minor children to looklook after at home, they typically struggled with multitasking on their work and family responsibilities with their family responsibilities, the latter of which also included homeschooling and facilitating online classes for children. Thus, it is clear that the COVID-19 pandemic hugely exacerbated the occupational routine problems women always had in their lives before. Similar research elsewhere echoes the above findings (Labrague & DelosSantos, 2020), an issue which aptly attracted the UN's attention (UN Women, n.d.).

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Coping Mechanisms Used by the Community Health Workers

The study also revealed the coping mechanisms used by CHWs against the challenges they faced. Extrinsic and intrinsic factors both had a role in coping. Extrinsic factors included the acknowledgement they received for their contributions during such extraordinary circumstances, which led to a sense of productivity and increased sense of pride in their professional accomplishments. Separate from the support of friends and family, seeking solace in spiritual belief systems was a powerful coping strategy. Specifically, through prayer, faith seems to play a significant impact in reducing participants' work-related anxiety, a finding which is strongly supported by existing research (e.g., Weiß & Süß, 2019). Additionally, studies have demonstrated that health care workers who receive assistance from peers or loved ones have less burnout than those who do not receive such support (Amanullah && Shankar, 2020). Furthermore, some of the CHWs preferred to have a “me” time to deal with their job-related stress, engaging in rejuvenating activities such as listening to music, watching television or praying. They however could not engage in physical activities such as games as their busy schedules could just not permit it. Previous research on nurses caring for patients during severe illness outbreaks also focused on the benefits of self-care activities including exercise, meditation, music, and podcasts for reducing stress and enhancing psychological well-being (Sun et al., 2020).

RECOMMENDED INTERVENTIONS

The key enhancements suggested by participants included financial incentives, adequate PPE, supply of transportation, and more CHWs. According to a prior study by Bhaumik (2020), financial incentives help CHWs be more motivated. However, this study’s findings suggested that, for incentives to significantly affect motivation, CHWs must believe they are substantial enough and therefore worth it. It is also important to note that substantial efforts were made to acquire PPE for mainstream health care workers at the height of the COVID-19 pandemic, even in low-resource settings in developing countries, although only a small percentage reported ever being fully protected against infection (Nchasi et al., 2022). However, at the time of writing, there was little, if any supply of PPE for community health care workers in Zimbabwe.

Top Zimbabwean mental health expert, Professor Dixon Chibanda, who works with a team of grandmothers in the community, who became key frontline workers addressing the high rates of psychological problems associated with the COVID-19, lamented that they were not adequately protected. Hence, they were at an immensely high risk of contracting the virus, given their age, and had not yet even been vaccinated then (BBC, 2021, January 26). The other suggested changes, to the authors' knowledge, have not yet been examined by literature, offering unique insight towards improving the CHW response. Rapid hiring, training, and deployment of CHWs during emergencies may serve to enhance their working environment, lessen individual workloads, and control stigma and misunderstandings among the general population. However, long-term funding would be necessary for such initiatives to maintain sustainability (Risko et al., 2020). In order to fund and implement reforms, policymakers should prioritize them according to necessity and collaborate with non-governmental organizations. As a nation with frequent disease outbreaks, this might have numerous advantages for the Zimbabwean health system. It could also better prepare CHWs to operate in current and upcoming epidemics.

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Community health workers play an important role in primary health care systems for many developing countries. Their role also became more important at the height of the COVID-19 pandemic. As a way of managing the pandemic, government put in place lockdown measures, which resulted in increased strain on healthon health workers in general, which included community health workers. This study sought to identify the psychosocial experiences of community health care workers as they executed their duties in difficult circumstances of the COVID-19 pandemic raging in the background. In addition, this study also sought to identify the challenges, coping mechanisms and the psychosocial interventions put in place to assist the CHWs during the COVID-19 pandemic.

CONCLUSIONS

The findings of this study revealed that CHWs experienced exhaustion because of the added workload which came with their work during this period. In addition, the CHWs experienced some form of stigma and rejections as a consequence of their job which involved extensive interaction with many people. This stigma resultedstigma resulted in feelings of rejections and isolation. Transport challenges were also experienced as mobility was restricted during lockdowns and public transport was severely cut. Most CHWs also did not own their own vehicles, which added to their frustrations. More importantly, resultsimportantly, results showed that most CHWs appreciated the threat of operating in communities but still had the resolve to continue their work in challenging circumstances. While there were some who had some concerns with regards to their health, the desire to keep on their community outreach activities still remained with

Several psychosocial challenges were identified, which were work related, that is, the increased work and the altered work routine which were a cause for concern for many CHWs, since it left them with much adjusting to do. An increased workload was mentioned as a challenge which affected their wellbeing. Other challenges mentioned included the stifling, suffocating nature of PPE. On the other hand, family related challenges were also brought up. These mainly centered around reduced time around family, the fear of infecting family members, especially those who had underlying conditions, since these tended to be the most fatal cases. Women also faced challenges which had to do with their gender, that is, the fact that they were female CHWs. These challenges included the difficulty in balancing work and family dynamics, juggling between home chores and duties, and attending to children's homeschooling; these were stretching to the individuals concerned. The challenges were more acute to single grandmothers as well. More importantly, this workforce had to deal with unwanted emotions like helplessness, anxiety, and distress caused by physical exhaustion and psychological vulnerability. The study also shows a lack of sound intervention in addressing these challenges from a work policy point of view.

The study identified a number of coping strategies employed by CHWs. These were found in family and friend support, peer support, prayers, music and watching television. An important coping mechanism was also the gratitude and recognition from other community members which contributed to a sense of pride to their duties. As such, these coping strategies employed are influenced by extrinsic and intrinsic factors. In the absence of important interventions in periodsperiods of outbreak or pandemics, CHWs have to make use of family, friends, and/or peers as their supporting structures. These identified coping mechanisms however do not

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exclude soundexclude sound psychosocial interventions. Lastly, the study sought to determine if any psychosocial interventions were put in place to protect community health care workers during the COVID-19 pandemic. The findings indicated that there were not such measures in place, but participants recommended a number of such possible measures, which included financial incentives, ensuring provision of PPE, transportation, and more staff.

General Recommendations

The present research highlights the plight of community health workers in a low-resource setting during a pandemic. A lot of concern is usually placed on mainstream health workers during pandemics and similar catastrophes owing to their visibility, but sometimes at the exclusion of community health workers. In light of the findings presented in this work, we call for the provision of a supporting environment to address work routinesroutines for community health workers in pandemic situations. Policy interventions should also be inclusive of families of community health workers, which is key to the mental health and well being of community health workers, something which tends to be overlooked. In times of pandemics, we further recommend that

It is also recommended that there be concerted and clearly programmed efforts to conscientize society through print, social media, and other media of the role of community health workers so as to allay any fears and prejudices that may impede their work. With any such hindrances removed, they should be able to play a more central role in promoting community health.

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