

**The Resilience Collaborative**

# 2<sup>ND</sup> WORKSHOP ON UPDATING TRC EVIDENCE TOOLKIT

**“Building Health Worker Resilience: A Toolkit to  
Protect Against Burnout on the Front Lines”**

## FOCUS

To seek inputs from FLWs in creating a functional tool to explore challenges they face and arrive at possible interventions.

## DATE

**18 February  
2025**

## VENUE

**Ramanagara, Karnataka**



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## Context

The first exercise for revising the toolkit was held in July 2024. One of the strongest recommendations from this exercise was to include and have separate exercises with the FLWs to seek their input into the toolkit.

A detailed plan (Annexed) was developed for the same with 5 sessions over 2hrs:45 minutes with two breaks in-between.

### Purpose

The workshop were designed to seek inputs on

- Their conceptualization and understanding of resilience
- Whom do they identify as stakeholders who can contribute to their resilience
- Their aspirations for a toolkit that can potentially improve their resilience



# Participants

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All cadres of health workers attached to the Nagavara PHC, Ramanagara, Karnataka participated in the Workshop

<b>Participants</b>	<b>Number</b>
Accredited Social Health Activists (ASHAs)	<b>12</b>
<i>ASHA Facilitator</i>	<b>1</b>
Lab Technician	<b>1</b>
Medical Officer	<b>1</b>
Nursing Officer	<b>1</b>
Primary Health Centre Officers (PHCOs)	<b>3</b>
Ayushman Bharat Arogya Karnataka Officer	<b>1</b>
Pharmacist	<b>1</b>
Group-D	<b>1</b>
<b>TOTAL (from PHC)</b>	<b>23</b>
Project coordinators	<b>2</b>
TRC Host team (including local resource person)	<b>5</b>

## Facilitators

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Dr Shilpa Sadanand, Varadharajan Srinivasan, Ashish Manwar, & Sushree N Panda (from TRC Host Team) and Ramyashree (Local resource person from nearby district, who is also Nurse and Public health professional),

# Objectives of the workshop

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- 1.To develop a tool – in this case, a session plan that can be used across contexts to enable the contribution of FLWs and to seek their inputs on a functional toolkit.
- 2.Input into Updating the existing TRC toolkit “Building Health Worker Resilience” and identify the gaps and determine what could be the scope for a revised version.

The exercise was anchored with participatory approach to discuss the various challenges faced by frontline workers, the resources or support systems currently available, the important features or attributes for effectiveness, and how to design a more user-friendly and accessible toolkit. This was achieved through various group discussions and activities, including drawing posters and ranking resources in order of effectiveness.

## Findings

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### Session 1 – Icebreaker and Introduction

The purpose of this session was to help participants understand the exercise and it was largely informative

The session began with a warm welcome to all participants and facilitators. The facilitators acknowledged and emphasized the crucial role of frontline health workers in delivering healthcare services and emphasized the significance of the workshop in supporting their well-being. Participants and facilitators introduced themselves, sharing their names, roles, and brief experiences related to their work.

### Session 2 – Inputs on stressors and how they perceive resilience and Well-being

The session started with the real-life story of an ASHA worker from Andhra Pradesh, who faced severe stigma during COVID-19, leading to forcefully isolating her by her family. The emotional distress of being forced to live in a rented house away from her child added to her burden. The only coping mechanism she adopted was to cry at the end of the day. However, despite the challenges, she did not give up and continued to stay focused and dedicated to her work through the pandemic.

The participants were able to connect with the narrative and the importance of identifying stressors and the need for resilience. Participants then reflected on their own experiences, shared their understanding of well-being and discussed personal coping strategies.

## Common challenges identified by the FLWs as key deterrents in executing their routines

### Meeting the community expectations

Expectations like the provision of tangible supplies (e.g., bleaching powder, unrelated to health services) are often placed on the FLWs as opposed to the the facilitatory role that she is meant to play. She is left to repeatedly clarify that her assignment is service delivery that can be facilitatory at times and not distribution of commodities.

Regular travel to the facility was one of the key challenges - availability (often poor) of public transport forced FLWs to have to compromise on household duties. However, in this case, the group had consensus with higher authorities from this facility to be considerate and allow flexibility .

“

*Only one morning bus (9 AM) is available through the PHC route; missing it means waiting two hours (next bus at 11 AM) with no alternate autos available.*

”

### Poor health related awareness in the community

This forces FLWs to spend additional time trying to convince the family members or the beneficiaries themselves (patients) This makes it very difficult for them to carry out their responsibilities effectively.

“

*“I went to collect a TB patient's sputum sample, but her family members were not supportive. I had to wait for a long time.*

”

### Inaccurate information

The circulation of inaccurate information within the the community leads to unnecessary hospital visits and time-consuming follow-ups by the ASHAs.

“

*“We ask them many times, but still, they say no. Later we find out it's already done when we reach the hospital.” - ASHAs expressed frustration over patients not disclosing their family planning history accurately*

”

## Incidents or anecdotes that triggered extreme emotional responses

### Anger: Discrimination and Disrespect

Despite playing a crucial role in mobilizing pregnant women for institutional deliveries, they are sometimes denied entry into the government facility (in another district) even if they are wearing their official uniform which is mandated for government reporting and photo documentation.

“

*“In one incident, when I took a pregnant woman to the hospital for delivery I was not allowed inside and asked to sit outside. The mother of the pregnant lady requested the security guard for my entry. The security guard responded aggressively. We are told to wear the uniform saree to take pictures with the pregnant women after delivery for proof, but then they don't even let us inside the hospital if we wear it. In contrast, if I wear plain clothes, there is no question. The aggressive and discriminatory behavior from the security made me so angry.”*

”

### **Frustration: Poor awareness on FLWs' role**

The community expects the ASHAs to provide medical commodities whenever they need them but it's not their job. So every time they have to face the challenge of explaining it to them.

“

*Some patients come for one issue but keep asking about checking Blood Pressure and tablets again and again. I try to explain patiently, but it takes so much time and meanwhile, other patients keep waiting. It becomes difficult to manage everyone.*

”

### **Happiness: Appreciation and acceptance**

“

*During COVID-19, everyone appreciated us for the work that we have done. That made us very happy and gave us strength to keep going*

”

Levels	STRESSORS Identified
Individual	<ul style="list-style-type: none"> <li>• Poor public transport to commute to field for work</li> <li>• Managing household chores and field work</li> <li>• Wasted effort and time due to misreporting by patients</li> </ul>

<b>Levels</b>	<b>STRESSORS Identified</b>
Community / Family	<ul style="list-style-type: none"> <li>• Community expectations beyond service delivery (e.g; supply of medical commodities)</li> <li>• Lack of respect and cooperation from the community</li> <li>• Inaccurate patient disclosure</li> <li>• Poor awareness of Health Workers' role</li> </ul>
System	<ul style="list-style-type: none"> <li>• High workload</li> <li>• Disorganized responsibilities</li> <li>• Extended work hours</li> <li>• Delayed payment</li> <li>• Systemic discrimination based on occupation or uniform</li> </ul>

## What keeps them going?

To explore their motivation for continuing their work despite challenges, FLWs were divided into four groups and asked to express their thoughts through drawings. From their narrations, it was concluded that their dedication stems from several key reasons:

- Ensuring a better future for their children and supporting their families.
- Establishing their identity, as one participant shared, *"When I wear my uniform, officials recognize me as ASHA didi and offer me a lift."*
- Achieving financial independence.
- Fulfilling personal aspirations.
- Finding satisfaction in serving the community.

## Session 3 – Who is Responsible for their wellbeing and how can they contribute to building HW resilience?

### Themselves (as individuals)

They identified themselves to be responsible for building their resilience. Below are some findings from individual stakeholders:

#### Personal Relaxation Activities

Watching television, reading books, watching movies. Regarding watching movies by Rajkumar (a famous Kannada star) as a coping mechanism, an ASHA shared, *"Whenever I feel stressed, I watch Rajkumar movies (a famous movie actor in Kannada Industry). It lifts my mood and help me forget my worries for a while."*





### ***Social Support***

Talking to a close friend (in-person or over the phone), sharing issues with peer groups, or speaking with sisters/daughters.



### ***Work as a Distraction***

Engaging in routine work to escape stress at home, going to work to divert attention.



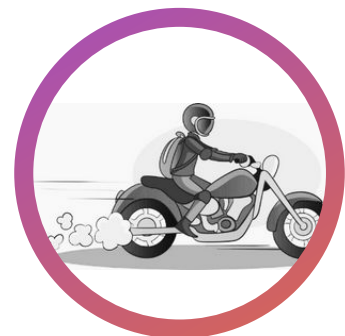
### ***Emotional Release***

Crying as a coping mechanism, staying calm, isolating themselves at times.



### ***Spiritual Coping***

Visiting temples as a source of peace and strength. "Whenever I feel overwhelmed, visiting the temple brings me peace," shared an ASHA, highlighting how spiritual practices help her cope and find inner strength.



### ***Long drive***

"When I feel stressed, I go for a long-distance bike ride and it makes me feel free from any stress.", A Community Health Officer among the participants shared.



## Family

Participants highlighted several ways their families contribute to their resilience

- **Financial Support:** Assisting during times of financial need.
- **Sharing Experiences:** Family members listen and offer guidance based on their own experiences.
- **Helping with Work:** Some family members assist in tasks that involve online work.
- **Travel Assistance:** Helping with commuting, including dropping them off at fieldwork locations.
- **Moral and Emotional Support:** Encourage and give confidence

## Community

### *Positive Recognition and Social Appreciation*

Moral support from the peers



### *Community Support*

Helping each other within the peer community during stressful situations.

## System

- **Reduction in Workload:** A more balanced distribution of tasks.
- **Clarity in Job Role:** Well-defined responsibilities can prevent confusion and unnecessary pressure.
- Extended work hours cause physical strain and mental stress.
- Proper Implementation of Guidelines
- Delayed payments cause financial strain, so receiving salaries on time is crucial for reducing stress.

### **Session 4: What features or attributes should the toolkit include and should it not?**

Based on our workshop discussions, the following features and attributes should be included in a comprehensive mental health toolkit to support frontline health workers:

- **Implement rewards and recognition programs:** To appreciate the contributions of health workers.
- **Workplace Well-being:** Ensure the availability of restrooms in healthcare facilities.
- **Mental Health Awareness & Education:** Utilize multiple formats such as training sessions, performing arts, books, videos, TV advertisements, YouTube, social media campaigns, news coverage, ringtones, and pamphlets.
- **Accessibility:** The toolkit should be easily accessible to grassroots-level health workers.
- **Integration:** Mental health services should be available at the PHC level, including the establishment of help centers for information and support.
- **Clear Guidance:** Provide a booklet outlining the pathway to seek mental health services, ensuring it is available in the local language.
- **Confidential Support:** Offer a contact number where health workers can share concerns anonymously to encourage open discussions.
- **Community and Peer Support:** Encourage periodic physical meetups to foster peer support and shared experiences.
- **Professional Guidance:** Involve psychologists in the support network to provide expert guidance.
- **Regular Mental Health Checkups:** Ensure annual mental health checkups for frontline workers.
- **Integration in Education:** Make mental health awareness a compulsory part of the school curriculum.
- **Mental Health Leave:** Introduce a designated day off for mental well-being.

## What Should Be Avoided?

- Toolkit should not be only in English language.
- The toolkit should not be limited to digital resources alone.
- Do not rely solely on self-help, professional mental health services should be integrated.

## Key Discussion Highlights and Recommendations

The session on building resilience explored the roles of individuals, families, communities, and the healthcare system. At the individual level, frontline workers relied on coping mechanisms such as personal relaxation, social support, spiritual practices, and using work as a distraction. Family members played a crucial role by providing emotional and financial support, assisting with tasks, and helping with travel. The community contributed through positive recognition and peer support, reinforcing their motivation. However, systemic challenges such as excessive workload, delayed payments, lack of clear job roles, and inadequate implementation of guidelines added to their stress, highlighting the need for institutional support.

Key recommendations for the revised toolkit included incorporating mental health awareness through various formats such as training sessions, performing arts, books, videos, and social media campaigns. The toolkit should be accessible to grassroots-level workers, with integration into PHC-level services and the inclusion of professional mental health support. It should provide clear guidance on accessing mental health services in local languages, offer confidential support channels, and promote peer support networks. Additionally, the importance of periodic mental health checkups and dedicated mental health leave was emphasized. Participants also stressed that the toolkit should not be limited to English, rely solely on digital resources, or focus only on self-help without integrating professional support.

# Acknowledgements

We extend our sincere appreciation to the frontline workers (FLWs) of Nagavara PHC, Ramanagara, Karnataka, India, for their generous contribution of time and for sharing their invaluable insights.

We sincerely thank Dr Anish V. Cherian, Additional Professor, Mr Mahendra and Mr Arvind, Department of Psychiatric Social Work, NIMHANS for their invaluable support in making this exercise possible.

We also extend our gratitude to the participants of the Consultative Workshop on Updating the TRC Evidence Toolkit —“Building Health Worker Resilience: A Toolkit to Protect Against Burnout on the Front Lines”—held on July 5, 2024. This was the first step in the process and it was during this workshop that participants strongly recommended directly engaging with FLWs to shape the toolkit meaningfully.

This entire exercise has been made possible through funding from the Johnson & Johnson Foundation.

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