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"A STUDY TO ASSESS A 'QUALITY OF LIFE' OF MPW IN THE SELECTED HOSPITALS OF PUNE CITY."

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ABSTRACT

The concept of Multipurpose Health Workers (Male and Female) was introduced in 1974 for the delivery of preventive and promotive health care services to the community at the level of Sub-Health Centres (SHCs), the most peripheral health facilities, covering 5000 population in plains and 3000 population in hilly/ tribal/ difficult areas. Material and Method: - Quantitative research approach with exploratory research design were used for this study. Non-probability purposive sampling technique was used for the samples of 500 MPW Workers. Each samples age, gender, education, number of family members were recorded .Descriptive and inferential statistics were used in data analysis. The findings of the knowledge status were associated with the demographic variables. Results: - The study shows that majority of 61% of subject belongs to 30 to 39 years, 24.4% were from 40 to 49 years, 9.8% were from 20 to 21 years and 4.8% were from 50 to 59 years of age group. 60% of samples were females and 40% were male. 88.2% of samples completed their primary education, 9.2% Secondary and 2.4% were illiterate and 0.2% were graduate. 59.8% were having work experience of 1-10 years, 33.4% 11 to 20 years, 2% 21-30 years and remaining 4.8% 31 - 40 years. 94% of samples were not having any present or past illness and 6% samples were having medical illness. 95.6% of samples were married, 0.2% were divorced and remaining 4.2% were separated. 68.8% of samples were having 3 – 4 family members and 31.2% of samples were having 5-6 family members. The study mentioned above reveals that the study shows that Majority 63% of samples were having average QOL and 35.6% were having poor QOL and 1.4% were having good QOL. 54.89 was mean score along with 8.6 SD. The study shows that there was Association between Gender, Education and working years. No any significant association was found with age, past /present medical history, marital status and number of family members.

Key words:- MPW , workers, Quality of life, Assess, Hospitals

INTRODUCTION

The concept of Multipurpose Health Workers (Male and Female) was introduced in 1974 for the delivery of preventive and promotive health care services to the community at the level of Sub-Health Centres (SHCs), the most peripheral health facilities, covering 5000 population in plains and 3000 population in hilly/ tribal/ difficult areas. The Multipurpose Health Worker (Male) is the grass root health functionary for the control of communicable

diseases including Malaria, TB, Leprosy, Water Borne Diseases, as well as Environmental Sanitation, detection of disease outbreaks and their control, health education etc.¹

In many developing countries, the majority of the population lives in rural areas and has little or no access to health services. The Multi-Purpose Health Worker (M.P.H.W.) is a community-based health worker who provides primary health care services to these underserved populations. The M.P.H.W.'s role is multi-faceted and includes disease prevention, health promotion, and basic curative care.

The Multi-Purpose Health Worker, or M.P.H.W., is a crucial role in many healthcare systems around the world. They are often the first point of contact for patients and their families and play a vital role in providing basic care and health education. In many cases, they are the only health worker available in rural areas or remote locations.²

Hospitals are characterized by high workloads that are known to increase the risk of poor quality of life. The findings show that many health care professionals experience burn out a condition characterized by stress, poor performance, and a negative sense of personaacco mplishment. While difficult to measure and assess effectively, recent research shows that b urnout can lead to poor job performance, affect the quality of patient care, increase the risk of making mistakes, and encourage early retirement. Burnout also seems to have negative personal consequences for healthcare workers, such as social impairment, alcohol and other d rug problem and suicidal thoughts. In general, they were frustrated by not being able to do

NEED OF STUDY

Public health practices in India have been ever-changing and witnessed barriers to affect the lives of the people of this country. A multipurpose health worker (MPHW) is the pivotal grass root level worker in a sub center. Auxiliary nurse midwives (ANMs) or multipurpose workers (MPWs) female and HWs male (M) are the first point of inter-action with the community at the grass-root level, providing all the primary health-care services. There is a limited literature on the work-related performance of multi-purpose health workers in the domain of basic health care and implementation of national health programs.8 The current role played by MPHW in providing health-care services to the community is vital and needs to be analyzed. Very few studies have been reported on HWs in community settings, possibly due to the challenging circumstances in the field and logistic difficulties in conducting such studies. 8A study conducted on How Multipurpose Health Workers Spend Time During Work? Results from a Time-and-motion Study from Puducherry. Time utilization pattern revealed that ANMs spent half of their time on maternal and child health activities. HWs (M) utilized 45% of their time for vector control programs and 11% for other programs. Documentation constituted nearly 16% and 10% time spent by ANMs and HWs (M), respectively. Other activities that constituted multipurpose workers' time utilization include traveling (8-10%), patient education (5-10%) and personal activities (6-12%). The proportion of time spent in community activities was around 54% by HWs (M) and 32% by ANMs. Observations on selfreporting were comparable with that of participant observations. This study reflects the workload in different domains of MPHWs' activities and the "multipurpose" nature of their work, relevance of their job responsibilities in the context of national programs, and changing profile of their job.⁹

METHODOLOGY

Quantitative research approach with exploratory research design were used for this study. Non-probability purposive sampling technique was used for the samples of 500 MPW Workers. Each samples age, gender, education, number of family members were recorded .Descriptive and inferential statistics were used in data analysis. The findings of the knowledge status were associated with the demographic variables. **Pilot study:** - Pilot study was conducted on 50 samples 18 May to 23 May 2023. There were no any diffulities found during pilot study so pilot study was found physiable for main study. Tool was divided in to Section I – Demographic Variables Section II – Assess the quality of life standard tool by WHO

RESULTS



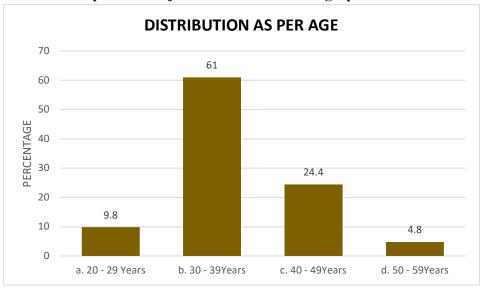


Figure 4.1- Distribution as per Age

Figure 1 depicts that majority 61% of subject belongs to 30 to 39 years, 24.4% were from 40 to 49 years, 9.8% were from 20 to 21 years and 4.8% were from 50 to 59 years of age group.

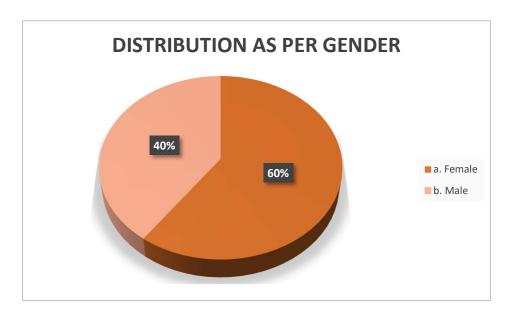


Figure-4.2 Distribution as per Gender

Figure 4.2 depicts that majority 60% of samples were females and 40% were male.

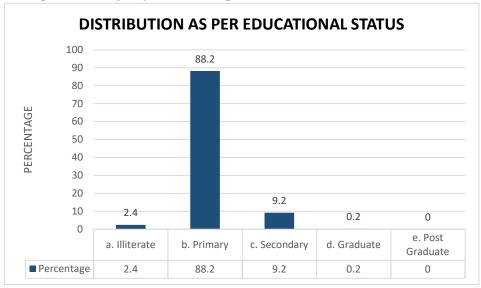


Figure-4.3 Distribution as per Educational status

Figure 4.3 depicts that majority 88.2% of samples completed their primary education, 9.2% Secondary and 2.4% were illiterate and 0.2% were graduate.

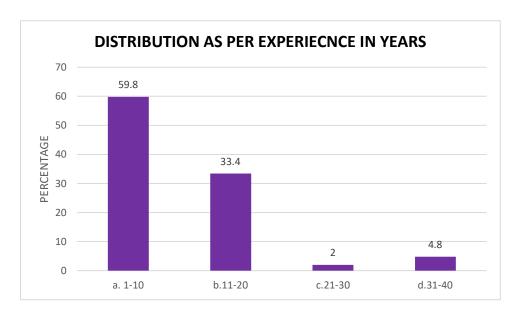


Figure-4.4 Distribution as per Experience

Figure 4.4 depicts that majority 59.8% were having work experience of 1 - 10 years, 33.4% 11 to 20 years, 2% 21 - 30 years and remaining 4.8% 31 - 40 years.

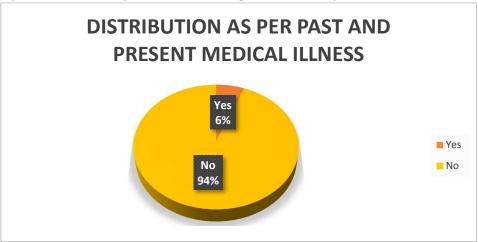


Figure-4.5 Distribution as per Medical Illness

Figure 4.5 depicts that majority 94% of samples were not having any present or past illness and 6% samples were having medical illness.

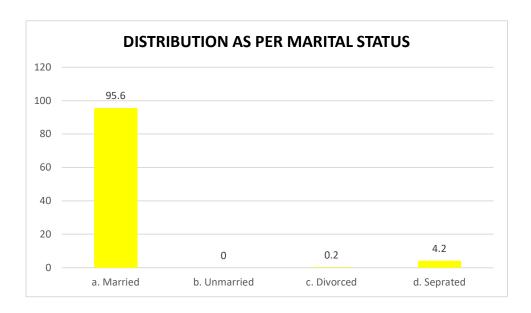


Figure-4.6 Distribution as per Marital status

Figure 4.6 depicts that majority 95.6% of samples were married, 0.2% were divorced and remaining 4.2% were separated.

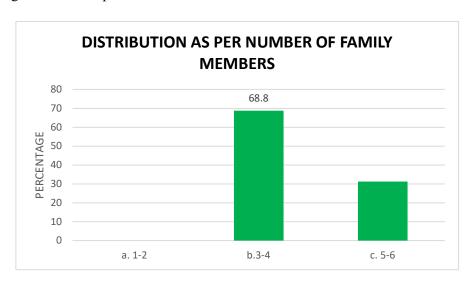


Figure-4.7 Distribution as per Family members

Figure 4.7 depicts that majority 68.8% of samples were having 3-4 family members and 31.2% of samples were having 5-6 family members.

SECTION II: - DISTRIBUTION OF DATA AS PER QUALITY OF LIFE OF MPW IN SELECTED HOSPITALS

Quality of Life	Frequency	Percentage	Mean	SD
Very poor QOL	0	0	54.89	8.6

Poor QOL	178	35.6
Average QOL	315	63
Good QOL	7	1.4
Very Good QOL	0	0

Table shows that Majority 63% of samples were having average QOL and 35.6% were having poor QOL and 1.4% were having good QOL. 54.89 was mean score along with 8.6 SD

SECTION III: - ASSOCIATION OF FINDINGS WITH SELECTED DEMOGRAPHIC VARIABLES

Section III shows Association between Gender, Education and working since years as p value are less than 0.05 level of significance.

And no any significant association with age, past /present medical history, marital status and number of family members as p value is more than 0.05 level of significance.

DISCUSSION

The study can be discussed with a similar descriptive study done by George Jeevan Lakra on motivation and job satisfaction among multipurpose health workers in hilly and non-hilly areas of jashpur district, Chhattisgarh an exploratory study. The present cross sectional study was conducted in Chhattisgarh, India to assess the level of motivation and job satisfaction among multipurpose health workers (MPWs) and to study factors influencing them. A pretested semi structured questionnaire was used to obtain information about the respondents' perceived importance of various job characteristics and perceived job satisfaction. The majority of MPWs were not satisfied with their existing job conditions. Motivators or satisfiers like career advancement and achievement had low scores for all the participants. Working conditions and salary were found to be the dissatisfies with low scores. The present study suggests that, although financial incentives are important, they are not sufficient to motivate personnel to perform better **Findings:**- The study shows that majority of 61% of subject belongs to 30 to 39 years, 24.4% were from 40 to 49 years, 9.8% were from 20 to 21 years and 4.8% were from 50 to 59 years of age group. 60% of samples were females and 40% were male. 88.2% of samples completed their primary education, 9.2% Secondary and 2.4% were illiterate and 0.2% were graduate. 59.8% were having work experience of 1-10 years, 33.4% 11 to 20 years, 2% 21 – 30 years and remaining 4.8% 31 – 40 years. 94% of samples were not having any present or past illness and 6% samples were having medical illness. 95.6% of samples were married, 0.2% were divorced and remaining 4.2% were separated. 68.8% of samples were having 3 – 4 family members and 31.2% of samples were having 5 – 6 family members.

CONCLUSION

A multipurpose health worker (MPHW) is the pivotal functionary and the first point of contact in health care sector. Study findings revealed that overall perception of quality of life was average. A statistically there is no significant association was found with the demographical variable. The study mentioned above reveals that the study shows that Majority 63% of samples were having average QOL and 35.6% were having poor QOL and 1.4% were having good QOL. 54.89 was mean score along with 8.6 SD. The study shows that there was

Association between Gender, Education and working years. The study that shows that there was Association between Gender, Education and working since years as p value are less than 0.05 level of significance.

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Conflict of Interest: The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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