THE SIGNIFICANCE OF CHO'S EFFECTIVE LEADERSHIP AND MENTORSHIP IN FRONTLINE WORKERS PERFORMANCE.

Under The Guidance Of-
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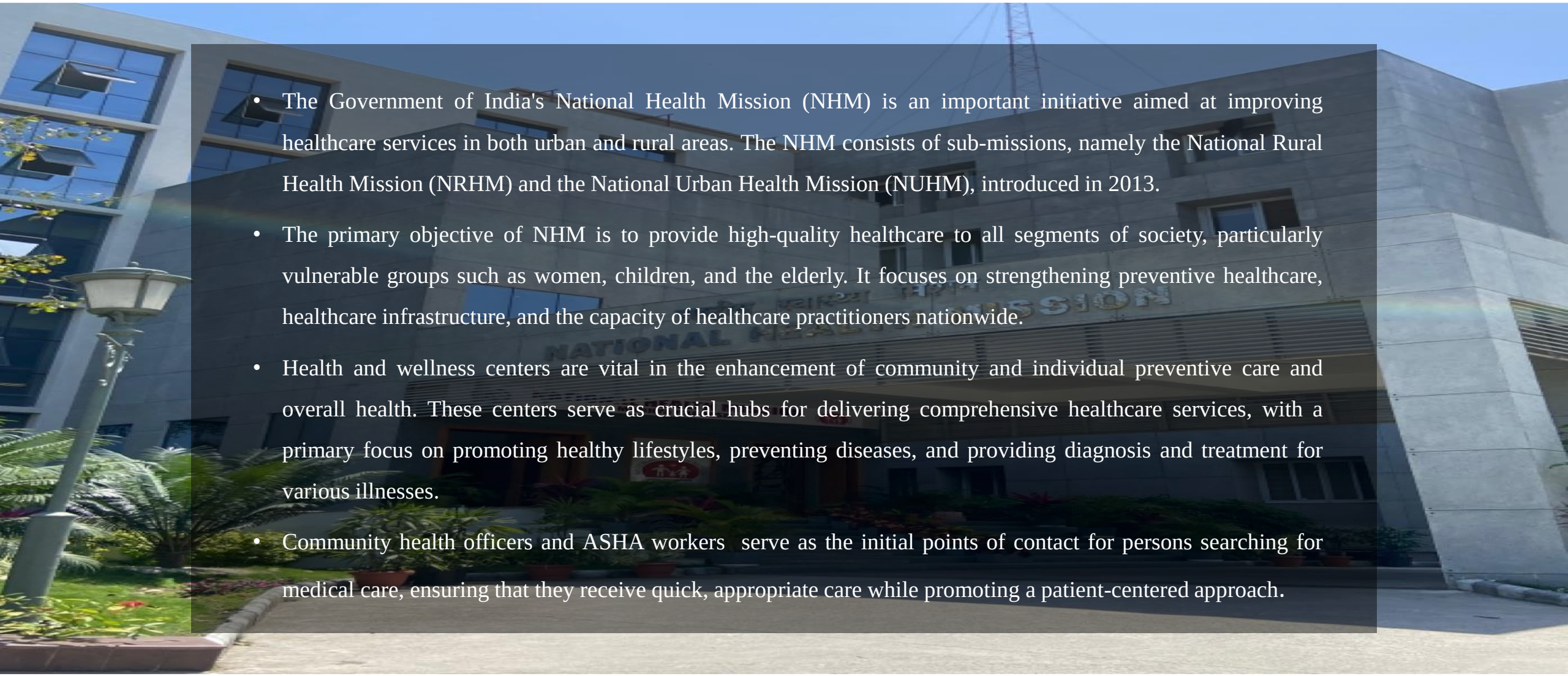
INTRODUCTION



- The Government of India's National Health Mission (NHM) is an important initiative aimed at improving healthcare services in both urban and rural areas. The NHM consists of sub-missions, namely the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), introduced in 2013.
- The primary objective of NHM is to provide high-quality healthcare to all segments of society, particularly vulnerable groups such as women, children, and the elderly. It focuses on strengthening preventive healthcare, healthcare infrastructure, and the capacity of healthcare practitioners nationwide.
- Health and wellness centers are vital in the enhancement of community and individual preventive care and overall health. These centers serve as crucial hubs for delivering comprehensive healthcare services, with a primary focus on promoting healthy lifestyles, preventing diseases, and providing diagnosis and treatment for various illnesses.
- Community health officers and ASHA workers serve as the initial points of contact for persons searching for medical care, ensuring that they receive quick, appropriate care while promoting a patient-centered approach.

- Community health officers and ASHA workers serve as the initial points of contact for persons searching for medical care, ensuring that they receive quick, appropriate care while promoting a patient-centered approach.
- Without ASHAs and chief health officers (CHOs), health and wellness centres (HWCs) cannot function and cannot accomplish their objectives.
- ASHAs and CHOs collaborate to deliver complete healthcare services locally as part of India's National Health Mission (NHM). In HWCs, ASHAs and CHOs work closely together to combine their various areas of expertise and tasks in order to offer complete healthcare services
- The efficient guidance and mentorship given by Chief Health Officers (CHOs) considerably enhances the performance of frontline healthcare workers. The value of their aid and counsel cannot be overstated because it directly affects the calibre of treatment delivered and the general wellness of patients. "Finding the Best Care for Seniors: The Importance

PURPOSE OF RESEARCH

- To examine whether the CHO has identifies the gap areas by assessing the performance of frontline workers.
- To examine whether CHO has set priorities service areas in his field based on the performance.
- Investigate the effect of CHO's leadership and mentorship on the engagement and motivation of frontline employees.
- Examine the link between CHO's effective leadership and mentorship and the overall performance outcomes of frontline workers, such as productivity, quality of work, and customer satisfaction.

AIMS AND OBJECTIVE OF STUDY

AIM OF STUDY

To assess Role of CHO's mentoring to the Staff of HWC in their Quality-of-Service Delivery.

OBJECTIVES OF RESEARCH

1. To find out the supportive relationship between CHO’s and ground level workers.
2. To assess how accessible CHO is to ASHA and other health staff.
3. To assess the roles and responsibilities of CHO’s towards ASHA’s and MPW.
4. To Share few relevant best practices from field.

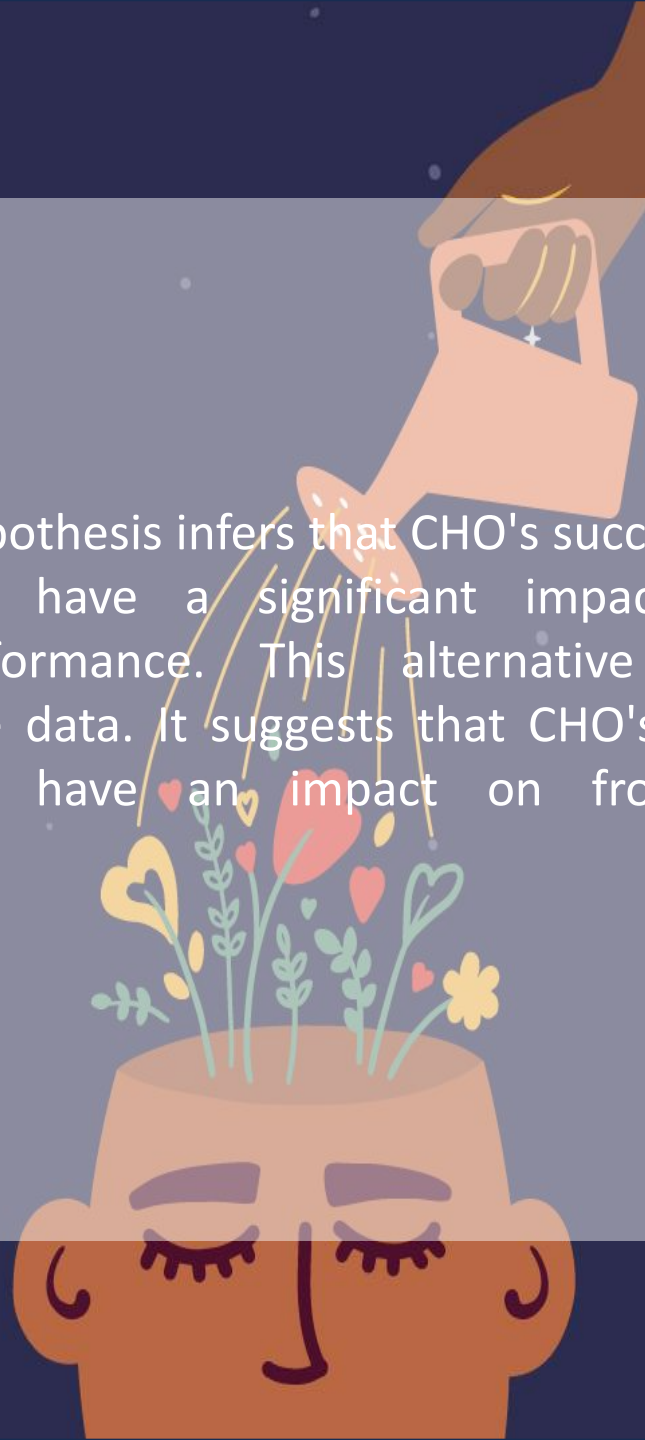
RESEARCH DESIGN

This study was carried out by using both qualitative as well as quantitative research designs –

Quantitative study-frontline workers were surveyed using a questionnaire to gather data for a quantitative study.

Qualitative study-the examination of frontline employees' experiences, perspectives, and opinions the primary objective of qualitative research is to comprehend and understand people's experiences, perceptions, and meanings in their natural contexts

RESEARCH HYPOTHESIS



An alternative hypothesis infers that CHO's successful leadership and mentorship have a significant impact on frontline employees' performance. This alternative hypothesis is supported by the data. It suggests that CHO's leadership and mentoring style have an impact on frontline workers' performance

RESEARCH QUESTION

The purpose of this study is to find out the significance of CHO’s effective leadership and mentoring in frontline workers performance

The purpose of this research topic is to investigate the link between the leadership style of CHO and the capacity of frontline staff to provide high-quality care and sustain productivity levels

To address this research question, the study could involve collecting data from frontline workers in healthcare settings through surveys, interviews, or observations

STUDY POPULATION

- To capture a diversity of experiences, viewpoints, and functions within the research population, it is crucial to include a varied sample of frontline workers. This might entail choosing frontline staff from various healthcare settings or subcentres while taking into account differences in their experience levels, specialisations, and demographic traits. So, the study population that was taken for carrying out the research was –
- Community health officers (CHOs): As the supervisors and guides for frontline staff, CHOs would play a significant role in the study population. In healthcare environments, they are crucial in guiding, supporting, and supervising the front-line staff.
- Frontline Workers: This category would include a range of healthcare workers and professionals who work closely with patients and deliver healthcare services under the direction or guidance of CHOs. Auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), staff nurses, lab technicians, or other healthcare professionals working in primary healthcare facilities or community health settings are examples of frontline workers

SAMPLE SIZE

- Inclusion Criteria– CHO'S and ASHA's working in the different subcentres (health and wellness centres) of Hoshangabad district.
- Exclusion Criteria – Local population of the villages where subcentres are located.
- Sample Size – 20 CHO's and 20 ASHA's of 20 Blocks of Hoshangabad district.
- Duration of the time of study – Two months April – May (2023)

SAMPLE TECHNIQUE

- The sampling technique that was used to carry out the research was stratified random sampling technique as Stratified
- The population of frontline personnel can be divided into appropriate strata depending on factors such as the kind of healthcare facility (for example, primary health centers, community health centers, or subcenters), geographic location, or level of expertise. To ensure representation from different strata, a random sampling technique can be used to choose individuals within each stratum.

STUDY INSTRUMENTS

- Several instruments were used to carry out the research-

1. Questionnaire-a structured questionnaire was prepared to collect information from Front line workers.
2. Interviews-To gain a thorough understanding of frontline employees' experiences, perspectives, and the contribution of CHO's leadership and mentoring to their performance, qualitative approaches like focus groups or interviews are used
3. Observation or shadowing-Direct observation of the activities, interactions, and performance of frontline employees during shadowing or observations

QUESTIONNARE FOR CHO's

1. District –	Hoshangabad
2. Province-	Babai
3. Name of subcenter/HWC	Sangathheda Kalan
4. Name of community health officer –	Kajal Patel
5. Date of joining of CHO	September 2021
6. Contact no-	8640021741
7. Name of ASHA –	Hathi Saini
8. Working years of ASHA	8 years
9. Contact No.	7049878430

Clinical services

1.Does your facility have OPD / emergency services -

i. Yes-
ii. No-

2. Do you have record of all the OPD patients –
i. Yes
ii. No

3. Do you take follow-up of your patients-
i. Yes
ii. No

4. Care in pregnancy-
i. Antenatal
ii. Postnatal
iii. Child birth
iv. Intra natal

5. Complete antenatal check-ups including-
i. Hypertension
ii. Diabetes
iii. Anemia
iv. Immunization
v. TT,IF and calcium supplementation

6. follow ups for high-risk pregnancies-
i. Yes
ii. No

7. Family planning, Contraceptive services, and other Reproductive Health Care services-
i. Yes
ii. No

8.Do you arrange camps for awareness of family planning and contraceptive services-
I. Yes
II. No

9.Counselling and guidance for Safe abortion services-
I. Yes
II. No

10.Counselling and management of communicable diseases-
I. Yes (10)
II. No

11. Screening, Counselling and management of non- communicable diseases-
I. Yes
II. No

12. Care for Common Ophthalmic and ENT problems:
I. Screening of refractive errors and blindness.
II. Primary care and proper referral for common eye and ENT problems

13.Basic Oral Health care(Oral Health check-up for)
I. Ulcer
II. soreness
III. vitamin deficiency.

14. Elderly and Palliative Health care services
I. Yes
II. No

15. Do you arrange Elderly health check-up camps-
I. Yes
II. No

16. Screening and Basic Management of Mental Health ailments.
I. Screening of severe mental disorders
II. Counselling services for de-addiction of substance use.

17. Do you have immediate referral services available –
I. Yes
II. No

ADMINISTRATIVE SERVICES

18. Are you present at your facility every time-
I. Yes
II. No

19. Do you pay attention to the problems faced by ASHA and all healthcare workers of your facility-
I. Yes
II. No

20. Do you arrange meetings for them and discuss agenda and reports
I. Yes
II. No (once monthly)

21. Do you involves in giving guidance and solving problems –
I. Yes
II. No

22. Do you perform all the administrative duties on day to day basis-
I. Inventory management of drugs (On three monthly)
II. Equipment's
III. Logistics

23.Do you update and submit all the reports to higher level on day to day basis-
I. Yes
II. No

24. Do you involved in financial management activities –
I. Yes
II. No

25. Do your calculate and verify the performance incentive checklist
I. Yes
II. No

26. Do you takes care of attendance for all the workers-
I. Yes
II. No

27. Do you performs health visits and promote health activities –
I. Yes
II. No

QUESTIONNARE FOR ASHA

1. District –	Hoshangabad
2. Province-	Babai
3. Name of subcenter/HWC	Sangathheda Kalan
4. Name of community health officer –	Kajal Patel
5. Date of joining of CHO	September 2021
6. Contact no-	8640021741
7. Name of ASHA –	Hathi Saini
8. Working years of ASHA	8 years
9. Contact No.	7049878430

Clinical services

1.Does your facility have OPD / emergency services -

i. Yes-
ii. No-

2. Do you have record of all the OPD patients by CHO –
i. Yes
ii. No

3. Do you take follow-up of your patients-
i. Yes
ii. No

4. Care in pregnancy-
i. Antenatal
ii. Postnatal
iii. Child birth
iv. Intra natal

5. Complete antenatal check-ups including-
i. Hypertension
ii. Diabetes
iii. Anemia
iv. Immunization
v. TT,IF and calcium supplementation

6. follow ups for high-risk pregnancies-
i. Yes
ii. No

7. Family planning, Contraceptive services, and other Reproductive Health Care services-
i. Yes
ii. No

8.Counselling and guidance for Safe abortion services-
I. Yes
II. No

9.Counselling and management of communicable diseases-
I. Yes
II. No

10. Screening, Counselling and management of non- communicable diseases-
I. Yes
II. No

11. Care for Common Ophthalmic and ENT problems:
I. Screening of refractive errors and blindness.
II. Primary care and proper referral for common eye and ENT problems

12.Basic Oral Health care(Oral Health check-up for)
I. Ulcer
II. soreness
III. vitamin deficiency.

13. Elderly and Palliative Health care services
I. Yes
II. No

ADMINISTRATIVE SERVICES

14. when you come to facility is your CHO present –
I. Yes
II. No

15. Do your CHO pays attention to the problems faced by you –
I. Yes
II. No

16. do your CHO involves in giving guidance and solving problems –
I. Yes
II. No

17. Do your CHO perform all the administrative duties on day to day basis-
I. Inventory management of drugs
II. Equipment's
III. Logistics

18. Does you submit all the reports and returns your CHO
I. Yes
II. No

19. do your CHO gives gives feedback after submitting reports –
I. Yes
II. No

20. what is the Interval of updating and submitting reports –

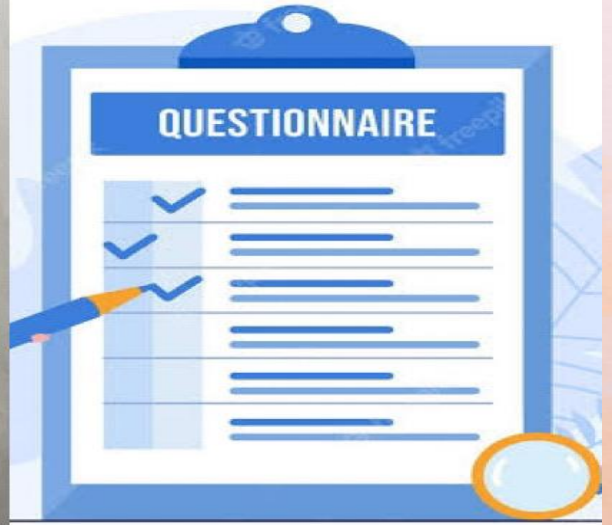
21.Does your CHO supervise and guide you and other staff-
I. Yes
II. No

22. Do your CHO gets involved in financial management activities –
I. Yes
II. No

23. Do your CHO calculate and verify the performance incentive checklist
I. Yes
II. No

24. Do CHO takes care of attendance -
I. Yes
II. No

25. Do your CHO performs health visits and promote health activities
I. Yes
II. No

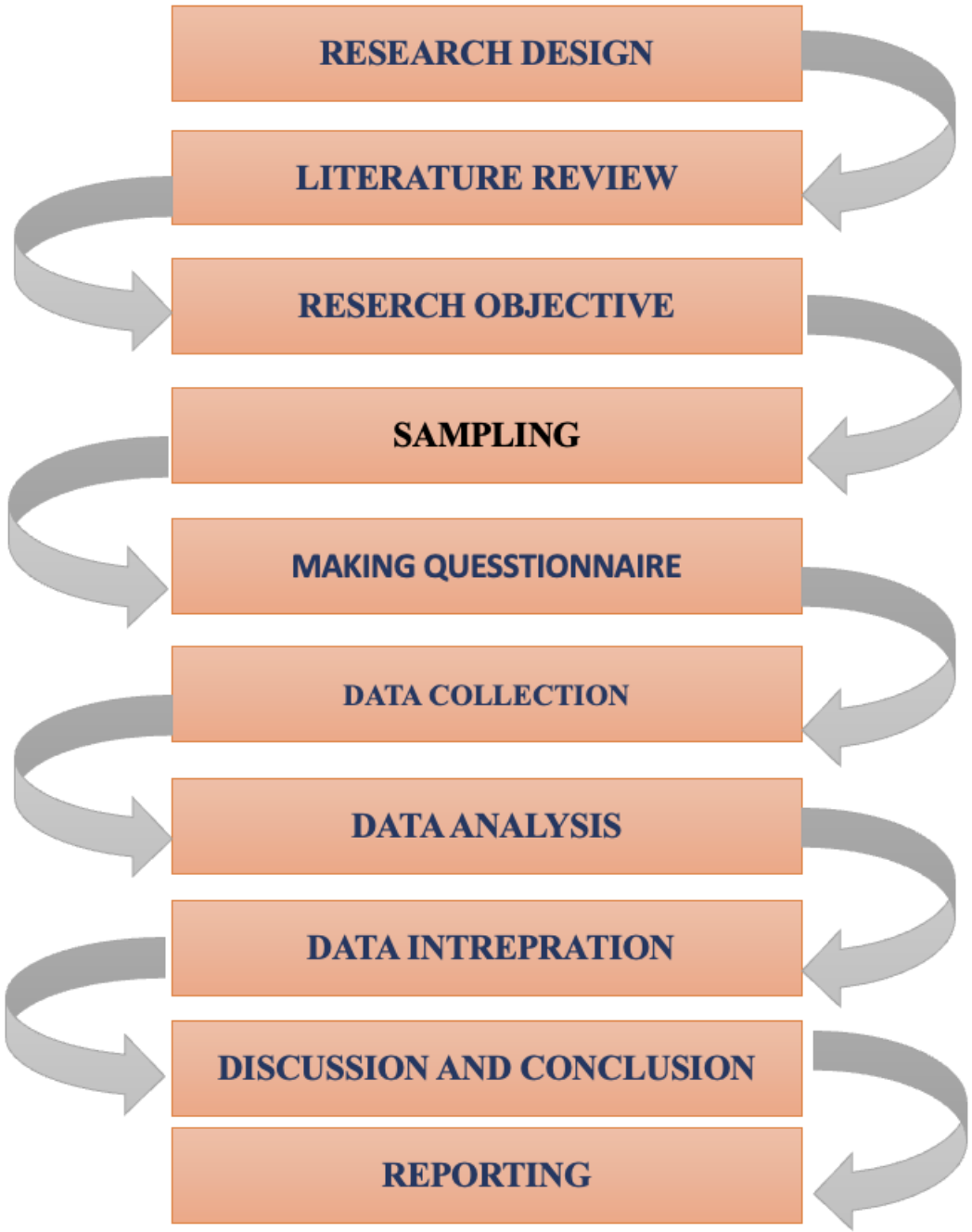


questionnaire

STUDY SETTINGS

- The performance of CHO's frontline staff was the subject of an investigation in a pertinent research environment, which comprised subcenters that had been transformed into HWCs.
- They were taken because –
  - Proximity to community
  - Availability of frontline workers
  - Focus on primary healthcare
  - Accessibility of data collection
  - Representativeness

RESEARCH PROCEDURE



LITERATURE REVIEW

S.No	Author (year)	Review	Study location	Abstract
1.	Shrikant desai Ravin k.Bisnoi (2020)	Community health officers : the concept of mid-level health care providers	AIIMS Hrishikesh, Uttarakhand	This summary highlights the role of mid-level health care providers, specifically Community Health Officers (CHO), in alleviating the burden on overworked physicians and specialists, especially in rural health settings.
2.	Andrea L. Hartzler (2018)	Roles and functions of community health workers in primary care	Washington	The necessity for resource-saving tactics in primary care has increased due to the growing costs and demand for healthcare. Despite being underutilised, community health workers in primary care (CHW-PCs) have a critical role in improving team-based treatment, addressing socioeconomic determinants of health, and promoting access and outcomes.

2.	**Susan m swider 2002**	**Outcome Effectiveness of Community Health Workers**	**Chicago**	Community health workers (CHWs) are seen as a means to enhance community involvement in health promotion, but there is limited consensus on their effectiveness. Preliminary evidence suggests that CHWs can improve access to care, especially for marginalized groups, but conflicting findings exist regarding health outcomes, behavior change, and health awareness. Unreasonable expectations, lack of focus, and insufficient evidence may hinder the potential of CHWs, emphasizing the need for further research with better study design and targeted populations.
3.	Sheri L Johnson Veronica L Gunn (2015)	Community Health Workers as a Component of the Health Care Team	Milwaukee USA	Community-specific considerations must be taken into account when reforming primary care delivery to prioritize community wellness. Enhancing access and outcomes can be achieved by incorporating community health workers and fostering patient-centered medical homes, which serve as bridges between health systems and communities, promoting culturally-sensitive care and emphasizing primary and preventive services

RESULTS

- This survey helped to collect information on a couple of factors concerning the effectiveness of subcentres and health centres, as well as service availability and degree of satisfaction for ASHA personnel and Community healthcare workers(CHO’s)

1.AVAILAIBILITY OF SERVICE BY DISTRICT –

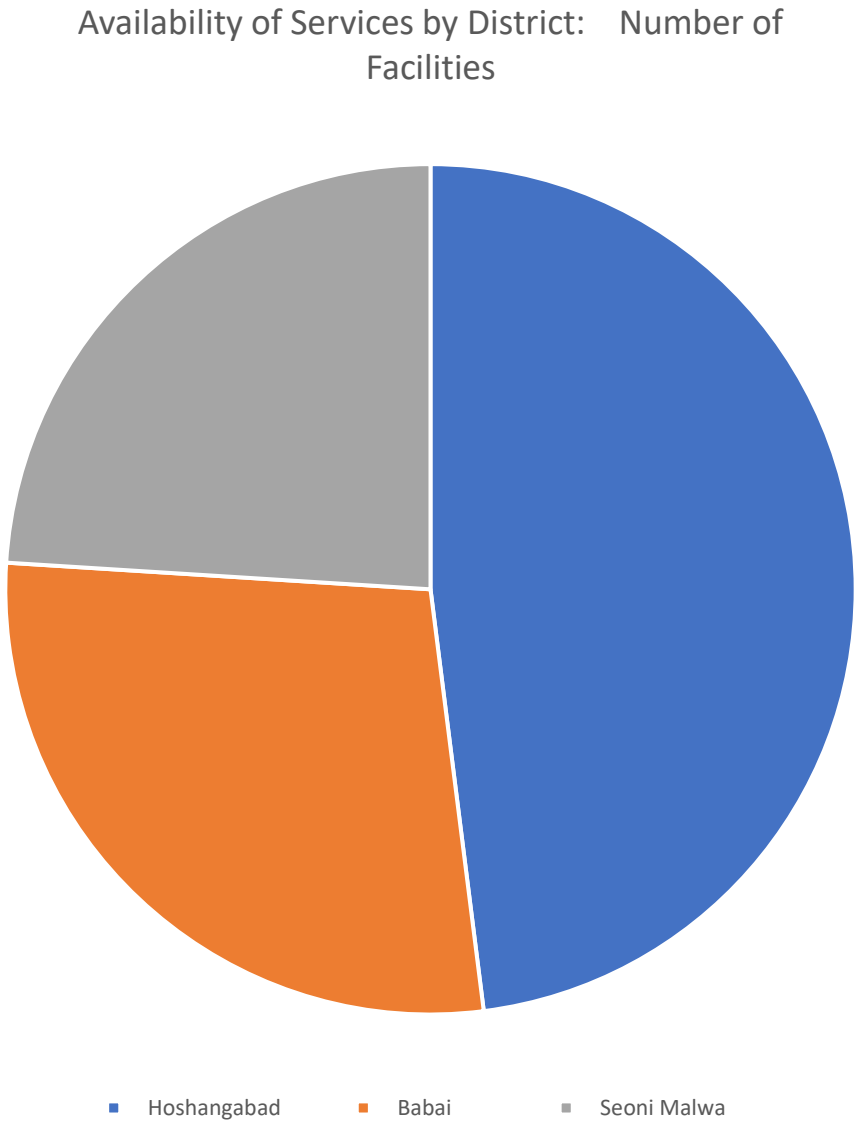
We can take the following conclusions based on information on the amount of facilities in various districts:

Hoshangabad: With a total of 12, this district has the most facilities. This shows that Hoshangabad is well-equipped to provide healthcare to its citizens. The presence of a greater number of institutions may suggest improved access to healthcare services and infrastructure.

Babai: The district of Babai has seven amenities, which is fewer than in Hoshangabad but still a respectable amount. While it has fewer facilities than Hoshangabad, it shows that Babai has a fair level of healthcare services for its people.

Seoni Malwa: With a total of six amenities, this district has the fewest of the three mentioned. While the number is smaller than in Hoshangabad and Babai, this does not necessarily imply that healthcare services are poor. The availability and distribution of facilities should be assessed.

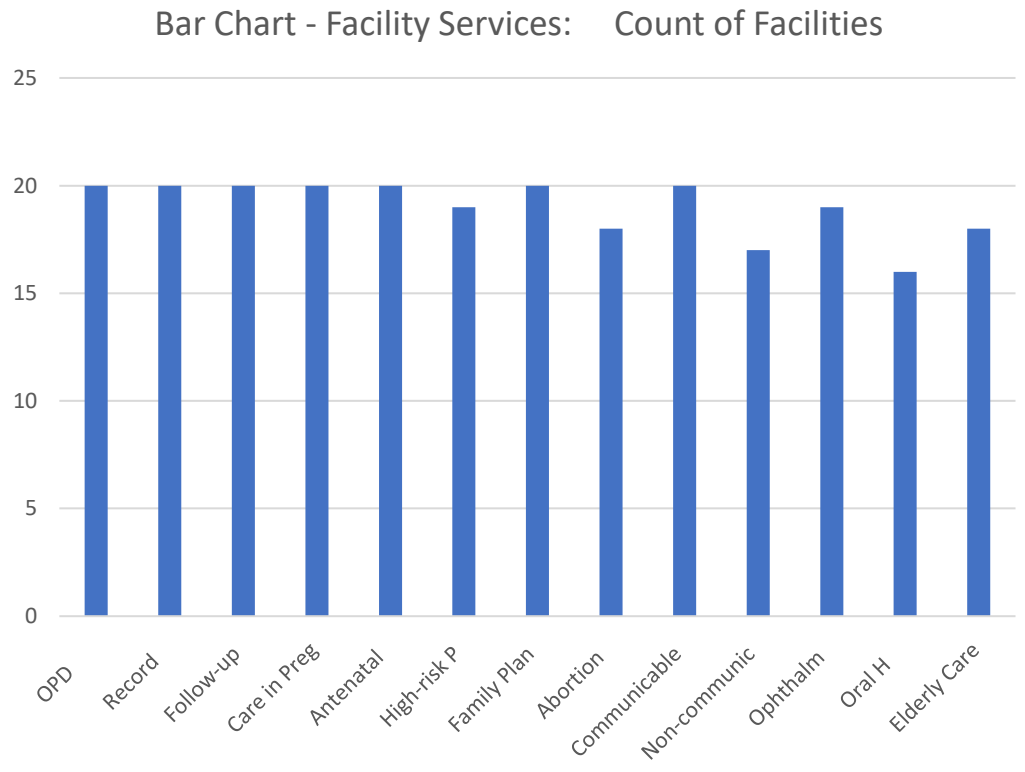
In relation to the district's population size and unique healthcare demands it can be said that from all the 20 facilities that were taken from 3 different blocks , Hoshangabad has the most facilities, indicating a possibly superior healthcare infrastructure than the other two districts. Babai has a somewhat smaller number of facilities than Seoni Malwa. It is crucial to highlight, however, that the number of institutions does not offer an accurate picture of the quality or accessibility of healthcare services. Factors such as facility capacity, service availability, and facility geographical distribution all play an important part in determining total healthcare services in an area.



2.Facility service

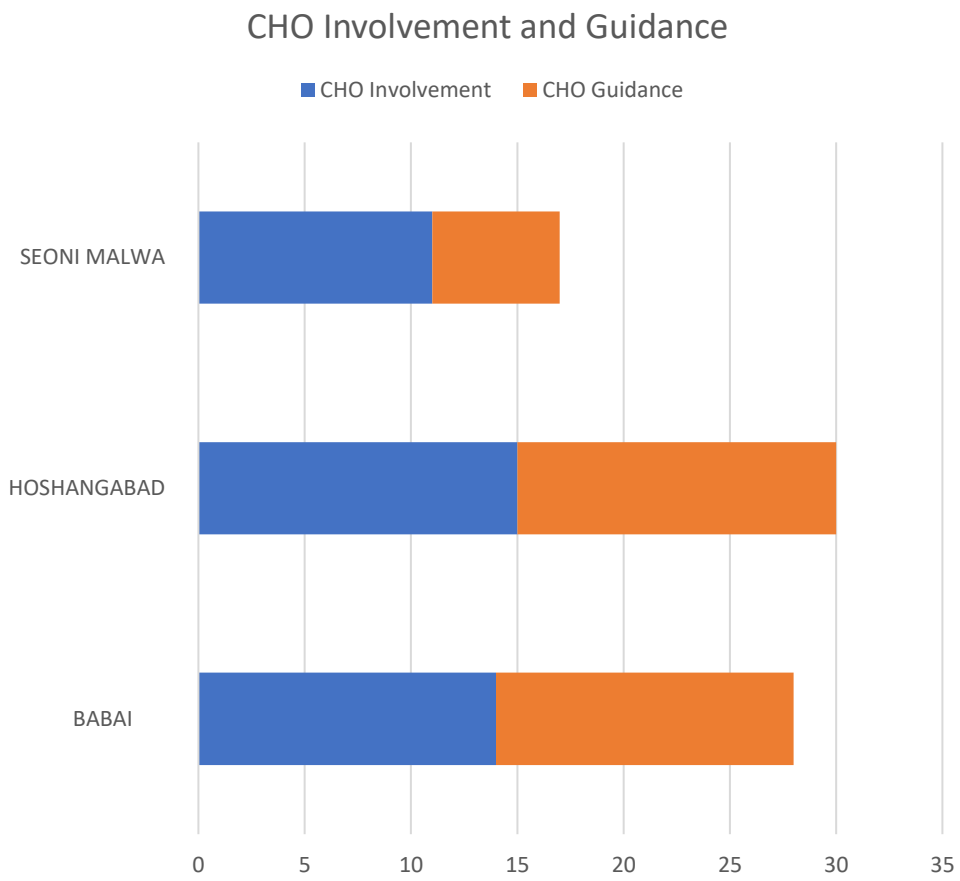
-

- our research reveals that the bulk of services are offered consistently throughout the 20 sites cited.
- There are minor differences, such as a little discrepancy in numbers for high-risk pregnancy, abortion, ophthalmology, dental health, and geriatric care.
- Where high risk pregnencies are at 18 , abortion servies are at 16 and oral services are at 14.
- And the elderly cheakup and camps are at 17 because of lack of awareness and trainings .
- These variances may be caused by causes such as geographical disparities, resource distribution, or a specialised need for certain services.



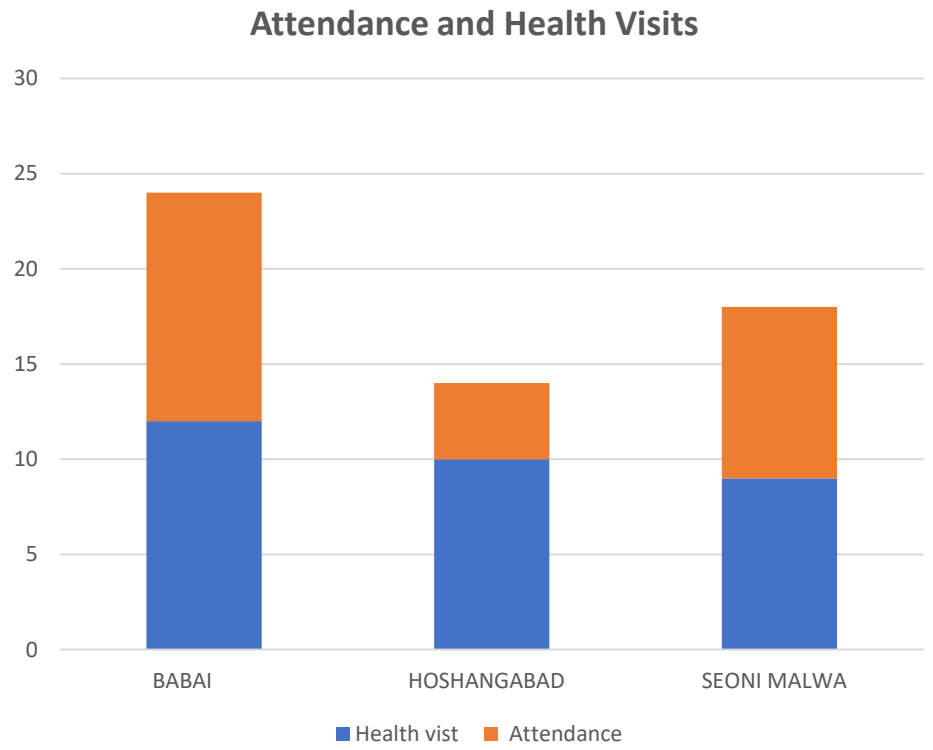
3.CHO involvement and guidance

- Hoshangabad: Of the three blocks, Hoshangabad has the greatest marks for both engagement and direction. The participation score of 15 indicates that the CHOs in Hoshangabad are extremely engaged and actively interested in assisting ASHA personnel
- Babai earned 14 for both engagement and direction, suggesting a reasonably high level of CHO support for ASHA employees Overall, Babai has a high degree of CHO engagement and support for ASHA personnel, however it is significantly lower than Hoshangabad.
- Seoni Malwa has a lower participation score of 11 and a lower guiding score of 6 than Hoshangabad and Babai. This suggests that CHO engagement and support for ASHA personnel in Seoni Malwa is rather low. The lower involvement score indicates that CHOs are less engaged and actively involved in aiding ASHA employees. The guiding score of 6 also suggests that ASHA workers in Seoni Malwa may get less comprehensive instruction and direction from CHOs than those in the other two blocks.



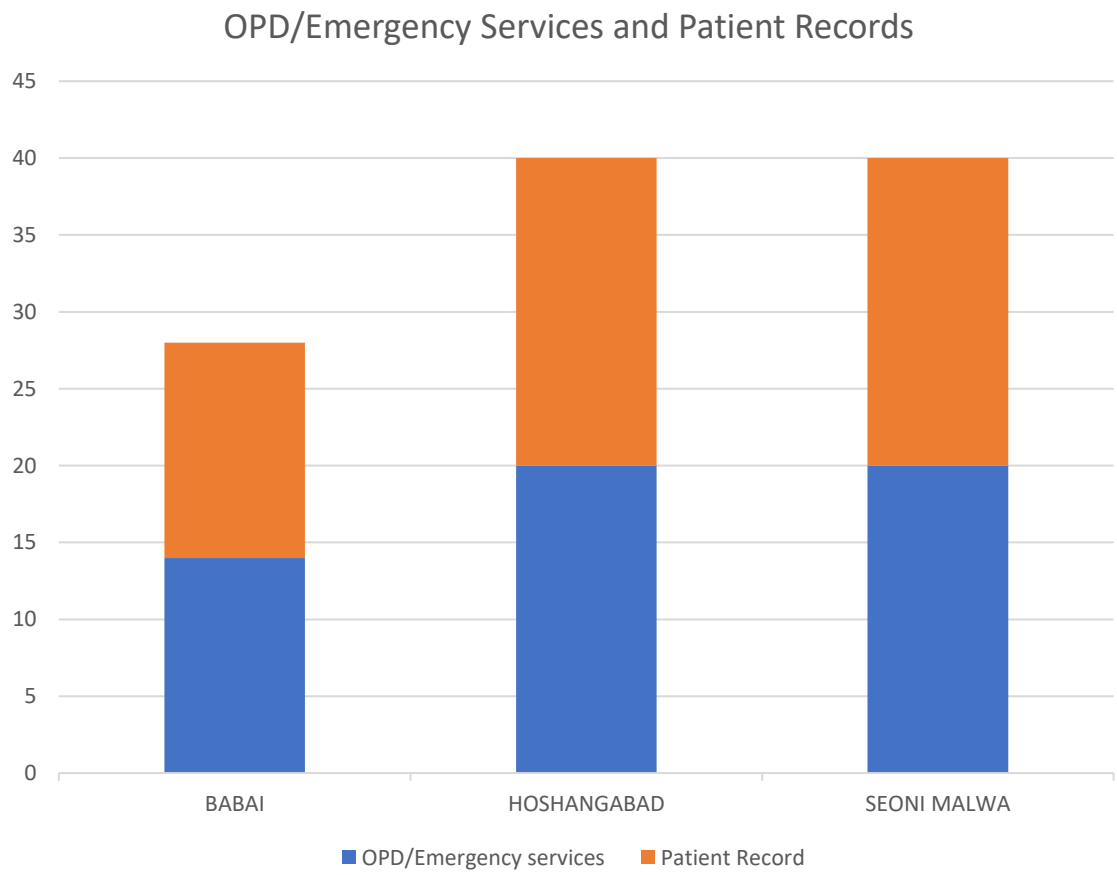
4.ATTENDENCE AND HEALTH VISITS -

- Babai has the greatest attendance, which suggests that more people are present or using the healthcare services offered in that block, according to the statistics
- Hoshangabad, in comparison, has a lower attendance rate, indicating that fewer people are using the healthcare facilities there.
- The data also shows that compared to Babai and Seoni Malwa, Hoshangabad has a much lower number of medical visits. This may be due to ASHA staff members' diminished availability and frequent presence, who are essential in promoting health visits and community involvement.
- It's vital to understand that Hoshangabad access to and overall efficacy of healthcare services may be impacted by the sporadic presence of ASHA employees. It may be possible to enhance attendance and boost the number of health visits in Hoshangabad by guaranteeing the continuous and regular presence of ASHA employees at the centres.



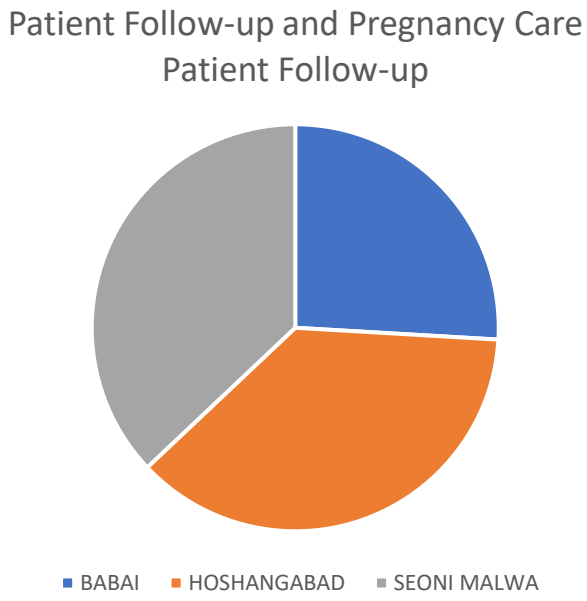
5.OPD/EMERGENCY SERVICES AND PATIENT RECORDS

- It appears that Babai, Hoshangabad, and Seoni Malwa offer all of the aforementioned services, including OPD/Emergency Services, Records of All OPD Patients, Full Antenatal Check-ups, Care for High-Risk Pregnancies, Counselling and Guidance for Safe Abortion, and Screening and Management of Non-Communicable Diseases.
- from this graph we can say that there are equal no of responses for opd / emergency services and maintain patients record from hoshangabad and seoni malwa where as babai lacks in maintaining records and opd services



6.PATIENT FOLLOW UP AND PREGNENCY CARE

- In terms of service quality, Babai is scored as "Good," whereas Hoshangabad and Seoni Malwa are both ranked as "Excellent.”
- Babai- The "Good" grade indicates that the service quality in Babai is acceptable and meets a fair standard. While it is not ranked as exceptional, it suggests that the healthcare services in Babai are typically effective and fulfil the community's basic needs. This rating is given in relation to various factors and parameters .
- Hoshangabad and Seoni Malwa - Excellent:
- Both Hoshangabad and Seoni Malwa have a "Excellent" rating, indicating a better degree of service quality than Babai. It implies that the healthcare services offered in these blocks are excellent, exceeding expectations and maybe achieving or exceeding particular criteria or norms. This ranking suggests that Hoshangabad and Seoni Malwa people receive comprehensive and high-quality healthcare services.



LIMITATIONS OF THE STUDY

- While the study provides useful information about healthcare services and collaboration between ASHA workers and CHOs in the Hoshangabad area, it is vital to acknowledge the study's shortcomings. Some potential constraints are as follows:
- Convenience Sampling: Convenience sampling is used in this study, which entails selecting individuals based on their accessibility or availability. This strategy may induce biases and restrict the sample's representativeness. The findings may not completely depict the population's variety and variances.
- The study may have a limited sample size, which may impair the generalizability of the results. A bigger sample size would result in more robust and representative results.
- The research does not give clear criteria or standards for measuring service quality, CHO engagement, and other issues. This might make it difficult to establish direct comparisons or appropriately judge performance levels.
- Subjectivity in Data Collection: The study collects data using interviews, surveys, questionnaires, and field trips. Subjective interpretations and biases may be present in these procedures, influencing the quality and dependability of the data acquired.
- The study appears to focus on a certain time period or a cross-sectional view of the healthcare system. Longitudinal data gathered throughout time would give a more thorough knowledge of patterns and changes in the healthcare scene.
- The research has a limited scope because it focuses largely on ASHA workers, CHOs, and certain areas of healthcare services. It may overlook other significant aspects or players who may have an impact on the whole healthcare delivery system.
- External Factors: The study does not take into consideration external factors including socioeconomic conditions, infrastructure, and policy changes that may have an influence on healthcare services. These variables can have a substantial impact on how the study's findings are interpreted.

CONCLUSION

The study emphasises the crucial role that leadership and mentoring from Community Health Officers (CHO) play in improving front-line employee effectiveness. In order to increase the capabilities and effectiveness of healthcare practitioners, the research emphasises the necessity of strong leadership and guidance from CHOs. Good CHO leadership and mentorship need clear communication, training, supportive supervision, and an empowering work environment. The benefits include better health outcomes, enhanced community involvement, effective healthcare delivery, and increased job satisfaction. For frontline workers to achieve at their highest potential and for the healthcare system to become more resilient and sustainable, it is crucial to invest in CHO leadership and mentorship. To empower frontline employees and improve community healthcare, healthcare organisations and governments should provide priority to developing and improving CHO leadership and mentorship abilities.

RECOMMENDATIONS

- The following suggestions may be made in light of the research findings highlighting the importance of CHO's strong mentoring and leadership in frontline workers' performance:

- Strengthen Leadership Development Programmes: Businesses should fund leadership development initiatives with a stated goal of advancing CHOs' leadership capabilities. Training modules on effective communication, emotional intelligence, team building, and coaching methods may be included in these programmes. Giving CHOs the requisite leadership abilities will enable them to more effectively support and guide frontline personnel.

- Develop a Mentoring Culture: Organisations should develop a mentoring culture that appreciates and supports the mentorship of frontline employees by CHOs. This may be done by setting up official mentoring programmes, offering mentors tools and guidelines, and recognising and rewarding good mentoring techniques. Performance and professional growth may be greatly improved by encouraging frequent communication and information exchange between CHOs and frontline employees.

- Resources for Continuing Education: Organisations should make sure that CHOs have access to opportunities and resources for continuing education and career development. This may entail offering seminars for training, access to relevant literature and research, and venues for networking and information sharing. Supporting CHOs in their pursuit of lifelong learning will help them keep current with practises and developments in their industry and improve their mentorship skills.

- Promote Collaborative and Supportive Work settings: Organisations should encourage collaborative and supportive work settings so that CHOs and frontline employees may successfully interact and learn from one another. The mentorship process may be improved and a healthy workplace culture that encourages high performance can be created through fostering cooperation, open communication, and mutual respect.

- Recognize and Celebrate Success Stories: Organisations should identify and publicise success stories that demonstrate the beneficial effects of CHO's strong mentoring and leadership on the performance of frontline staff. Regular praise, prize, or recognition programmes can accomplish this. These success stories can serve as an example for others and serve to emphasise the value of excellent mentoring and leadership.

- Regular evaluation and feedback mechanism-Establish frequent processes for review and feedback in order to gauge the success of the mentoring and leadership strategies used by CHO. This may entail carrying out performance reviews, gathering advice from frontline staff, and consulting CHOs directly. The input gathered may be utilised to pinpoint areas that need development and modify mentoring and leadership techniques accordingly.
- Share best practicesEncourage the exchange of best practises and lessons learnt amongst CHOs and organisations by sharing them. CHOs can discuss ideas, tactics, and difficulties pertaining to their leadership and mentoring positions through conferences, workshops, or online forums. Sharing best practises can result in innovation and ongoing development in leadership and mentoring techniques.

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Order

REFERENCES

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Thank you!