

Field Workers in Health and Family Welfare Organisations : A Review

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There are studies, both economic and structuralist, on family planning which help in understanding the fertility behaviour and problems associated with demand creation for birth control measures. It is felt that this is not enough but more attention is to be paid to the service-delivery aspects. This review article tries to bridge this gap in literature, by summarising the accumulated knowledge on service-providers in the developing countries in general, and the Indian situation, in particular.

Academic social science research on population problems, hitherto largely concentrated on the population control measures, particularly on the aspects of demand creation. Historically, it was the economists who played a major role in understanding the high fertility rates from the point of view of household rationality. As Geoffrey Hawthorn¹ pointed out, the economists in search of global theories, moved from the use of "conventional indices of neo-classical macro economics to the conventional indices of neo-classical micro economics", within the broader utilitarian framework. It was in response to these explanations that a new school of thought, with an emphasis on the contextual and

cultural factors, emerged. This framework, widely known as "structuralism", concentrated on the family structures, the kinship organisations, the marriage norms, and the social values as factors determining the fertility behaviour. Studies conducted from the point of view of both economic and structuralist models were of considerable help in understanding not only the fertility behaviour but also the problems associated with demand creation for birth control measures.² In recent times, however, it is increasingly felt that the demand creation alone is not sufficient but enough attention has to be given to the service-delivery aspects as well. Recognising this fact, ESCAP published a report on Organi-

1. Hawthorn G. Introduction to special issue on population and development. *The Journal of Development Studies* 1978, 14 (4), pp. 1-22.
2. McNicoll G. Population and development : Outlines for a structuralist approach. *The Journal of Development Studies* 1978, 4 (4), pp. 79-99.
Also see Easterline R E. An economic framework for fertility analysis. *Studies in Family Planning* 1975, 6 (3), pp. 54-63.

ational Determinants of Family Planning Performance³ and WHO Task Force,⁴ recognised the studies on service-providers as a priority area. Except for these initial attempts, no major effort seems to have been made to understand the service-delivery problems, particularly on the service-providers. With a view to bridging this gap, we have here taken up the task of summarising and synthesising the accumulated knowledge on service-providers in the developing countries in general, and the Indian situation, in particular.

The family planning programmes all over the world, in the beginning, depended on the clinic approach for service-delivery which was later changed to the extension approach. This change in emphasis indicated the reliance on para medical personnel more and more than on medical professionals for programme effectiveness. For instance, in India, there are more than one lakh para-medical personnel at PHC level compared to nearly 11,000 medical professionals. So the para medical personnel retain the major responsibility of change programme and they are directly or indirectly held responsible for the successes and failures in the programme implementation process. It is with this category of the service-providers that we are directly concerned. Several studies have been conducted to understand the problems of service-providers from different perspectives. These perspectives can be put under five analytically separable categories: (1) Recruitment and training perspective, (2) Job

satisfaction levels of workers, (3) Control and involvement of workers, (4) Systems analysis perspective, and (5) Worker-community interface. However, they are not mutually exclusive in any particular situation. First, we list the basic premises⁵ on which these studies are based in each category, and then analyse the conclusions reached.

Recruitment and Training Perspective

This category of studies gives importance to the review of recruitment policies of field workers and setting up of the selection criteria for such recruitment. More importance is given to the selection criteria, with the assumption that the success of a programme depends on the type of personnel manning the organisation. It is, therefore, considered necessary to measure the potential of the workers in terms of the socio-economic variables and aptitudes. The criteria tests are evolved as part of this effort. A few others, however, argued that mere specification of selection procedures is not sufficient. On the other hand, the emphasis should be on the training programmes to impart the interpersonal communication skills to workers. There are two main assumptions which form an integral part of these studies :

- (i) The socio-economic variables of workers determine their performance. The workers drawn from a particular background are supposed to have more accessibility to the majority of people in villages

3. ESCAP. *Organizational Determinants of Family Planning Programme Performance ; Evaluation of Integrated Family Planning Programmes in the ESCAP Region*. Asian Population Studies, 46A, Bangkok, 1980.

4. WHO. Task Force on Psychosocial Research in Family Planning. *Activities in 1980*. November, 1980.

5. For each perspective, two of the main assumptions which are central to the theoretical framework have been considered.

and, therefore, the performance is expected to be high.

- (ii) It is possible to improve the skills through the training programmes specifically designed for the purpose. As is seen, improvement contributes to high performance.

Recruitment of the field workers is done on the basis of certain general rules and procedures laid down by the health and family welfare department. These rules take into account certain minimum qualifications, and also some ascriptive indices like age and sex. The studies, however, emphasise on the inclusion of multivariate methods for recruitment. Chatterjee *et al*⁶ have developed one such multivariate method for the family planning workers. According to them, the same method, with some modifications, can be equally applied to other categories of workers. Fendall,⁷ based on his experiences in Africa and Southern Asia, stresses the importance of the auxiliaries in health care. However, there are some studies which question the basis on which the recruitment of more and more auxiliary health workers is made. In this direction, Annapurna⁸ reviews the role and functions performed by health and family welfare educators and motivators. Similarly, Bhatia⁹ has emphasised the need for clarity in the roles performed by health workers, so that the training objectives and contents can be geared towards the role performance. Some

studies¹⁰ concentrated on the evaluation of the existing training facilities for workers, and also suggested suitable modifications for introducing new curriculum.

These studies undoubtedly add to our knowledge in more than one way; however, they also have many shortcomings. One of the most important aspects ignored by these studies is the policies like protective discrimination. For instance, if a study finds that the workers from the lower socio-economic background do not have sufficient freedom to interact with the middle and upper caste population in villages, one cannot come to the simplistic conclusion that the workers with a particular background should not be recruited. Non-implementability of a recommendation is evident in the solution itself. Another difficulty with these studies is the excessive accent on the attitudes and aptitudes and their relationship with the performance levels. The assumption seems to be that the attitudes remain unchanged. Hence, the attitudinal changes are considered less important and hardly incorporated in the study designs. A worker who possesses a particular type of attitude may change his behaviour pattern as a result of the process of socialisation with the organisation or due to the influence of forces of external environment. The approach followed in these studies, therefore, tends to be highly atomistic in nature and less relevant to practical situation.

There are as many as 41 job duties which each multipurpose worker is suppo-

6. Chatterjee B B. *et al*. A multivariate method for selecting field level family workers in India. *Journal of Family Planning* 1974, 21 (2).
7. Fendall N R E. *Auxiliaries in Health Care*. Baltimore, Johns Hopkins University Press, 1972.
8. Annapurna K M A. The role of Auxiliary nurse midwives in family planning. *Journal of Family Welfare* 1972, 14 (1).
9. Bhatia J R. Types of functions of auxiliary health workers. *NIHAE, Bulletin*, 5 (3), pp. 187-93.
10. Sawhney N, Chauhan A S. *Training for Auxiliary Nurse Midwife: An Evaluation Report*. Lucknow, Population Centre, 1977 (Mimeo). Also see their study on *Mobile Training Team: An Evaluation Report*. Lucknow, Population Centre, 1977 (Mimeo).

sed to perform.¹¹ It is often pointed out that the workers cannot give attention to all the job functions. Often such long list of duties with many other instructions issued from time to time make the job performance extremely onerous. Therefore, some amount of clarity is necessary. However, the studies do not go into the question of how many of the functions formally listed can a field worker perform, given the geographical area, the size of population, and the time available.

On the other hand, the concentration has been on careful selection of words for job duties and endless listing of the roles each worker is supposed to perform with the hope that such an exercise is useful for training. The functional and dysfunctional aspects of specification of the job duties is not given any attention. So, whatever may be the emphasis on the need for change in the training contents, the main purpose of achieving the role clarity, with the type of job analysis undertaken, is not at all possible. It is, therefore, doubtful how this approach is going to be of any help in improving the performance.

Job Satisfaction Levels of Workers

In an organisation, immediate attention is given to the measurement of job satisfaction level or job morale. The rationale for studies on this aspect vary from linking the job satisfaction levels with the performance levels to considering the job satisfaction as an end in itself. However, attention should be drawn to the fact that the other concept, namely, alienation, which explains the same phenomena from a different

point of view, is only very sparingly considered. The main assumptions of the studies dealing with the job satisfaction levels of workers are :

- (i) The job satisfaction level of workers is inversely related to the extent of problems faced by workers. More the problems, the less the job satisfaction level.
- (ii) If the worker's job satisfaction is high, his performance is also expected to be high.

In the first assumption, the job satisfaction is considered an end in itself where causes of job satisfaction is given more importance than the consequences. In the second, job satisfaction is treated as a means to achieving performance. The job satisfaction here is supposed to be synonymous with the role-identification and involvement, producing the expected results from the role-incumbent. There are a number of studies to know the job satisfaction levels of health and family welfare workers, keeping either of the two or both the assumptions in mind.

Elder's¹² study of the family planning programme in Uttar Pradesh is one of the major attempts to understand the problems of field workers. The roles of worker's perception of roles, insufficient communication between roles and the organisational stress on quality and quantity of services are some of the factors that are specifically studied. Elder also analyses the influence of these factors on the job satisfaction

11. The Job duties for both male and female workers are given in the manuals prepared by the Ministry of Health and Family Welfare. See *Manual for Health Worker (Male)* Vol. 1 and 2, and *Manual for Health Worker* Vol. 1 and 2.
12. Elder R. E. *Development Administration in a North Indian State: The Family Planning Programme in Uttar Pradesh*. Chapel Hill, Univ. of North Carolina Press, 1977.

levels of selected group of workers. Similarly, Strassburger,¹³ after visiting 72 PHCs in Tamil Nadu, has identified four main sets of problems faced at the PHC level: lack of material resources; inadequate training; problems of over emphasis on a particular programme; and administrative difficulties. He comes to the conclusion that these four sets of problems are responsible for the low levels of job satisfaction. In his study, no attempt is made to measure the job satisfaction levels or the extent of problems faced by the workers. The study is largely impressionistic in its analysis and lacks a systematic design for the collection and analysis of data. In a small study, Santhanam and Sastry,¹⁴ measured the job satisfaction levels of 75 district extension educators. The main purpose of the study was to develop a scale for measuring the job satisfaction levels. In a recent effort, Reddy and Narayana¹⁵ have examined the relationship between the organisational, personal, and the environmental factors and job satisfaction levels of workers in ten primary health centres in Karnataka. It has been found that there is a significant correlation between these factors and the job satisfaction levels.

The aforesaid are some of the studies dealing with the problems of job satisfaction of workers directly; there are, however, studies which have generally assumed, without measuring, that the job satisfaction levels of workers are low.¹⁶ It is also significant that the job satisfaction studies have not examined the relationship between the job satisfaction levels and the worker's performance. In none of these studies the research instruments for measuring the job satisfaction levels have been satisfactorily developed. Amazingly, a large number of studies are based on a series of assumptions without any empirical basis. One such assumed relationship is between the job satisfaction and performance levels. These naive assumptions may be as a result of population experts' isolation from the external intellectual world. Recent developments in the area of job satisfaction theories are hardly taken into account. For instance, there is a growing evidence to suggest that there is no relationship between job satisfaction and performance.¹⁷ In fact, Locke¹⁸ has reversed the variables to show that it is the performance which influences the job satisfaction levels and not vice-versa. Unless some of these studies

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13. Strassburger E. Problems of Health care in a South Indian State. *International Development Review* 1973, 15 (4).
 14. Santhanam M L, Ramachandra Sastry K. Measurement of job satisfaction. *Bulletin of GIRH & FP*, 1968, Vol. 111 (1), pp. 51-68.
 15. Reddy P H, Narayana G. Health and family welfare programme personnel. A study in job satisfaction. *Population Centre (Bangalore) Newsletter* 1977, 3 (6), pp. 1-10. Also see, Narayana G, Reddy P H. Organisational problems and levels of job satisfaction of PHC personnel. *Indian Journal of Social Work* 1980, 12 (1), pp. 11-20.
 16. McLaughlin C. *Applying Models to the Family Planning Programme of Developing Countries*. Chapel Hill, North Carolina Univ. Press, 1972.
 17. Becker M H. Job satisfaction and job performance: An empirical test of some theoretical propositions. *Organizational Behaviour and Human Performance* 1973, 9 (2), pp. 267-78. Also see, Hammer C, Heruett I. Goal setting, performance and satisfaction in an independent table. *Organizational Behaviour and Human Performance* 1974, 12 (2), pp. 217-30.
 18. Locke A. Job satisfaction and job performance: Theoretical analysis. *Organizational Behaviour and Human Performance* 1970, 5 (5), pp. 454-500.

are taken into account it is not possible to arrive at meaningful conclusions.

Control and Involvement of Workers

Structural analysis of the health and family welfare organisations has always placed emphasis on the span of control and unity of common principles. It is often considered that both the number of supervisors each worker has and the type of supervision play a significant role in the improvement of the workers' performance. However, the emphasis in regard to the extent of control or involvement of workers has considerably varied from one study to other. These studies in general, follow the conventional organisation principles where hierarchy is the central theme. So far no study has dealt with the possibility of non-hierarchical organisational set-up. The variations are only in respect of the extent of hierarchical order one should have in the organisation structure. Depending on this orientation, the studies are generally based on two implicit or explicit assumptions:

- (i) Lack of adequate supervision makes the workers lethargic.
- (ii) More the workers are involved in decision-making, more they identify themselves with the programmes.

Both these assumptions deal with the problems of supervision from two different perspectives. While the first assumption

stresses the importance of more controls and close watch on the activities of workers to achieve programme objectives, the second minimises the role of controls and maximises the importance of involvement of workers in the decision-making process. Mishra *et al*¹⁹ maintain that the job functions of supervisors are not clear and they do not have sufficient powers to take action against the erring workers. Thus, only clarity in the supervisory roles and adequate powers to supervisors will be able to improve the performances of workers. Similarly, Nath *et al*²⁰ have concluded that there is no planning or supervision below district levels. The supervisors are not well acquainted with the techniques of motivation, co-ordination, direction, and control. They also think that lack of enough authority will lead to chaos. Nirmal Sahwney²¹ examines the consequences of reorganisation of supervisory roles on the programme performance. Valsan,²² in his study based on the Ernakulam and Malapuram districts in Kerala, goes to prove that a strong central leader is responsible for the effectiveness of programme in spite of poor staff morale, inadequate supplies, and religious opposition to various contraceptive methods. In the aforesaid studies, the main concern is to give more powers to the supervisors to make the programme effective.

There are a few studies dealing with the problem from a different angle. Maru²³

19. Mishra B D, Simmons G B. *et. al. Family Planning in Uttar Pradesh: A Change Programme and its Clients*. Kanpur, Indian Institute of Technology, 1973. Also see, Mishra B D, *et. al.* The dilemma of family planning in a North Indian State. *Studies in Family Planning* 1976, 7 (3), pp. 66-74.
20. Nath H D, Anand R C, Mathur G. Supervision for better productivity in community health services. *NIHAE Bulletin* 1976, 9 (4), pp. 309-18.
21. Sahwney N. *Multipurpose Concept at District Level: An Evaluation Report*. Lucknow, Population Centre, 1977 (Mimeo).
22. Valsan E H. Successes and problems in family planning administration: Experiences in two districts of Kerala, India. *Studies in family Planning* 1977, 8 (6), pp. 143-56.
23. Maru R M. Health manpower strategies for rural health services: India and China: 1949-75. *Economic and Political Weekly* 1976, 11 (31-33), pp. 1253-68.

argues that the decentralisation and debureaucratisation in the politico-administrative system is a *sine-qua-non* for realising the objective of family welfare programme. His analysis is based on the comparative analysis of Chinese and Indian programme implementation strategies. A few studies attempted to trace the weaknesses in the present system and attribute the problems to the colonial rule and its continuation.²⁴ This historical view of the administrative system provides many valuable insights but hardly helps us in arriving at solutions. Some of the solutions suggested are too drastic to implement. In contrast to these macro-level studies, a few have studied the workers and supervisors at the micro-level. For instance, Murthi,²⁵ in an experiment conducted in Andhra Pradesh, involved all the health personnel at the PHC to identify and analyse problems faced by them. Through group meetings they were also encouraged to find solutions. Based on the discussions, a work plan was drawn up. The project, it is concluded, had a positive effect on staff morale and commitment, and programme acceptance levels had considerably increased.

Supervision undoubtedly has a great role in the management of health and family welfare programmes. Since there are several vertical programmes in health and family welfare, each programme has its own set of supervisors. While attempts are made in recent times to integrate the functions at the workers level, no such effort seems to have been made at higher levels. As a result, now each worker has more than six supervisors. This type of situation not only strains the worker-supervisor

relationships but also imposes undue burden on the workers. As a consequence, the workers in general are alienated and hardly identify themselves with the programme. This enjoins the need for structural changes to improve the programme effectiveness. Once this is done, the next step is to reorient the supervisors to use participative style of management. Therefore, both the assumptions mentioned in this section are not contradictory but complimentary in nature.

Systems Analysis Perspective

With the involvement of the management institutions in the health and family welfare programme studies, the stress is now, to some extent, shifted to the systems analysis with particular emphasis on logistic problems. The management information systems, the drug distribution systems, the transport management, and the budgetary systems are analysed. The main point, however, is to change the existing systems so that the innovations introduced facilitate the worker to improve his performance. In this, the main assumptions are twofold :

- (i) Simple information system will help the manager to review, monitor, and evaluate the workers performance.
- (ii) Lesser the logistic problems in the organisation, more the performance by workers.

These two assumptions may not be interdependent but the process of work is almost similar. The existing information

24. Banerjee D. Public health and population control. In Dube S C. *Ed. India since Independence : Social Report on India 1947-72*. New Delhi, Vikas, 1977, pp. 290-309.
25. Murthi M N. Participative style in the management of FP programme. *Studies in Family Planning* 1976, 7 (2), pp. 58-62. Also see, Murthi M N, Chandi R T. Participative style in the management of family planning programmes. *Lok Udyog* 1974, 8, (7, 8), pp. 55-61.

