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RESEARCH ARTICLE

Explore the Lived Experiences of Community Health Officers in Delivering Healthcare Services

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Abstract: Community Health Officers (CHOs) play a pivotal role in delivering primary healthcare under the Ayushman Bharat Program. Despite their importance, CHOs face challenges such as heavy workloads, limited infrastructure, and restricted career opportunities. To explore the lived experiences of Community Health Officers in delivering healthcare services in selected sub-centers in Sangli district. A qualitative phenomenological approach was used. Data saturation was achieved with 12 participants, selected through purposive sampling. Data were collected using in-depth interviews and analyzed using Colaizzi's method. Thematic analysis identified six themes, 11 sub-themes, and 55 codes. Themes included motivation, commitment to community health, everyday resilience, innovative health promotion, digital health integration, and holistic wellness. CHOs reported workload stress, resource shortages, and lack of career pathways, yet demonstrated resilience, innovation, and strong community trust-building. CHOs are vital in bridging healthcare gaps in rural India. Addressing training gaps, infrastructure issues, and providing stronger policy support is essential for strengthening primary healthcare.

Keywords: Community Health Officers, Lived Experiences, Phenomenology, Rural Health, India.

INTRODUCTION

The Community Health Officer (CHO) program was introduced in 2018 as part of the Ayushman Bharat initiative to strengthen primary healthcare delivery in India. CHOs manage outpatient care, maternal and child health, chronic disease management, and health promotion in rural sub-centers. Despite their contributions, they face systemic barriers such as poor infrastructure, high workload, and limited career progression. Exploring their lived experiences provides insights into their challenges and coping mechanisms, offering evidence for policy and practice improvements.

OBJECTIVE

To explore the lived experiences of Community Health Officers in delivering health care services in selected sub centres

MATERIALS AND METHODS

- Design: A qualitative phenomenological design was used.
- Setting: Selected sub-centers in Sangli district, Maharashtra.
- Participants: 12 CHOs (B.Sc. Nursing or P.B.B.Sc. Nursing) with at least 4 years of experience.
- Sampling: Non-probability purposive sampling until saturation.
- Data Collection: In-depth, one-to-one interviews using semi-structured guidelines. Interviews were audio-recorded, transcribed, and validated.
- Analysis: Colaizzi's method was used to extract themes and subthemes.
- Ethics: Approval obtained from Institutional Ethics Committee, Bharati Vidyapeeth, Sangli. Written informed consent was obtained from all participants

RESULTS

- Demographics: Among 12 CHOs, 50% were aged 35–40 years, 75% were male, and 75% held P.B.B.Sc. Nursing qualifications. All had 4 years of experience.

Themes Identified:

1. Motivation to become a CHO – service orientation, growth, financial stability.
2. Commitment to community health – trust-building, collaboration, problem-solving.
3. Everyday resilience – balancing OPD, home visits, outbreak management.
4. Innovative health promotion – use of AV aids, WhatsApp, street plays, rallies.
5. Digital health integration – adoption of e-Sanjeevani, digital apps, reporting systems.
6. Holistic wellness – emotional resilience, work-life balance.

Findings revealed that while CHOs are resilient and innovative, systemic issues limit their performance.

DISCUSSION

This study highlights the dual nature of CHOs' roles: their strong motivation and resilience alongside systemic challenges. Findings align with literature from Gujarat and Bihar, which also reported heavy workloads, poor infrastructure, and training gaps. WHO emphasizes mid-level health workers as crucial in strengthening rural healthcare, consistent with the findings of this study. Policy implications include improving infrastructure, continuous training, supportive supervision, and career development pathways.

CONCLUSION

Community Health Officers are essential in delivering primary healthcare in rural India. Despite resource and systemic challenges, they show resilience, motivation, and innovation in healthcare delivery. Improved policy support, infrastructure, and professional growth opportunities are needed to maximize their effectiveness.

LIMITATION

The study was conducted only in Sangli district with a limited sample of 12 CHOs, which restricts generalizability. Findings are based on self-reported data and may be influenced by personal biases.

RECOMMENDATIONS

- Strengthen infrastructure at sub-centers.
- Provide continuous professional training and refresher programs.
- Establish mentorship and mental health support systems.
- Introduce structured career progression pathways for CHOs.

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