



RESOURCE CARAVANS AND PASSAGEWAYS OF COMMUNITY-BASED HEALTHCARE PROFESSIONALS DURING THE COVID-19 PANDEMIC

R. Razik and S.D.K. Wanninayake*

Department of Human Resources Management, University of Colombo, Sri Lanka

Access to and fair distribution of resources are building blocks of job performance and goal attainment. Healthcare workers required a myriad of resources in fulfilling their duties during the Covid-19 pandemic. Although non-western countries are credited for their success in managing the pandemic as opposed to the western-countries due to the community-centred approach to healthcare systems adopted by the former countries, the resource requirements and utilisation of community-based healthcare professionals in non-western countries during the pandemic are inadequately investigated. While bridging this knowledge gap, this study aims to explore the resource requirements, their availability, accessibility and utilisation by the Public Health Inspectors (PHIs)—the category of community-based healthcare professionals who were responsible for managing the Covid-19 pandemic in Sri Lanka, through the lens of Conservation Resource Theory. The study employed a qualitative research design and an interpretive epistemological standpoint to study the subjective accounts of fifteen PHIs employed through personal contacts and snowballing. Data were collected through semi structured interviews. These telephonic interviews were conducted in Sinhala and digitally recorded with permission. The recordings were transcribed verbatim and later translated into English. Data were analysed manually using Thematic Analysis. Results revealed that PHIs utilised three resource caravans consisting work resources, social resources and personal resources. All respondents unanimously reported that they were constrained with work related resources and non-conducive work environments (caravan passageways) which exacerbated the effects of the said resource losses. Due to severe and salient constraints in essential work resources, PHIs heavily invested in and utilised social and personal resources in carrying out their jobs. Yet, the intensity of the resource loss spirals thwarted the contributions of the gain spirals proliferating stress among PHIs. Intriguingly, despite minimum resources, PHIs continued to perform their duties diligently. This juxtaposition signals resilience effects among PHIs who operated with dire resource limitations during the Covid-19 pandemic, which can be explored in future studies. Implications for policy and practice are discussed.

Keywords: conservation of resource theory, COVID-19 pandemic, non-hospital-based employees, resource, caravans

*Corresponding Author: ruwaiha@hrm.cmb.ac.lk



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Department of Human Resources Management, University of Colombo, Sri Lanka

INTRODUCTION

Resources are basic and integral part of job performance and goal attainment (Hobfoll & Lilly, 1993). Confronted with an unexpected prolonged adversity, both hospital-based and community-based healthcare professionals required many kinds of job resources in vast amounts in managing the pandemic successfully. Job resources are defined as “anything that is perceived by individuals to help attain his or her goals” (Halbesleben et al., 2014, p.1338). Statistics and literature have indicated that non-western countries outperformed western countries in managing the pandemic as reflected through epidemiological indicators such as incidence and mortality (e.g., Navarro, 2021). Researchers attribute this success to the community centred approach to healthcare management practiced in the non-western countries as opposed to the hospital-based approach practiced in the western countries. As such the role of community-based workers in Sri Lanka was instrumental in managing the pandemic in line with their counterparts in the Asian region. However, to date slim to none research has investigated (e.g., Morse & Nathaniel, 2021), their resource availability and usage by these conquerors in discharging their yeoman services during the pandemic.

Drawing on the Conservation Resource Theory [COR] (Hobfoll, 1989), the objective of this paper is to explore the different resources required and utilised by the Public Health Inspectors (PHIs) of Sri Lanka, the resources provided for them, as well as the conduciveness of their work environment through which the necessary resources were generated and challenged. COR operates on the primary tenant that individuals strive to obtain, retain, foster and protect resources (Hobfoll, 1989; Halbesleben et al., 2018). Resource Caravans (RC) propose that the many types of resources individual need and utilise at work do not work in isolation, but travel in packs, similar to the metaphor of a caravan. Goal attainment through RCs is not a standalone activity but requires the presence of conducive passageways or environments which serve as conduits that facilitate employees to access and utilise required resources (Hobfoll, 2011). The passageways are represented by the presence of conducive organisational ecologies such as organisational support, stability and safety which create the channels through which necessary resources are supplied, protected, shared and fostered (Hobfoll, 2011). Thus, for successful goal attainment, the resource caravans and conducive passageways need to operate in tandem.

METHODOLOGY

Following a qualitative approach and an interpretivist epistemological standpoint which enable researchers to obtain first-hand information on the subjective accounts of the individual respondents (Burrell & Morgan, 1979), we conducted semi structured interviews with fifteen PHIs. Data collection was done between June – October 2021 when Sri Lanka was grappling with highly contagious Delta variant. Interviews were conducted via telephone. Interviews were conducted in Sinhala language and digitally recorded with the permission of the respondents. The interviews were transcribed verbatim and translated into English. On average, an interview lasted between 45 – 90 minutes. The transcribed data were analysed manually using the six-step approach of Thematic Analysis (Braun & Clark, 2006). Both researchers conducted thematic analysis independently and later compared to find common codes and themes as an effort to ensure inter-rater reliability (Joffe & Yardley, 2004). These respondents were recruited mainly through purposive sampling by visiting the Medical Officer of Health (MOH) offices personally through personal contacts and snowballing. Their work experienced



at the time of the emergence of the Covid-19 pandemic ranged from 03 months to 36 years. Table 01 outlines the details of the participants.

Table 01. Profile of the research respondents

Code No	Pseudonym	Sex ¹	Years of experience	District of service and whether the area is urban or rural
1	Sumeda	Male	22	Galle – rural area
2	Induwara	Male	15	Galle- rural area
3	Jayaruwan	Male	15	Galle- rural area
4	Wijethilaka	Male	20	Colombo – urban area
5	Anushka	Male	03	Galle – urban area
6	Gamage	Male	1	Colombo – rural area
7	Wijaya	Male	22	Hambantota – rural area
8	Manju	Male	15	Colombo – urban area
9	Wanigasekara	Male	5.5	Kalutara – rural area
10	Samitha	Male	36	Kalutara – urban area
11	Aman	Male	06	Colombo – urban area
12	Ananda	Male	17	Kurunegala – urban area
13	Arun	Male	20	Kegalle – rural area
14	Danny	Male	10	Colombo – rural area
15	Ruki	Male	34	Colombo – urban area

(Table created by authors)

RESULTS AND DISCUSSION

The analysis revealed that the PHIs utilised three types of resource caravans represented by work resources, social resources and personal resources as depicted in Table 02. The work resources covered protective equipment (PPE) and cleaning material, increased staff headcount, transport facilities, autonomy and empowerment to take quick decisions, specific training on pandemic management as they had never handled a pandemic earlier and rewards and recognition by the employer. All the PHIs unanimously reported that these resources were inadequately provided. There was a severe shortage in PPE and cleaning material at the early stage of the pandemic. PHIs were grappling with shortages in staff headcount— not only in their own category of employment which impacted on their service delivery in handling increasing number of cases but also the shortages in staff in other related services such as laboratory services. They also struggled with obtaining other infrastructure related facilities such as transportation which is an essential component of community-based healthcare management system, and most of the time, they used their private vehicles to fulfil public necessities. None of the respondents were given formal job specific training towards managing

¹ According to the circular number PSC/EST/3/1/13/3/2013 issued by the Office of the Public Services Commission only men can apply for PHI positions in Sri Lanka.



the pandemic. The PHIs reported that they even learned how to wear the PPE through the internet. In terms of autonomy and empowerment, the PHIs reported that they were not empowered to take decisions which obstructed case management, deploying surveillance and handling emotionally charged public. Therefore, most of the times they had to rely on the MOH or on other sources such as the security forces for decision making. They also informed that most of the time, changes to the regulations and the instructions were released to the media first without informing them through the proper channel and this disturbed their surveillance and case management activities. This not only obstructed their duties but also stifled their motivation. PHIs also received limited rewards and recognition, and they also have concerns with the mechanism adopted in selecting the PHIs for recognition. Our respondents further explicated how the delays in other services hindered discharging their duties such as delays in Polymerase Chain Reaction (PCR) tests.

The second type of resources emerged through the interviews were the social resources. One of the social resources that the PHIs relied on was the self-initiated collective learning from peers. They exchanged knowledge relating to case handling and pandemic management through peers, specially through the senior PHIs who had some experiences in managing previous epidemics. In the absence of proper recognition from the employer, PHIs appreciated the respect and recognition from the general society. However, they informed that the respect they earned during the early stage of the pandemic dwindled with the spread of the virus, thus they reported losses in social resources as well.

Table 02 – Resource Caravans of PHIs

Work resources	Social resources	Personal resources
<ul style="list-style-type: none"> - Protective equipment - Staff headcount -Transport -Specific training relating to managing the pandemic - Autonomy and empowerment -Rewards and recognition 	<ul style="list-style-type: none"> -Self initiated collective learning from peers -Recognition of the service by the broader society 	<ul style="list-style-type: none"> -Positive reappraisal -Usage of private resources for work needs - Religiosity

(Table created by authors)

Personal resources (Xanthopoulou et al., 2007), were the third category of resources PHIs invested and utilised while discharging their duties during the pandemic. These resources reflected positive reappraisal of the pandemic. Even though the pandemic was an acute adversity, the PHIs appreciated it as an opportunity to prove their importance for the society. The PHIs also reported they became closer to their religion and engaged in religious practices more intensely, during the pandemic as a coping mechanism. Other than these two dispositional personal resources of positive reappraisal and religiosity (e.g., Dolcos et al., 2021), PHIs also utilised personal physical resources such as their private vehicles, and private telephones in providing their services, as these resources were not provided by their employer.

According to these findings, the PHIs used three resource caravans: work resources, social resources and personal resources. It was observed that the PHIs had to heavily rely on resources drawn from social and personal domains, as they faced severe shortages in their work resources. PHIs Also reported that the environments through which they had to draw their resources (in other words, the passageways in their work environment), were not very conducive as they reported delays relating to support services, lack of autonomy, concerns relating to selection of colleagues for recognition and flow of information. In addition, the passageways in the broader social environment which appeared



conducive at the early stage of the pandemic diminished during the latter stage of the pandemic as they reported experiencing dwindled social acceptance.

CONCLUSIONS/RECOMMENDATIONS

The discussion revealed that PHIs experienced acute and actual resource shortages in managing the pandemic. In line with the principals of the COR, PHIs resorted to invest and capitalise on other resources to set-off these losses of work resources. The new resources they acquired include social resources such as self-initiated collective learning, and personal resources such as positive reappraisal of the adversity as an opportunity, religiosity and utilising private physical resources. However, as informed by Hobfoll (1989), these investments on resource acquisitions (gain spirals) by the PHIs had a weaker impact as their resource losses (loss spirals) were more severe and salient. Within the process of resource acquisition and resource utilisation, Hobfoll (1989) and Hobfoll et al. (2018) elucidate that if the resources of the individuals are weakened due to overuse, individuals infiltrate into a defensive mode to preserve these overused resources. This desperation mechanism (Hobfoll et al., 2018) was experienced by the PHIs as they briefly withdrew from providing services in July 2020 (Colombo Page, 2020). As their resource losses were more salient, and the resource loss spirals were more impactful than the resource gain spirals, it can be concluded that the PHIs of Sri Lanka—the major category of community-based healthcare workers who did a yeoman service in managing the pandemic, experienced severe work-related stress during the Covid-19 pandemic.

IMPLICATIONS

The study deduced several implications for policy and practice. While highlighting the necessity of providing adequate resources to perform job tasks, the study specially emphasised on the necessity of creating conducive passageways that channels available limited yet important work resources such as providing autonomy and establishing proper workflows to channel important information.

DIRECTIONS FOR FUTURE STUDIES

Despite severe resource shortages and high levels of work stress, respondents indicated that they continued to perform their duties diligently and successfully. This juxtaposition signals resilience among them. Further studies may explore the resilience levels of the PHIs during the pandemic.

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