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Investigating common job demands and job resources for large-scale community health worker programs in Southern Africa: a scoping review protocol

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ADMINISTRATIVE INFORMATION**Support** - None.**Review Stage at time of this submission** - Piloting of the study selection process.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202580052**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 15 August 2025 and was last updated on 15 August 2025.**INTRODUCTION**

Review question / Objective What are the job demands and job resources associated with working in large-scale community health worker (CHW) programs in Southern Africa?

1. Identify known job demands associated with work as a CHW in large-scale programs in Southern Africa.
2. Identify known job resources associated with work as a CHW in large-scale programs in Southern Africa.
3. Understand common themes in job demands and job resources for CHWs working in large-scale programs in Southern Africa.

The research question and objectives above are formulated based on the population, concept, context (PCC) framework.

- Population – Community health workers whose position is part of a large-scale program.
- Concept – Job demands and job resources associated with the CHW position.
- Context – Southern African countries (Angola, Botswana, Comoros, Democratic Republic of

Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, and Zimbabwe).

Background Since the 1978 Alma-Ata Declaration affirmed that “complete physical, mental and social well-being” is a fundamental human right and that primary health care (PHC) is a global priority to improve health and development governments, including those in Southern Africa, have adapted various models for PHC and CHW programs to make this vision a reality. Today, many countries are moving away from or expanding upon vertical disease-specific CHW models previously funded by donors with vested interests in specific health issues like HIV and tuberculosis (TB). Countries have created, revamped, or considered programs with a horizontal, integrated approach to community-based services that often still address infectious disease but also integrate other strategic priorities like maternal, newborn, and child health (MNCH) and non-communicable diseases (NCDs).

Rationale CHWs play diverse roles and often function as intermediaries between their communities and the formal health system. This creates unique opportunities to impact the health of those communities and presents challenges in governance, management, and funding that shape the nature of CHW's work. It is critical to understand characteristics of work for the individuals working as part of large-scale CHW programs given the importance of these programs in national strategies for PHC and universal health coverage (UHC), as well as recent reductions in donor assistance.

The Job Demands-Resources model (JD-R), developed by Bakker, Demerouti in 2001, theorizes that the characteristics of all occupations can be categorized into two main themes, job demands and job resources. Job demands refer to the aspects of a job that require sustained effort, which come at a physiological and/or psychosocial cost. These can include aspects of the work environment that are draining, such as social interactions, emotional burden, and pressure. Job resources encompass physical, psychological, and organizational aspects that facilitate achieving work goals, mitigate the negative impacts of job demands, and promote personal growth. Resources can include remuneration, incentives, supportive supervision, equipment and supplies, and opportunities for growth and advancement. The JD-R model focuses on the interplay between two processes, a health impairment process wherein job demands lead to stress, burnout and subsequent ill-health, which then negatively impacts the organization. The second process is a motivational one, wherein job resources improve engagement and other aspects of work motivation, while also mitigating the health impairment process and bolstering organizational outcomes.

This review will provide as complete a picture as possible of what is known about the nature of CHW work, specifically job demands and job resources, in Southern Africa's large-scale CHW programs. It will serve as evidence for current and future CHW programs on what is known about these concepts and inform the development of improved models. It will also provide the foundation for testing the JD-R model among this population.

METHODS

Strategy of data synthesis The search strategy includes a review of five databases: CHW Central, CINAHL, PubMed, Scopus, and the WHO Publication Library. Controlled vocabulary and free

text keywords will be customized to each database. The search will be guided by published resources that speak to various definitions and terms to refer to community health workers, known job demands and job resources, and existing search strings for low- and middle-income countries.

The search strategy described above, utilizing the listed information sources, was piloted on August 12, 2025.

Eligibility criteria Globally, CHWs have a wide range of responsibilities, incentive and pay structures, and impact on their communities. This research seeks to extract information on job demands and resources from various models broadly conceptualized in line with the general consistencies in CHW definitions identified by Olaniran et al, namely: "Paraprofessionals or lay individuals with an in-depth understanding of the community culture and language, [who have] received standardized job-related training of a shorter duration than health professionals, and their primary goal is to provide culturally appropriate health services to the community."

This definition can apply to both disease-specific or smaller-scale CHW programs with limited scope and often little integration with the public health care system. This review will focus solely on programs managed by domestic governments that deliver a broad set of services as part of the PHC system.

The review will not stratify or limit CHW experiences based on any demographic characteristics. However, it will exclude CHWs not employed by the government or otherwise funded via government-managed resources or special research initiatives that may adjust the nature of job demands and resources for the study population, for example, through the provision of additional supplies or training. When a single study reviews both donor- and government-managed, or hybrid programs, every effort will be made to focus on the demands and resources specific to those in large-scale programs.

Studies utilizing quantitative, qualitative, or mixed-methods approaches sourced from peer-reviewed journals and "grey" literature will be included. Studies focused on evidence synthesis (policy analysis, scoping reviews, systematic reviews, etc.) will be excluded. However, they will be reviewed for relevant primary sources.

In addition, the review will include policy, strategy, and framework documents that describe the intended work requirements of CHWs within government programs, classified as policy & guidance for this protocol. As the pilot identified several thousand results (before deduplication), RSC deemed that sufficient evidence for the analysis likely exists without including conference abstracts, dissertations, editorials, and commentaries, therefore they will be excluded.

All relevant peer-reviewed articles, grey literature, and government guidance published on or after April 30, 2008 will be included. This timeframe covers two recent waves in CHW integration into PHC programs in Southern Africa. The first wave, which came following the 2008 WHO Ouagadougou declaration on primary health care and health systems in Africa (signed on the start date of the search), was characterized by the creation or reinvigoration of CHW PHC programs in Mozambique, South Africa, and Zimbabwe. The second wave aligns with increasing global attention to domestically-resourced CHW programs, including the launch of the Sustainable Development Goals and its emphasis on CHWs and UHC and the founding of the Financing Alliance for Health, which works with African governments to strengthen domestic resources for community health programs. It also covers literature after major calls to expand CHW programming made by UNAIDS in 2016 and the WHO in 2017 and 2020. This phase saw the launch of a program in Tanzania, although the policy guidance was provided in 2014, as well as the introduction of new or reimagined programs in Madagascar and Malawi.

Source of evidence screening and selection

RSC will search the following bibliographic databases: CHW Central, CINAHL, PubMed, and SCOPUS. To capture relevant guidance documents, RSC will also search the WHO publication library.

During the identification phase, RSC will complete initial searches. Data will be exported and housed in Papers by ReadCube. Initial search results will be uploaded into Covidence for deduplication and screened against inclusion and exclusion criteria. A PRISMA flowchart will present the results of these processes. Two independent reviewers (RSC and LS) will screen abstracts and full articles, with a third reviewer (HT) resolving any disputes.

Data management The review data and process will be managed in Covidence.

Reporting results / Analysis of the evidence

A Covidence data extraction template will be customized to align with review objectives, focusing on the extraction of identification information and specific job demands and job resources. Authors will conduct a thematic analysis of the included reports/studies to identify and map job demands and job resources, and determine the frequency with which specific job demands and job resources are noted in the literature.

Presentation of the results The authors will create summary charts covering identifying information for the study, including the population or populations explored, as well as the identified job demands and job resources.

Language restriction Only studies published and available in English will be considered.

Country(ies) involved United States - University of the Western Cape.

Keywords Community health workers; Work; Motivation; Burnout; Job demands; Job resources; Southern Africa; scoping review Community health worker; job demands.

Dissemination plans The results of this review will be developed into a manuscript and submitted to a relevant journal for consideration and publication. The results will also be included as part of RSC's doctoral thesis.

Contributions of each author

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