

## **Quality of life of Community Health centre workers in selected areas of Kerala**

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### Introduction

If medical staff members are content and in good health, they are more likely to provide excellent treatment to their patients, and the patients themselves will have a more positive experience. Because it takes into account both an individual's optimism and their concerns over their health, quality of life is a more comprehensive measure of health than standard measurements. According to the World Health Organization, the term "quality of life" refers to "an individual's view of their position in life in the context of the culture and value systems in which they live and in relation to their ambitions, aspirations, standards, and anxieties." This definition was derived from the phrase "an individual's view of their position in life in the context of the culture and value systems in which they live." The World Health Organization (WHO) developed a four-part, 200-question survey to assess quality of life and then followed it up with a shorter, 30-question WHO Quality of Life Survey. It is possible that your quality of life will improve if you read the SCALE version of the Quality of Life Survey since this will allow you to get the same data in a shorter amount of time. Questions

about a person's quality of life and overall health are included in the total, in addition to questions on a person's physiological health, mental well-being, social interactions, and natural surroundings. The Quality of Life Framework developed by the World Health Organization has been effectively implemented in a number of cities and towns throughout India. LIFE QUALITIES The SCALE was the gold standard for evaluating patient satisfaction and the efficacy of treatment across a broad range of medical conditions. There hasn't been a lot of research done on the topic of healthcare workers' quality of life, especially among those who work at regional or local community healthcare centres (CHCs). The goal of the research was to establish a standard for the quality of life by evaluating the levels of health and happiness experienced by first-level supervisors and frontline health workers.

### Methodology

Staff members from Clinical and Health Services (CHC) participated in an experimental pilot research project. The sample consisted of two hundred individuals who were employed in various healthcare-related fields. The investigation was carried out at a number of CHCs dispersed all throughout the state of Kerala. When health professionals working at CHC were asked about taking part in the research, they were each given the chance to do so on a voluntary basis. When the individuals who gave us the samples contacted our

main office or came into the office in person, we provided them with an overview of the objectives of the research as well as the results that were expected to emerge from it. The identities of the people who took part in the study were kept secret, and they were not asked for permission to take part in the research until after they had been properly told of the possible advantages and disadvantages of taking part. It was made abundantly clear to the participants that the data that they contributed would be analysed collectively and that their names would not be exposed in any metrics that were made accessible to the public. If respondents had any inquiries or concerns about the survey, they were strongly encouraged to get in touch with the researcher as soon as possible. The WHO Quality of Life Questionnaire was used in order to ascertain the amount of fulfilment that each respondent had. In order to carry out a descriptive survey in the correct manner, we made use of a sampling strategy called intentional sampling and had the instrument translated into Malayalam. The data that was obtained is next subjected to statistical analysis, during which descriptive and inferential techniques are used.

## Results

The Quality of Life category had an average score of 4.89, while the Health Satisfaction category received a score of 4.98. The average score for contentment with one's physical health was 64.22, while the average score for contentment

with one's psychological health was 65.18, and the average score for contentment with one's social connections was 67.12. The percentage of people who are dissatisfied with their immediate environment is much lower than the average for the whole country, coming in at 54.7 percent. Women placed a higher priority on their overall physical health than men did, while men placed a higher priority on their overall mental health than women did. This shows that women have a more optimistic outlook on their capacity to do regular chores, their independence from the need for medical care, their mobility, the quality of sleep they get, their confidence in their ability to perform at work, and their overall level of pleasure. Men who described themselves as having a positive self-image described themselves as experiencing fewer negative emotions, having higher levels of self-esteem, having a greater capacity for enjoyment, having a more prominent sense of purpose in life, having sharper concentration, and being more content.

### Conclusion

In conclusion, even if they are dissatisfied with their physical well-being or the quality of their social interactions, they are content with how their minds are functioning. It is not possible to assign a lesser priority to the environmental aspect. Since the WHO quality of life scale has been shown to be a useful tool, more research should be carried out with the participation of all corporate employees in order to devise programming interventions that will result in an improvement in quality of life. It is necessary to do further research on healthcare

professionals who work in CHCs that are operated by the government because of the significance of quality of life and its connection to worker performance. This is because several studies have shown that an individual's level of enjoyment in their job has a direct impact on the amount of productivity they achieve in that task.

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