

Job satisfaction of Accredited Social Health Activist (ASHA)

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Abstract: *Introduction: Job satisfaction of the ASHA worker naturally depends on the economically, social and cultural conditions. ASHA worker who cannot get a sufficient wage will face with the problem of maintaining his or her family's life. This problem puts the ASHA worker far from being satisfied. ASHAs have expressed dissatisfaction with the incentives and expectations of better or regular pay in previous research studies. The aim of the study is to assess the level of job satisfaction among ASHA workers in rural areas in the selected districts of Maharashtra and to find association between levels of job satisfaction with selected demographic variables. Material and Methods: A quantitative survey approach with non experimental research design was used. The participants were ASHA workers who had consented to participate in the study. A total of 200 ASHA workers were selected through Non-Probability Purposive Sampling. Data was collected by using job satisfaction scale and categorized under High, Moderate and Low Satisfaction level. Data was analyzed by using descriptive & inferential statistics. In that frequency, mean, SD, & Chi square test were included. Results: Majority (58.5%) of ASHA workers had low job satisfaction level. 26% of them had moderate level of satisfaction and 15.5% of them had reported high level of job satisfaction. Age and Educational status were found to be associated with the level of satisfaction as Chi-square calculated value (Age, Educational status: 27.12, 50.08) was more than the table value (Age, Educational status: 23.98, 23.98). Conclusion: It is concluded that large number of ASHA workers were not satisfied with their working condition, incentives, workload, leave policy and there by not satisfied with their job. The study can be replicated on large samples on other health care professionals working in different districts of Maharashtra and across India.*

Keywords: ASHA, Satisfaction, Rural areas, Maharashtra

INTRODUCTION

Accredited Social Health Activist (ASHA) workers are important life line between people and health care facilities. They are instituted by government of India, Ministry of health and family welfare in 33 states (except Goa, Chandigarh & Puducherry). They are the trained females between the age group of 25-45. Each ASHA workers has to serve one village with a population of 1000. Population norms and educational qualification these women's are flexible in different states as per the local condition.

ASHA is a community level care provider, assigned many tasks. It includes facilitating access to health care services, creating awareness about health care facilities especially among underserved people, promotion of healthy behavior, helps in collective action for better health outcome. ASHA worker is considered as honorary volunteer but government of India give compensation and target based incentives.

ASHA is one of the key indicators of the success of National rural health mission across India. They have given their heart and soul in delivering the given health care services to the common people in rural India. ASHA workers mainly focusing on working condition, job satisfaction, incentives related issues. Activity related incentives are the main challenge faced by these trained health care providers. A study was conducted in one of the Southern state of India reflected that 83 % of ASHA were not getting any compensation or recognition for their achievement. 41% of them said that they don't get incentives on time.

Overload of the work, extensive working hours, tiring training sessions, working much of the time in

the field under in hot sun are the main challenges. They also reported that working for all the national health programme's made them sick. ASHA workers reporting that afternoon walk during field visit is very stressful and tiring, few of them told extensive workload affects their commitment & work output.

ASHA's are stationed to provide multiple services ranging from pregnant women to under five children's, apart from door to door visits and participation in National health cases. Considering the responsibility if ASHA, it is important to note that their performance is pivotal in improving the health seeking behavior of the community.

Research based literature shows gap and discrepancies in various aspects of ASHA's performance including lack of training, supervision, motivation, and low level of satisfaction from their work. With the changing needs & demands of rural people and increase in responsibility of ASHA, there is a clear need to assess the job satisfaction among ASHA workers.

ASHA will be the first port of call for any health related demands of poor sections of the population, especially women and children, who find it difficult to access health services. ASHA's will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and diseases accountability of the existing health services. Her responsibility is prevention of diseases and promotion of good health. ASHA will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Government of India has set up certain indicators for monitoring ASHAs which are mainly process, outcome and impact indicators.

ASHA is involved in multi tasking activities including door to door visits to make the people aware about the best use of available health care services. They are the life line between common people and health care system. Being the volunteer health workers also, they need to be motivated to produce fruitful results. The working atmosphere, conditions, wages & incentives are important factors to keep them motivated and satisfied. Many of the research based literature reported that ASHA workers are facing many challenges ranges from hard working conditions to lack of support and respect. Job satisfaction is a one of an important area and concern the emotional state of an individual impact on one's commitment towards their work performance. An individual should feel for his/her own job to give productive results of an organization. The amount of work ASHA does in rural parts of India needs to be acknowledged. It is the need of the time that the satisfaction of the life line needs to be assessed timely to keep them motivated and keep them in forefront. As the level of satisfaction is hardly documented in many parts of India and in Maharashtra state, researcher felt to assess the level of job satisfaction among ASHA workers.

METHODOLOGY

The research title was approved by Institutional Ethics Committee and University. Quantitative Approach was adopted with Non Experimental Descriptive Design. Total 200 samples were selected from the selected rural areas. Non-probability Purposive sampling technique was used for selections of samples. Job satisfaction Scale used to assess job satisfaction. Content validity of the tool was done and reliability of the tool was calculated using test-retest method. Data was collected from the respondents after taking written informed consent from them. Descriptive Statistics (Frequency & Percentage) was used to assess the job satisfaction among ASHA workers and inferential statistics (Chi square test) was used to analyze the association of level of job satisfaction with selected demographic variables. Level of job satisfaction was categorized into High, Moderate and Low level of satisfaction.

RESULTS

Results were categorized into three sections, which are as follows:

Section-I: **Demographic data-** majority (34.5 %) belonged to the 25-30 years of age group, majority (64.5%) ASHA workers completed Secondary School certificate education, Findings also describes that majority of participants (98.5%) were married, regarding experience of ASHA workers, majority (83%) were in between 0-2 years.

Section-II: **Level of job satisfaction among ASHA workers**

Table No.1

N=200		
Category of satisfaction	Range	Percentage %
High	117-175	15.5
Moderate	59-116	26
Low	0-58	58.5

Table no.1 shows that majority (58.5%) of ASHA workers were having low level of Job satisfaction

SECTION-III- Association of level of job satisfaction with selected Demographic variables

Table-2
Association of Level of Job satisfaction with Age & Education

n=200

Demographic Variable	Satisfaction Category				Total	Chi-Square Value	p- value	DF	Chi-Square table value	Result
	High	Low	Moderate							
3.1 Age	25-30	11	55	3	69	27.12	0.001	4	23.98	Associated
	31-35	10	32	25	67					
	36-40	10	30	24	64					
Total		31	117	52	200					
3.2 Education	Graduate	2	45	00	47	50.08	0.001	04	23.98	Associated
	HSC	10	11	03	24					
	SSC	19	61	49	129					
Total		31	117	52	200					

The data presented in Table: 2 shows that there is a significant association between age & education and level of satisfaction among ASHA worker as calculated p-value is less than 0.05. Hence H₀ is rejected and H₁ is accepted for this association.

Table- 3
Association of Level of Job satisfaction with Marital Status & Experience

n=200

Demographic Variable	Satisfaction Category				Total	Chi-Square Value	p-value	DF	Chi-Square table value	Result
		High	Low	Moderate						
4.1 Marital status	Married	31	114	52	197	2.11	0.71	04	23.98	Not Associated
	Unmarried	00	01	00	01					
	Widow	00	02	00	02					
	Total	31	117	52	200					
4.2 Experience	0-2	31	114	52	197	9.89	0.13	06	26.29	Not Associated
	3-4	00	01	00	01					
	5-6	00	02	00	02					
	More than 6	31	117	52	200					
Total	31	117	52	200						

The data presented in Table: 3 shows that there is a no significant association between marital status & experience and level of satisfaction as calculated p-value is more than 0.05 among ASHA workers. Hence, H₀ is accepted and H₁ is rejected for this association.

DISCUSSION

The discussion of the current study was based on the results obtained after the descriptive and inferential statistical analysis of collected data. The purpose of the research study was to assess the level of job satisfaction among ASHA worker and to associate the level of job satisfaction with selected demographic variable.

Majority of the ASHA workers were between age group of 25-30 (34.5%), 64.5% have completed the Secondary school certificate education, were married (98.5%) and 83% of ASHA workers were having experience between 0-2 years. Majority (58.5%) of ASHA worker had low job satisfaction level. 26% of them had moderate level of satisfaction and 15.5% of them had reported high level of job satisfaction. Moderate to high level of satisfaction were reported by ASHA worker (41.5%) in the following areas: appropriated job, meaningful job, rapport with the colleagues and feeling of happiness, recreation time and opportunity, job security, sense of dignity, hard work and competency & benefits. 58.5% of them had low level of satisfaction in areas like: suitable working condition, incentives and wedges, respect, recognition, facility for children education, supervisor job competence & behavior, benefits, job related policy and procedures, colleagues, communication, job description, standard of living, work pleasure, autonomy, appreciation of work. Similar kind of findings were reported in a study conducted on social acceptance and job satisfaction of ASHA worker in eastern states of India, where 93.5% of them reported high acceptance of services provided by ASHA, 36.4% have reported social acceptance to some extent. 52% of ASHA workers notified their dissatisfaction & 61% were not happy with their target based incentives.

Research on teaching method gives very little definitive data regarding the effectiveness and implications. Along with this, it is also clear that the field of education and teaching still lacks positive emphasis for nursing students, staff nurses and nursing administrators to practice. Another study was conducted in rural parts of another south east state of India on job satisfaction among ASHA workers. It was reported that 50% of them were not satisfied with their working condition and work based remuneration. This section shows that there is a significant association between age & education and level of satisfaction among ASHA worker as calculated p-value is less than 0.05 and it states that H₀ is rejected and H₁ is accepted for this association but there is a no significant association between marital status & experience and level of satisfaction as calculated p-value is more than 0.05 among ASHA workers. H₀ is accepted and H₁ is rejected for this association.

CONCLUSION

Hon'ble Prime Minister of India launched National rural health mission in the year 2005, to upgrade the availability and accessibility of health care services in India. Ministry of Health & Family Welfare instituted ASHA workers to achieve the set goal under NRHM. Training was given to those ASHA workers to work in coordination with ANM and the concerned medical officer. They were assigned job ranging from identifying the pregnant women till the immunization of U-5 children. The pattern of delivering of services was framed to make the ASHA workers comfortable working from their own village. In doing all these, government of India, took all the efforts to implement the services through ASHA workers but unfortunately the working conditions, challenges faced by ASHA worker & their job satisfaction were hardly documented and assessed.

Available literature suggested that, majority of ASHA workers were having the satisfaction about the work they do and services they provide, but at the same time they are very much dissatisfied and disappointed about their working conditions, support from supervisors and target based incentives. During the process of literature review, researcher identified that very limited information was available about ASHA job satisfaction in the rural parts of Maharashtra state.

Considering the above mentioned facts about inadequate evidence & problems of ASHA workers, researcher gave a thought to conduct the study in rural parts of Pune District to assess the job satisfaction of ASHA workers with an assumption that ASHA workers may be satisfied by nature of their work during service.

Study was conducted among 200 ASHA workers in selected rural parts of Pune District. Job

satisfaction scale was administered after fulfilling all the ethical considerations. Results of the present study reported that 58.5% of them had low level of satisfaction in areas like: suitable working condition, incentives and wedges, respect, recognition, facility for children education, supervisor job competence & behavior, benefits, job related policy and procedures, colleagues, communication, job description, standard of living, work pleasure, autonomy, appreciation of work.

Looking at the results, the assumption which was framed in the beginning of the study that ASHA workers may be satisfied with their job was proven wrong as majority of them were dissatisfied in terms their working environment, difficult working condition and minimum remuneration. This concludes that the ASHA workers working in the rural parts of Pune district were having low level of satisfaction, which is parallel to some other studies conducted other different states of India. Hence, there is need to give focus on ASHA workers working conditions along with the kind of services they provide to common people.

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