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Impact of Work Environment Factors on Job Satisfaction of ASHA Workers- A Study in Kerala

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Abstract

This research examines the elements related to the work environment that have impacted the happiness of ASHA workers in Kerala. The technique of multi-stage stratified random sampling is employed to provide a dependable and statistically sound sample. Kerala's three most populous districts—Kozhikode, Palakkad, and Kottayam provided 405 ASHA workers with in-person interviews, which provided the study's data. The study employed the structural equation model (SEM) to examine the impact of several factors on the job satisfaction of ASHA employees. These five factors were Work-life Balance (WB), Interpersonal Relationships (IR), Organizational Support (OS), Workload and Job Demands (WL), and Access to Resources (AR). The pseudo-R² of 0.6423 indicates that the independent variables of the research explained around 64.23 percent of the variation in the satisfaction of ASHA workers. That group was identified by the investigation. The SEM model indicates that all five components—aside from "WL"—have a considerable positive influence on the job satisfaction of ASHA employees. Factor "OS" had the most positive impact on work satisfaction (unstandardized coefficient: 0.43), followed by factors "WB" and "IR" (unstandardized coefficients: 0.39 and 0.26, respectively). To summarise, consider these work environment elements to maximize the happiness, retention, and quality of healthcare services provided to vulnerable populations of ASHA workers. Enhancing organizational support systems, successfully managing workload, cultivating good relationships, guaranteeing resource accessibility, and encouraging work-life balance are just a few of the recommendations. The implications of this study are far-reaching for both policy-makers and healthcare organizations in Kerala and beyond. By identifying the factors that most significantly impact the job satisfaction of ASHA workers, this study offers valuable insights into how to improve their work environment, enhance their well-being, and optimize their contributions to public health. Firstly, organizational support emerged as the most significant factor influencing job satisfaction. This highlights the need for healthcare systems to provide ASHA workers with the necessary resources, training, and administrative support.

Keywords: ASHA Workers, Job Satisfaction, Work Environment, Work-Life Balance, Job Demands, Workload.

Introduction

To meet the health requirements of the rural population, particularly the most vulnerable members of society, the Indian government established the National Rural Health Mission (NRHM) in 2005. The Indian government suggested Accredited Social Health Activists (ASHA) to serve as a liaison between the public health system and society as a whole with the introduction of NRHM. One of the main goals of the National Rural Health Mission is to assign a skilled female Accredited Social Health Activist (ASHA) to each village in the nation. These ASHAs are chosen from inside the village and are responsible for 1000 people or more. However, according to the circumstances, this rule may be loosened in hilly and tribal areas (Lahariya et al. 2007). When it comes to health-related concerns from underprivileged groups in the community—particularly women and children who have trouble accessing care—ASHA will be the first place they turn. ASHA is a more recent and updated version of CHW, but the selection process has taken into account the lessons gained from the earlier program and the reasons why it failed, such as poor training, inappropriate selection, and the demand for a charge for services (Shet, 2018). In addition, unlike the former CHWs or VHGs, ASHA is an activist rather than a health system worker. Furthermore, ASHA is more akin to the immensely popular and well-known Chinese notion of "barefoot doctors". In order to give women recognized as ASHAs the information and skills they need; the Ministry of Health & Family Welfare (MOHFW) has created a basic training module. Regular re-orientation training sessions are also planned at the district levels.

The number of jobs an ASHA can carry out before quality and productivity begin decreasing is still up for dispute, despite the benefits and advancements made. Despite having a significant impact on service delivery,

their job is divided across several responsibilities, which frequently leads to stress and burnout. Research from other nations has also demonstrated that giving care providers too much work to do can result in problems such as job confusion, the incapacity to perform numerous responsibilities, problems setting priorities, and problems providing services (Shelley et al., 2018). ASHAs are feeling overworked and lacking personal time as a result of frequent meetings, refresher workshops, travel to remote regions, and increasing obligations (Deshpande et al., 2019). The current study is investigating the complex link that exists between satisfaction with job and the work environment among Kerala's ASHA (Accredited Social Health Activist) workers, with a particular emphasis on the role that experience plays as a mediator in this dynamic interaction. ASHA employees navigate a challenging terrain of community health issues and play a critical role in the delivery of healthcare at the grassroots level. The purpose of this study is to better understand how organizational support, workload, team dynamics, and resource accessibility affect ASHA employees' job satisfaction over time. This study intends to offer insights into bettering work circumstances and eventually boosting the efficacy of medical care at the community level.

Review of Literature

ASHA employees were originally intended to serve as a conduit between primary healthcare facilities and communities, but they have now developed into multifaceted community health professionals. They are in charge of everything from monitoring diseases to educating people about health to boosting the health of mothers and children (Perry and Hodgins, 2021). ASHA employees can act as go-betweens, promoting communication in both directions between healthcare institutions and communities. ASHA staff members may promote community ownership of healthcare projects by enlisting the help of local leaders, carrying out needs assessments based on the requirements of the community, and customizing interventions to fit specific settings. Recognizing ASHA employees' vital contribution also entails formalizing the methods via which their efforts are acknowledged. Events held in the community and public awareness campaigns can draw attention to their efforts and inspire others to value and support what they do. In addition to giving ASHA employees more authority, this recognition reinforces community confidence in healthcare services (Mohasin et al., 2023). The importance of ASHA workers is acknowledged in different studies. For instance, Mohamed et al. (2019) conducted research on the impact of training initiatives on the level of maternal health care knowledge in the ASHA workers' context. The Tamil Nadu tribal population was taken into consideration when doing the study. ASHA employees serve as the backbone of the country's effort to promote, prevent, and treat rural residents, offering them access to quality medical care.

Bridari and Ray (2020) states that in their study about the job satisfaction among the ASHA workers, they found that majority of the ASHA workers were not satisfied. This was contrasted by another study by Varghese et al. (2018) conducted research with the purpose of determining the degree of job satisfaction among ASHA employees and the relationship between that degree of satisfaction and a certain demographic characteristic. Of ASHA's workforce, 25% expressed dissatisfaction with their employment, while 75% expressed satisfaction. Demographic factors and work satisfaction levels do not significantly correlate. According to a different survey by Saxena et al. (2020), the majority of ASHA employees reported that they are satisfied with their jobs but not with the incentives they get. They said that their pay was not commensurate with the amount of labour they produced. In a similar vein, Chakraborty et al. (2018) discovered that 93.7% of ASHA employees in West Bengal were happy with their jobs, whereas 6.3% were neither satisfied nor unhappy. Except motivation, the majority were satisfied with each particular aspect; 73.3% were not so pleased. The period of ASHA's service was substantially correlated with overall satisfaction. Hence the current study intended to evaluate the major work environment factors affecting the job satisfaction and also to investigate the relationship between the demographic variables on job satisfaction.

Research Gap

The topic of work environment factors and their impact on job satisfaction, particularly concerning ASHA (Accredited Social Health Activists) workers, has garnered some attention in recent years. However, there exists a significant research gap in understanding the complex relationships between these factors and the satisfaction levels of ASHA workers. ASHA workers are the cornerstone of India's primary healthcare system, particularly in rural and underserved areas, yet there is limited empirical research specifically addressing how their work environment influences their job satisfaction and overall performance. This gap is particularly evident in the context of Kerala, where the ASHA workforce plays a pivotal role in health initiatives but has not been extensively studied from a work environment perspective.

First, while there are studies on the role of ASHA workers in healthcare delivery, very few focus on the direct correlation between work environment factors and their job satisfaction. Much of the existing research tends to focus either on the individual roles and responsibilities of ASHA workers or on their training and education.

There is a lack of in-depth studies exploring how specific work environment variables, such as workload, interpersonal relationships, organizational support, and access to resources, shape their job satisfaction. Given that the quality of healthcare provided by ASHA workers depends heavily on their well-being, this area is underexplored.

Another key gap is the regional focus of existing research. Most studies on ASHA workers have been conducted in a generalized manner, without sufficient attention to regional differences. Kerala, known for its relatively high health indicators and progressive healthcare system, provides a unique context for studying ASHA workers. However, there is a dearth of region-specific research that addresses the unique challenges and opportunities that ASHA workers face in Kerala's distinct socio-political environment. Factors such as the state's high literacy rate, advanced healthcare infrastructure, and strong community engagement require specific attention, yet these elements are often overlooked in broader national-level studies.

Furthermore, much of the existing literature on job satisfaction and work environment factors is not grounded in the specific realities of the healthcare system. Studies on work-life balance, interpersonal relationships, and organizational support in other sectors may not fully capture the nuances of healthcare work, especially at the grassroots level where ASHA workers are situated. ASHA workers face unique challenges, such as navigating the complexities of rural health service delivery, coping with public health emergencies, and managing community expectations, which may not be reflected in generic job satisfaction models. There is, therefore, a need for more context-specific models that better explain the factors that directly influence ASHA workers' satisfaction.

Additionally, the research methodologies used in the study of ASHA workers are often limited. While some studies use qualitative interviews and surveys, many do not incorporate advanced statistical techniques such as Structural Equation Modeling (SEM) to analyze the relationships between multiple work environment factors. This limits the ability to derive clear, actionable insights that can inform policy and organizational practices. The use of more robust, quantitative techniques is essential for understanding the complex, multidimensional factors that affect job satisfaction among ASHA workers. In conclusion, addressing these research gaps is essential for developing evidence-based strategies to improve the working conditions of ASHA workers. Future research must focus on the specific work environment factors impacting ASHA workers in Kerala and other regions, use more advanced methodologies, and consider the regional and sector-specific dynamics that influence their job satisfaction. By doing so, we can enhance the effectiveness of ASHA workers and ensure better healthcare outcomes for underserved populations across India.

Research Questions

1. What are the key work environment factors that influence the job satisfaction of ASHA workers in Kerala?
2. How do Work-life Balance (WB), Interpersonal Relationships (IR), Organizational Support (OS), Workload and Job Demands (WL), and Access to Resources (AR).etc. impact the overall job satisfaction of ASHA workers in Kerala?
3. What role does demographic factors like Age, Marital status, Family pattern and Experience play in determining job satisfaction among ASHA workers in Kerala?

Objectives of the study

- 1.1 To examine the effect demographic variables on the overall job satisfaction of ASHA workers
- 1.2 To analyze the impact of the work environment factors on the job satisfaction of ASHA workers.

Statement of the Problem

"ASHA (Accredited Social Health Activist) workers play a key role in the healthcare system of India, particularly in rural and underserved areas. However, their effectiveness in delivering healthcare services is often influenced by various work environment factors, including workload, job security, inter personal relationship, job demands, organisational support, access to resources, work-life balance, recognition, and working conditions. Despite their substantial contribution to public health, there is insufficient study focusing on how these work environment aspects effect their job satisfaction, particularly in the context of Kerala. Understanding the relationship between work environment characteristics and job satisfaction among ASHA workers is crucial to increasing their well-being, motivation, and performance. Thus, the purpose of this study is to examine how various aspects of the work environment affect the job satisfaction of ASHA employees in Kerala and offer suggestions for improving their working conditions.

Hypothesis

H_{0a}: No difference in the work satisfaction of ASHA workers based on age.

H_{0b}: No difference in the work satisfaction of ASHA workers based on marital status.

H_{0c}: No difference in the work satisfaction of ASHA workers based on family pattern.

H_{0d}: No difference in the work satisfaction of ASHA workers based on experience

H_{0e}: No difference in the factors that influence ASHA worker's overall satisfaction

Methodology

Data were gathered for this cross-sectional research from three districts of Kerala during April and May of 2024. The researcher selects three districts from the northern, central, and southern regions to symbolize Kerala as a whole. Thus, the northern region's Kozhikode, the southern region's Kottayam, and the central region's Palakkad were chosen. ASHAs from each of the chosen Primary Health Centres (PHCs) were chosen for the sample using a cluster sampling approach, taking into account the study's context. A series of random unit samplings occurs in cluster sampling. We also refer to it as multistage sampling. One way to characterize the final design is by the number of phases. Two CHCs were chosen at random from each district in the first phase. In the second step, the PHCs were chosen at random (by lottery) from the district's chosen CHCs until the researcher had the necessary sample size of ASHAs (135 per district). Thus, 405 ASHAs in total were chosen for the investigation. The test-retest approach was used to determine the tool's dependability and to validate its content.

The study employed descriptive statistics to evaluate job satisfaction among ASHA employees, and inferential statistics (chi square test) to examine the relationship between job satisfaction levels and specific demographic variables. SEM was utilized to measure the impact of work environment on job satisfaction, and the SPSS Process MACRO was used for mediation analysis. To determine whether the sample size was sufficient, the "Kaiser-Meyer-Olkin (KMO)" and "Barlett's Test of Sphericity (BTS)" were utilized. Table 1 displays the findings of the KMO and BTS tests. The BTS was significant with 64.18 of the total variances recovered ($\chi^2 = 4587.21$, $p < 0.000$).

Table 01. KMO and Bartlett's Test

KMO Measure of Sampling Adequacy.		.847
BTS	Approx. Chi-Square	4587.21
	Df	404
	Sig.	.000

Source: Primary data

The results of the test of normality are given in table 02 below, with a statistically insignificant normality of 0.21 ($p = 0.214$). As a result, the Shapiro-Wilk test result is 0.957. It depicts a correctly distributed set of data.

Table 02. Test of Normality

	Kolmogorov-Smirnova ^a			Shapiro-Wilk		
	Statistic	df.	Sig.	Statistic	df.	Sig.
Quartile	0.247	324	.214*	0.957	324	0.374

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

A reliability study was conducted on the responses on the factors associated with factors relating to work environment impacting the job satisfaction of ASHA workers using thirty statements that were recorded on a five-point scale. An attempt was made to assess reliability using the traditional Cronbach Alpha (CA) model. The final alpha value for each factor, based on the number of statements under investigation, is shown in Table 3 below.

Table 03. Reliability Statistics

Sl. No.	Variables	No of Statements	Cronbach's Alpha	CA Based on Standardized Items
1	"Organizational Support"	05	0.917	0.924
2	"Workload and Job Demands"	05	0.947	0.951
3	"Interpersonal Relationships"	05	0.921	0.937
4	"Access to Resources"	05	0.949	0.958
5	"Work-life Balance"	05	0.953	0.961
6	"Overall Satisfaction"	05	0.910	0.919

Source: Primary data

Results:

Demographics of ASHA workers

Of those surveyed, 73% are married. Furthermore, 75% of the responses are in the 20–40 age range. 78% of those surveyed had a nuclear family, and the majority of them have four or more family members. The majority of ASHA employees are paid between Rs.7,000 and Rs.9,000 per month and have between 10 and 20 years of experience. The Demographic characteristics are displayed in table 04.

Table 04. Demographic Characteristics of ASHA workers

Variables	Category	No. of respondents	Percentage
Age	20- 30	143	35.31
	31- 40	162	40.00
	41- 50	94	23.21
	51- 60	6	1.48
Marital Status	Unmarried	109	26.91
	Married	296	73.09
Family pattern	Nuclear	315	77.78
	Joint	90	22.22
Number of Family members	3	144	35.56
	4	124	30.62
	5	109	26.91
	Above 5	28	6.91
Experience	0-10	135	33.33
	11- 20 years	198	48.89
	20- 30 years	72	17.78
Monthly income	Below 5000	56	13.83
	5001- 7000	97	23.95
	7001- 9000	197	48.64
	Above 9000	55	13.58

Source: Primary Data

Association of demographic variable with ASHA workers satisfaction

The table 05 given below shows the relation of demographic variable with ASHA workers. Given that the computed p-value is less than 0.05, there is a no significant correlation between age, family pattern, marital status, and the level of satisfaction among ASHA workers. Therefore, the null hypothesis is accepted except for experience.

Table 05. Chi-square result

Demographic Variable		Satisfaction			Total	Chi-square	p-value	DF	Result
		High	Moderate	Low					
Age	20- 30	45	63	15	123	29.16	0.05	7	Not Associated
	31- 40	14	25	18	57				
	41- 50	35	84	29	148				
	51- 60	31	32	14	77				
Total		125	204	76	405				
Marital Status	Unmarried	56	93	74	223	36.21	0.06	7	
	Married	89	48	45	182				Not Associated
Total		145	141	119	405				
Family pattern	Nuclear	78	102	56	236	21.4	0.1	8	
	Joint	47	74	58	179				
Total		125	176	104	405				Not Associated
Experience	0-10	22	103	8	133	43.9	0.02	7	
	11- 20 years	20	59	71	150				
	20- 30 years	20	60	42	122				Associated
Total		62	222	121	405				

Source: Primary Data

Calculating model, reliability, and validity

Before SEM, "confirmatory factor analysis" (CFA) was performed. The number of components and their connection to the indicators are precisely defined by the CFA approach, which looks at measurement models that are built a priori (Alhija, 2010). The fit of the model to the data is evaluated using CFA (fig. 1). The table below shows the outcomes of the CFA.

Table 06. CFA Results

Indices	Model fit Result	Suggested value
CMIN/DF	2.356	< 5.00 (Hair et al., 1998)
P value	0	> 0.05 (Hair et al., 1998)
GFI	0.945	> 0.90 (Hu and Bentler, 1999)
AGFI	0.951	> 0.90 (Hair et al. 2006)
NFI	0.94	> 0.90 (Hu and Bentler, 1999)
CFI	0.937	> 0.90 (Hooper et al., 2008)
TLI	0.974	> 0.90 (Byrne, 1994)
RMR	0.0369	< 0.08 (Hair et al. 2006)
RMSEA	0.0425	< 0.08 (Hair et al. 2006)
PNFI	0.645	> 0.50
PCFI	0.845	> 0.50

Using IBM SPSS AMOS, we assessed and calculated the component-to-component correlation coefficient. The results demonstrate that no component has a correlation value with any other component that is higher than 0.85. Consequently, this study may suggest that the measurement model's construct has achieved discriminant validity.

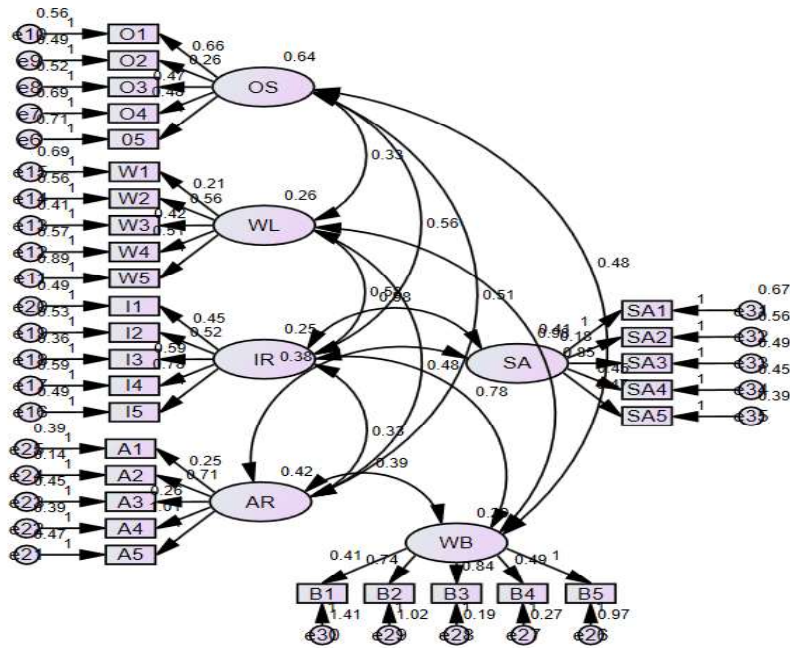


Figure: 1- SEM

Effects of Various factors relating to work environment on job satisfaction of ASHA workers'

The impact of variables like “Organizational Support (OS)”, “Workload and Job Demands (WL)”, “Interpersonal Relationships (IR)”, “Access to Resources (AR)”, and “Work-life Balance (WB)” on ASHA workers overall satisfaction (OS) has been investigated by a SEM utilizing AMOS. Table 8 demonstrates that the calculated p value is 0.026, which was less than 0.05, as a result of a larger sample size of $n = 405$. Nevertheless, the issue appears to have been resolved based on the CMIN/DF ratio of 4.154, which denotes a perfect match.

Table 07. Model fit summary of Structural Equation Model

Indices	Value	Suggested value
Chi-square value	27.569	
DF	18	
P value	0.026	> 0.05 (Hair et al., 1998)
Chi-square value/DF	4.154	< 5.00 (Hair et al., 1998)
GFI	0.945	> 0.90 (Hu and Bentler, 1999)
AGFI	0.956	> 0.90 (Hair et al. 2006)
NFI	0.986	> 0.90 (Hu and Bentler, 1999)
CFI	0.957	> 0.90 (Hooper et al., 2008)
RMR	0.032	< 0.08 (Hair et al. 2006)
RMSEA	0.0852	< 0.08 (Hair et al. 2006)
TLI	0.974	> 0.90 (Byrne, 1994)
PNFI	0.647	> 0.50
PCFI	0.59	> 0.50

All the “Organizational Support (OS)”, “Workload and Job Demands (WL)”, “Interpersonal Relationships (IR)”, “Access to Resources (AR)”, and “Work-life Balance (WB)” have been contributing to the “overall satisfaction (OS)”. “Workload and Job Demands (WL)” have a high negative impact on ASHA workers’ job satisfaction, as demonstrated by Table 08 and Fig.2, where the unstandardized coefficient of -0.61 and

“Organizational Support” has the highest positive impact with an unstandardized coefficient of 0.43 when all other route factors are held constant.

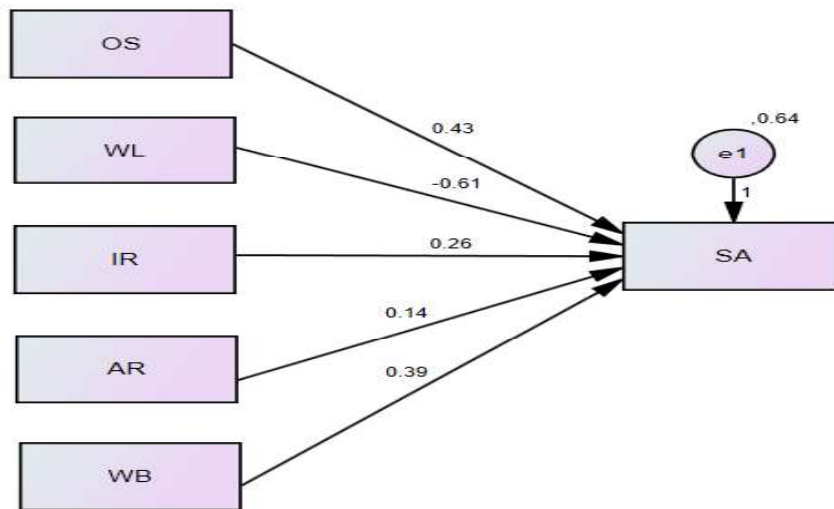


Figure.2- SEM

Table 08. Structural Equation Model (SEM) based on Standardized Coefficient

			Estimate	S.E.	t-value	P -Value
SA	<---	OS	0.43	0.012	7.564	< 0.001**
SA	<---	WL	-0.61	0.023	6.478	< 0.001**
SA	<---	IR	0.26	0.041	4.258	< 0.001**
SA	<---	AR	0.14	0.033	6.214	< 0.001**
SA	<---	WB	0.39	0.029	3.214	< 0.001**

Note: ** denotes significant at 1% level

Discussions

The current study focuses on the effect of work environment factors on job satisfaction. 73% of those surveyed are married. Moreover, 75% of them belong into the 20–40 age range, with the remaining ones ranging into the 41–60 category. 78 percent of them live as a nuclear family and 22 as a joint family. Around 65 percent of respondents have family members of 3 or 4. Around 50% of them are having experience of around 11–20 years. Further, around half of the respondents have a monthly income between 7001–9000. The chi-square test was conducted to examine whether there is any relationship or association between the demographic variables and work satisfaction. With a p-value of 0.05, 0.06, and 0.1, age, marital status, and family pattern were found to have no significant relationship with work satisfaction. Hence, the null hypothesis of no significant association between age (H_{0a}), marital status (H_{0b}), and family pattern (H_{0c}) was failed to reject. However, for experience, the p-value was 0.02, which indicates a clear relationship between work satisfaction and experience. Hence hypothesis (H_{0d}) is rejected. For analyzing the impact of work environment factors on job satisfaction of ASHA workers, SEM analyses were undertaken. Before SEM, "confirmatory factor analysis" (CFA) was performed. According to Table 06, using a larger sample size (sample size = 405) produced a calculated value of 0.1000, which is less than the significance level of 0.05. On the other hand, the CMIN/DF ratio of 2.356 indicates that the model is well-fitting, which fixes the earlier issue. The CFI value in this instance is 0.937. Furthermore, the results show that the "root mean square residuals (RMR)" and "root mean square error of approximation (RMSEA)" are, respectively, 0.0369 and 0.0425, below the commonly accepted 0.08 hypothesis put out by Hair et al. (2006).

The impact of variables like “Organizational Support (OS)”, “Workload and Job Demands (WL)”, “Interpersonal Relationships (IR)”, “Access to Resources (AR)”, and “Work-life Balance (WB)” on ASHA worker's overall satisfaction (OS) has been investigated by an SEM utilizing AMOS. The construct measurements yielded a chi-square value of 27.569 (df = 18), indicating a statistically significant fit for the

model. The current dataset shows a perfect match with values greater than 0.90 for the "trucker-lewis index (TLI)" at 0.974, the "adjusted goodness of fit index (AGFI)" at 0.956, and the "goodness of fit index (GFI)" at 0.945. Furthermore, the perfect fit is indicated by the computed values of the "normal fit index (NFI)" (0.986) and "comparative fit index (CFI)" (0.957). Moreover, Hair et al. (2006) argue that a perfect fit is indicated by values of the "root mean square error of approximation (RMSEA)" and "RMR" by 0.0852 and 0.032, respectively, both of which are below the criterion of 0.08 (table 08).

SEM analysis results show that all the factors like "Organizational Support (OS)", "Workload and Job Demands (WL)", "Interpersonal Relationships (IR)", "Access to Resources (AR)", and "Work-life Balance (WB)" have a significant impact on ASHA workers overall satisfaction (OS). Workload and Job Demands (WL) is the only factor negatively impacting the job satisfaction, with an unstandardised coefficient of -0.61, which means as 1 percent increase in the WL, decrease the job satisfaction by -0.61 percent. And "Organizational Support (OS)" has the highest positive impact on the job satisfaction. A 1 percent increase in the OS increases the job satisfaction by 0.43 percent. Additionally, the unstandardized coefficient of "Work-life Balance (WB)" on satisfaction, which is 0.39. The positive sign indicates that the influence of WB is positive, with satisfaction increasing by 0.39 percent for every unit increase in WB. The coefficient value is relevant at the 1% level. The coefficient of "Interpersonal Relationships (IR)", and", "Access to Resources (AR)" on satisfaction, which is -0.26 and 0.14 respectively, also holds other route elements constant and indicates a somewhat positive influence of these factors on the ASHA workers job satisfaction. At the 1% level of significance, the coefficient value is noteworthy.

Recommendation:

Authorities should provide a good and healthy working atmosphere for the ASHA workers to enhance their job satisfaction and loyalty. The workload of the ASHA workers should be reduced to increase their quality of service and job gratification. Better work-life balance increases their confidence and commitment to the organization and society. Adequate training and development should be provided to them, and technical knowledge should also be imparted to make their job more interesting and easy. Programs for improving mental health and reducing job stress should be introduced in the organization at frequent intervals. Better interpersonal relationship also acts as motivator and enhances the job efficiency of the ASHA workers. They should be provided with adequate resources and tools for performing their job more efficiently and satisfactorily.

Conclusion

The study concludes by shedding light on the significant influences that the workload and job demand (WL), work-life balance (WB), interpersonal connections (IR), organizational support (OS), and access to resources (AR) have on the overall satisfaction (OS) of ASHA employees. All of these elements work together to create a workplace that has a big impact on how satisfied ASHA employees are with their jobs. Organizational support is identified as a critical feature that includes elements like opportunity for professional growth, leadership support, and acknowledgment of accomplishments. In addition to increasing job satisfaction, a supportive corporate culture also helps ASHA employees feel committed and like they belong.

Stress levels and job performance are significantly impacted by workload and job demands. Maintaining the happiness and well-being of ASHA personnel requires efficient workload management, provision of sufficient resources, and assurance of appropriate job expectations. Building strong interpersonal ties at work is essential for developing a supportive and cohesive team atmosphere. Colleague cooperation, communication, and support are facilitated by positive connections and are essential for overall job satisfaction and morale. The capacity of ASHA employees to carry out their tasks efficiently is directly impacted by their access to resources, such as tools, supplies, and knowledge. Inadequate resources have the potential to reduce output and increase work discontent.

Finally, maintaining a work-life balance is essential for ASHA employees to preserve their general wellbeing and job happiness. Work-life balance-promoting laws and procedures, such flexible scheduling and sufficient vacation time, greatly lower burnout and raise job satisfaction. In summary, it is critical to address these aspects of the work environment in order to maximize the happiness of ASHA employees, encourage their retention, and ultimately raise the standard of care that they offer to the communities they serve. Important measures in accomplishing these objectives include initiatives to improve organizational support, manage workload, cultivate strong connections, guarantee resource sufficiency, and encourage work-life balance.

Implications of the Study

The implications of this study are far-reaching for both policy-makers and healthcare organizations in Kerala and beyond. By identifying the factors that most significantly impact the job satisfaction of ASHA workers, this

study offers valuable insights into how to improve their work environment, enhance their well-being, and optimize their contributions to public health. Firstly, organizational support emerged as the most significant factor influencing job satisfaction. This highlights the need for healthcare systems to provide ASHA workers with the necessary resources, training, and administrative support. Greater recognition of their work, improved communication between ASHA workers and healthcare administrators, and enhanced logistical support could alleviate many of the challenges faced by ASHA workers. This can contribute not only to job satisfaction but also to greater retention rates, reducing turnover and ensuring continuity of care in rural areas. Secondly, work-life balance is crucial for ASHA workers, who often face long hours and challenging conditions. Ensuring that ASHA workers have sufficient rest and time off is essential for maintaining their health and motivation. Policies that allow for flexible working hours, promote mental health, and provide financial incentives for hard work and overtime could be beneficial in addressing this issue.

The importance of interpersonal relationships, both with fellow workers and supervisors, was also highlighted in the study. A supportive and collaborative work environment is essential for the mental and emotional well-being of ASHA workers. Regular team-building activities, peer support groups, and fostering a culture of mutual respect can enhance job satisfaction and reduce feelings of isolation among ASHA workers. Finally, ensuring access to resources, such as medical supplies, mobile technology, and transportation, is crucial for ASHA workers to perform their duties effectively. Providing adequate tools and resources will not only reduce job-related stress but also improve the quality of healthcare services provided to vulnerable populations. In conclusion, the study provides a roadmap for improving the work environment of ASHA workers. By focusing on organizational support, work-life balance, interpersonal relationships, and access to resources, healthcare systems can significantly improve the job satisfaction of ASHA workers, leading to better healthcare outcomes for rural communities.

Scope for future Research

This research further provides more scope for future research in the following areas. Compare the work environment elements and job gratification levels of ASHA workers in Kerala with those in other states or regions in India. This will deliver visions into whether the outcomes are specific to Kerala or if they are applicable across different circumstances. Discover how social and cultural norms in Kerala (e.g., gender roles, caste, and family responsibilities) affect ASHA workers' job satisfaction and work environment. Examine the role of training programs and constant professional development in improving the work environment and job satisfaction of ASHA workers. Investigate how financial incentives, performance-based rewards, and recognition programs affect ASHA workers' motivation and job satisfaction. Study the emotional and psychological aspects of ASHA workers' jobs, such as stress, burnout, and mental health, and how these factors influence overall job satisfaction. Investigate how government policies, healthcare initiatives, and the support of public health institutions in Kerala influence the work environment and job satisfaction of ASHA workers.

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