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Research Article

Job Satisfaction of ASHA Workers in a Community Development Block of West Bengal-A Qualitative Analysis

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ABSTRACT
Background: Accredited Social Health Activists (ASHAs) are key frontline health workers under India's public health system. Their motivation and job satisfaction are critical for effective service delivery, yet remain inadequately explored through qualitative approaches.
Objectives: To explore job satisfaction and its determinants among ASHA workers in Haringhata Block of Nadia district, West Bengal.
Methods: A qualitative study using a grounded theory approach was conducted among ASHA workers. Focus Group Discussions (FGDs) were carried out across eight Gram Panchayats until data saturation was achieved. Data were transcribed, translated, and analyzed using thematic analysis involving open coding, categorization, and theme generation.
Results: Six major themes emerged: (1) work environment and health system support, (2) financial remuneration, (3) community interaction, (4) work–life balance, (5) emotional labour and stress, and (6) career progression. While community recognition and flexible work timing contributed positively to job satisfaction, low and irregular incentives, increasing workload, lack of career advancement, and emotional exhaustion were major sources of dissatisfaction.
Conclusion: Job satisfaction among ASHA workers is multidimensional, with intrinsic motivation often offset by systemic and financial challenges. Strengthening remuneration systems, supportive supervision, training, and career pathways is essential to improve ASHA performance and retention.

Keywords: ASHA workers, job satisfaction, qualitative study, frontline health workers, West Bengal, thematic analysis

INTRODUCTION

India's public health system relies heavily on community-based frontline health workers to deliver essential health services, particularly in rural and underserved areas. The Accredited Social Health Activist (ASHA) programme, launched under the National Rural Health Mission (NRHM) in 2005, represents a cornerstone of this strategy [1]. ASHA workers act as vital links between the community and the formal healthcare system by facilitating access to maternal and child health services and promoting health awareness [2,3].

ASHAs are selected from within their communities, enabling them to build trust and influence health-seeking behaviour effectively [3]. Their responsibilities extend beyond technical tasks and involve emotional labour and social engagement, making job satisfaction a critical determinant of performance [4].Job satisfaction among ASHA workers is influenced by remuneration, work environment, training, supervision, community recognition, and career growth opportunities [2,4]. However, studies have consistently reported concerns such as low and irregular incentives, high workload, and lack of career progression [5,6].Most existing literature is quantitative and does not adequately capture the lived experiences of ASHA workers. Qualitative research is essential to understand their perceptions, motivations, and challenges in depth. In West Bengal, particularly in rural settings, such evidence remains limited. This study aims to explore job satisfaction among ASHA workers using a qualitative approach.

METHODOLOGY

Study Design: Qualitative descriptive study using a grounded theory approach.
Study Area: Haringhata Block, Nadia district, West Bengal.

Study Population: ASHA workers serving in the study area.
Inclusion Criteria: i) Working for ≥1 year ii) Willing to participate
Exclusion Criteria: Unwilling to participate
Sampling Technique: Convenience sampling.
Sample Size: FGDs conducted until data saturation
(7–8 participants per Gram Panchayat).
Data Collection Tool: Predesigned FGD guide covering:
a) Work environment b) Incentives c) Work–life balance
d) Community interaction e) Emotional well-being
Data Collection Procedure:
FGDs were conducted with informed consent, audio-recorded, and lasted 60–90 minutes.
Data Analysis:
i) Transcription and translation ii) open coding
iii) Development of subthemes and themes
IV) Iterative thematic analysis
Ethical Considerations:
Approval from Institutional Ethics Committee and Written informed consent obtained.

RESULTS

Focus Group Discussions were conducted among ASHA workers from all eight Gram Panchayats of Haringhata Block until data saturation was achieved. Thematic analysis of the transcribed discussions led to the identification of five major themes and several subthemes reflecting the multidimensional nature of job satisfaction among ASHA workers. These themes encompassed work environment, financial remuneration, community interaction, work–life balance, emotional well-being, and expectations from the health system.

Theme 1: Work Environment and Health System Support

This theme reflects participants' perceptions of their working conditions, supervisory relationships, training opportunities, and logistical support.

Subtheme 1.1: Relationship with Health Staff and Supervisors

Most participants described a generally supportive relationship with ANMs and PHC staff, which positively influenced their job satisfaction. However, experiences varied depending on individual supervisors.

Illustrative Quote:
"When the ANM supports us and listens to our problems, working becomes much easier."

Subtheme 1.2: Training and Capacity Building

ASHAs expressed appreciation for initial training but reported inadequate refresher training and limited opportunities for skill enhancement.

Illustrative Quote:
"We are expected to do many new tasks, but training does not always come on time."

Subtheme 1.3: Infrastructure and Logistical Challenges

Lack of transportation facilities, long travel distances, and inadequate infrastructure were frequently cited as barriers to effective work performance.

Illustrative Quote:
"Many villages are far away, and there is no transport. We have to manage on our own."

Theme 2: Financial Remuneration and Incentive Structure

Financial aspects emerged as a central determinant of job satisfaction and dissatisfaction.

Subtheme 2.1: Low and Irregular Incentives

Participants consistently reported dissatisfaction with the amount and irregularity of incentives, which affected their motivation and financial security.

Illustrative Quote:
"Sometimes the incentive comes after months. We cannot depend on this income."

Subtheme 2.2: Perceived Mismatch between Workload and Pay

ASHAs felt that the expanding scope of responsibilities was not matched by adequate compensation.

Illustrative Quote:
"The work keeps increasing, but the money remains the same."

Theme 3: Community Interaction and Social Recognition

This theme highlights the social dimension of ASHA work and its impact on job satisfaction.

Subtheme 3.1: Community Trust and Respect

Many ASHAs reported high levels of respect and trust from the community, which served as a strong source of motivation.

Illustrative Quote:
"People call us first when there is any health problem. That gives us pride."

Subtheme 3.2: Challenges in Community Engagement

Occasional resistance, unrealistic expectations, and blame during adverse outcomes led to stress and dissatisfaction.

Illustrative Quote:
"If something goes wrong, people sometimes blame us even when it is not our fault."

Theme 4: Work–Life Balance and Gendered Responsibilities

ASHAs described the challenges of balancing professional responsibilities with domestic roles.

Subtheme 4.1: Flexible Work Timing as a Facilitator

Flexible working hours were viewed as a positive aspect, allowing ASHAs to manage household responsibilities.

Illustrative Quote:

"We can adjust our work according to family needs, which is helpful."

Subtheme 4.2: Work–Family Conflict

Despite flexibility, the unpredictable nature of work often interfered with family life, leading to stress and exhaustion.

Illustrative Quote:

"Emergencies can happen anytime, and family time gets affected."

Theme 5: Emotional Labour, Stress, and Job Satisfaction

This theme captures the emotional demands of ASHA work and their influence on overall job satisfaction.

Subtheme 5.1: Emotional Attachment to Work

Participants expressed a strong emotional connection to their community and beneficiaries, which enhanced job satisfaction.

Illustrative Quote:

"We feel happy when a mother and baby are safe because of our effort."

Subtheme 5.2: Emotional Exhaustion and Burnout

Prolonged stress, lack of recognition, and workload pressures contributed to feelings of fatigue and burnout.

Illustrative Quote:

"Sometimes we feel mentally tired and think of leaving the work."

Theme 6: Career Progression and Future Expectations

ASHAs discussed their aspirations, perceived stagnation, and suggestions for improvement.

Subtheme 6.1: Lack of Career Advancement Opportunities

Participants expressed concern over the absence of clear career pathways or job security.

Illustrative Quote:

"There is no promotion or permanent job even after so many years."

Subtheme 6.2: Expectations from the Health System

ASHAs suggested regular payment of incentives, improved training, recognition, and permanent status as ways to enhance job satisfaction.

Illustrative Quote:

"If payments are regular and our work is recognized, we will work with more dedication."

DISCUSSION

This study highlights that job satisfaction among ASHA workers is influenced by both intrinsic and extrinsic factors. Supportive supervision was found to enhance job satisfaction, consistent with previous studies [1,2]. However, variability in supervisory support indicates systemic inconsistencies [3].Training gaps identified in this study align with earlier findings emphasizing the need for continuous capacity building [4].Financial dissatisfaction due to low and delayed incentives is widely reported across India [2,5]. Similar findings from national reports indicate systemic issues in payment mechanisms [6].

Community recognition emerged as a strong intrinsic motivator, consistent with earlier research [3,5]. However, social pressure and blame contribute to stress. Work–life imbalance reflects gendered challenges, as reported in other studies [4].Emotional labour plays a dual role—enhancing satisfaction while contributing to burnout, a phenomenon well-documented in community health workers [3].Lack of career progression remains a critical issue affecting long-term motivation and retention [2,6].

CONCLUSION

Job satisfaction among ASHA workers is multidimensional, shaped by organizational, financial, social, and emotional factors. While intrinsic motivation remains strong, systemic challenges undermine overall satisfaction.

Policy-level interventions focusing on timely remuneration, supportive supervision, training, and career advancement are essential for strengthening the ASHA programme.

Strengths of the Study

Use of qualitative approach capturing lived experiences

Inclusion of ASHAs from multiple Gram Panchayats

Thematic analysis ensuring depth and richness of data

Context-specific insights relevant for policy and program improvement

Limitations of the Study

Convenience sampling limits generalizability

Possibility of social desirability bias in FGDs

Findings restricted to a single block
Lack of triangulation with other stakeholders (e.g., ANMs, MOICs)

Declaration by Authors:
We confirm that it is an original work and all the listed authors have contributed significantly

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REFERENCES

1. Ministry of Health and Family Welfare, Government of India. National Rural Health Mission (2005–2012): Mission document. New Delhi: MoHFW; 2005.
2. Kumar D, Goel NK, Mittal PC, Misra P. Job satisfaction of Accredited Social Health Activists in Karnataka. Indian J Public Health. 2012;56(4):279–282.
3. Bajpai N, Dholakia RH. Improving the performance of Accredited Social Health Activists in India. Ahmedabad: Indian Institute of Management; 2011.
4. Nandan D, Agarwal S, Kaur M. Job satisfaction and its determinants among ASHA workers in Uttarakhand. Indian J Community Health. 2017;29(1):45–50.
5. Pandey S, Sehgal AR, Riboud M, Levine D, Goyal M. Informing resource-poor populations and delivery of services in India. PLoS One. 2016;11(10):e0163170.
6. National Institute of Rural Development and Panchayati Raj. Status of ASHA workers in India. Hyderabad: NIRDPR; 2020.