

Original Research Article

Comparative study on job motivation and job stress among urban and rural community health workers of Hubballi taluk in Karnataka

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ABSTRACT

Background: Health workers account for the largest share of public expenditures on health and play a crucial role in efforts to improve the availability and quality of health services. The performance of community health worker depends on their job satisfaction which is derived from certain intrinsic and extrinsic motivators. Objectives were to compare the motivation and job stress among community health workers in Hubballi Taluk in Karnataka.

Methods: Comparative cross-sectional study was conducted among 134 community health workers of 3 rural PHCs from Noolvi, Byahatti, Adargunchi, and 3 urban PHCs from Bantikatta, Ayodhyanagar, Navanagar of Hubballi taluk. After obtaining informed consent, data was collected using pretested structured questionnaire and 4 point Likert scale method used.

Results: Out of 134 community health workers, 68 were from rural areas and 66 were from urban areas. In urban area 24.2% were ANMs and 75.8% were ASHA workers while in the rural 8.8% were ANMs and 91.2% were ASHA. 56.1% in the urban and 50% in the rural were aged between 31-40 years respectively. The mean score of total motivation was higher in urban (72.13) than in rural (70.04) and also mean score of total occupational stress was higher in urban (60.3939) than rural (58.5588).

Conclusions: Our study showed that the motivation and job stress is more among the urban as compared to rural. There is a need to motivate more in the rural health workers and reduce the job stress in urban area.

Keywords: Accredited social health activists, Auxiliary nurse midwife, Burnout, Community health workers, Job stress, Motivation

INTRODUCTION

Health workers constitute the backbone of healthcare systems globally and account for the largest share of public expenditure on health, playing a crucial role in efforts to improve the availability and quality of health services.^{1,2} However, there is growing concern that poor health worker performance may be limiting the effectiveness of health systems strengthening efforts, particularly in low- and middle-income countries.

Human resources in the health sector have been grappling with perennial problems such as staffing shortages, poor job conditions, low remuneration, and high turnover

rates.^{1,2} These challenges are particularly pronounced among community health workers (CHWs), who serve as the vital link between healthcare systems and communities, especially in rural and underserved areas.

Motivation is defined as an individual's degree of willingness to exert and maintain effort towards attaining organizational goals.³ In the context of healthcare delivery, worker motivation becomes a critical determinant of service quality and system effectiveness. The performance of community health workers significantly depends on their job satisfaction, which is derived from both intrinsic motivators (such as personal fulfillment, recognition, and professional growth) and

extrinsic motivators (including compensation, working conditions, and organizational support).^{3,4}

Closely linked to motivation is the concept of job stress and burnout, which represents a complex phenomenon affecting healthcare workers worldwide. According to cognitive theory, work stress is defined as the interaction between the individual and the environment, or as proposed by the effort-reward imbalance model, work stress results from a mismatch between job demands and individual abilities.⁵ There is strong consensus in the literature that higher levels of burnout are associated with lower job satisfaction among health workers in low- and middle-income countries, as well as mental healthcare workers globally.⁶⁻¹⁰

In India, community health workers, particularly accredited social health activists (ASHAs) and auxiliary nurse midwives (ANMs), play a pivotal role in healthcare delivery. These CHWs are employed by the Ministry of Health and Family Welfare of state governments throughout most of India and receive several weeks of training on basic health interventions.⁴ Despite their critical role, limited research has explored the comparative aspects of motivation and job stress between urban and rural CHWs, particularly in the context of Karnataka state.

Understanding the factors that influence motivation and stress among CHWs is essential for developing targeted interventions to improve their performance and retention.^{11,12}

This is particularly important given the disparities that may exist between urban and rural healthcare settings, where working conditions, resource availability, and community dynamics can vary significantly.¹³

Aims and objectives

To compare the motivation and job stress among community health workers in Hubballi Taluk in Karnataka.

METHODS

Study setting

The study was conducted in six primary health centres of Hubballi taluk comprising of three rural PHCs from Noolvi, Byahatti, Adargunch and three from urban PHCs from Bantikatta, Ayodhyanagar, Navanagar from 11th May 2018 to 07th June 2018.

Study design and population

It was a comparative cross-sectional study. ASHA and ANM community health worker in 6 PHCs formed the study population.

Sampling method

The study employed convenient sampling method.

Sample size calculation

According to convenient sampling technique a sample size of burnout 33% (25) with allowable error 8% sample size was 134 taken.

Inclusion criteria

All ANM and ASHA workers in 6 selected PHCs were included.

Exclusion criteria

Study participants who did not give consent to participate in the study. ASHA and ANM workers who were on leave at the time of data collection

Data collection

Permission was obtained from taluk health officer, Hubballi to conduct study in primary health centers. After getting informed oral consent from study participants data was collected using predesigned, pretested and structured questionnaire. Questionnaire included socio-demographic data, working experience, motivation scale and occupational stress scale to assess motivation and job stress using 4 point Likert scale method used.

Data analysis

The data was entered in Microsoft excel worksheet and analyzed using SPSS version 21. For testing the tools Cronbach's Alpha was used for reliability for motivation 0.86 and 0.89 and test for normality used the Shapiro-Wilk test greater than 0.05 the data was normal

Descriptive statistics

frequency, percentage, mean, and standard deviation and Inferential statistics z-test was used and $p < 0.05$ was consider as significant.

RESULTS

Most of the study participants were aged between 31-40 years i.e. 56.1% in the urban and 50% in the rural. While only 4.5% were aged between 51-60 years in the urban and 0% in the rural. In urban, 24.2% were ANMs and 75.8% were ASHA workers while in the rural only 8.8% were ANMs and 91.2% were ASHA. Majority of the study participants were Hindus in both urban and rural i.e. 87.9% and 91.2% respectively, while Christians formed only 3% in the urban and 0% in the rural. Most of the study participants have studied PUC i.e. 47% and 45.6% in urban and rural respectively, followed by 39.4% and 48.5% having studied SSLC and 13.6% and 5.9% being

graduate. In urban, most of the study participants were between 1-5 years of experience (62.1%) while in rural,

most of them were between 5-10 years of experience (55.9%).

Table 1: Sociodemographic factors of community health workers (n=134).

Sociodemographic factors	Urban=66		Rural=68	
	N	%	N	%
Age range (in years)				
21-30	20	30.3	19	27.9
31-40	37	56.1	34	50.0
41-50	6	9.1	15	22.1
51-60	3	4.5	0	0.0
Total	66	100.0	68	100.0
Type of health worker				
ANM	16	24.2	6	8.8
ASHA	50	75.8	62	91.2
Total	66	100.0	68	100.0
Religion				
Hindu	58	87.9	62	91.2
Muslim	6	9.1	6	8.8
Christian	2	3.0	0	0
Total	66	100.0	68	100.0
Education				
SSLC	26	39.4	33	48.5
PUC	31	47.0	31	45.6
Graduate	9	13.6	4	5.9
Total	66	100.0	68	100.0
Experience range				
Less than 1	9	13.6	2	2.9
1-5	41	62.1	23	33.8
5-10	9	13.6	38	55.9
More than 10	7	10.6	5	7.4
Total	66	100.0	68	100.0

Table 2: Association of residence with total motivation score and its components score.

Motivation score	Urban (n=66) (Mean±SD)	Rural (n=68) (Mean±SD)	P value
General motivation	8.409±1.4985	8.324±1.4501	>0.05
Burnout	5.045±1.9801	5.147±1.5954	>0.05
Job satisfaction	10.515±1.2309	10.221±1.7350	>0.05
Intrinsic job satisfaction	10.455±1.1257	10.279±1.2320	>0.05
Organizational commitment	10.333±1.2195	9.676±1.4907	<0.05*
Conscientiousness and self-efficacy	9.545±1.2549	9.015±1.5111	<0.05*
Timeliness	9.030±1.9452	8.382±1.8205s	<0.05*
Personal Issues	8.803±2.2953	9.000±2.0000	>0.05
Total motivation	72.136±5.8962	70.044±6.0506	<0.05*

*p<0.05 is statistically significant.

Table 3: Association of mean score of occupational stress and its components with residence.

Occupational stress	Urban (n=66) (Mean±SD)	Rural (n=68) (Mean±SD)	P value
Job demand	11.9848±2.62820	13.1471±3.31106	<0.05*
Insufficient job control	14.1970±2.86206	13.5588±2.63944	>0.05
Organizational system	15.7879±2.22928	14.1618±2.32193	<0.05*
Lack of reward	11.3788±1.85443	10.5000±2.25600	<0.05*
Occupational climate	7.0455±1.67729	7.1912±1.63230	>0.05
Total occupational stress score	60.3939±6.55598	58.5588±6.31601	>0.05

*p<0.05 is statistically significant.

The mean score of total motivation was higher in urban than in rural. Also the total motivation was statistically significant with residence of study participants. The components of motivation general motivation, job satisfaction, intrinsic job satisfaction, organizational commitment, conscientiousness and self-efficacy and timeliness have higher mean score in urban than in rural. But only organizational commitment, conscientiousness and self-efficacy and timeliness were statistically significant with residence of study participants. Burnout and personal issues have higher mean scores in rural than in urban but they were not statistically significant with residence of study participants.

The components of occupation stress job demand, organizational system, lack of reward were statistically significant with residence, while insufficient job control, occupational climate and total occupational stress score were not statistically significant with residence

DISCUSSION

When compared to the study conducted Tripathy et al in Haryana in 2013, our findings show several interesting contrasts and similarities.² The total motivation score in our study was 71.09, which was notably higher than the 61 out of 92 reported in the Haryana study, suggesting relatively better motivation levels among Karnataka CHWs.

The demographic patterns showed some similarities, with both studies finding the majority of workers in the 30-40 years age group. However, the experience distribution differed, with our study showing more workers with 5-10 years of experience in rural areas, while the Haryana study found more workers with 1-5 years of experience overall.¹⁴

Studies from other countries have also highlighted similar patterns of motivation and stress among CHWs. Research from China demonstrated that work stress and work motivation significantly affected job satisfaction among community health workers, while studies from Ethiopia and Africa have emphasized the importance of both financial and non-financial incentives in maintaining CHW motivation.^{1,6,9}

The higher organizational commitment scores in urban areas (10.33 versus 9.68, $p=0.006$) may reflect better supervision, more regular feedback mechanisms, and clearer career progression pathways available in urban health facilities.¹⁴ Similarly, the significantly higher conscientiousness and self-efficacy scores among urban workers (9.55 versus 9.02, $p=0.029$) could indicate better training quality, ongoing professional development opportunities, and more supportive work environments.

Interestingly, burnout and personal issues showed higher mean scores in rural areas, although these differences were not statistically significant. This trend suggests that

rural CHWs may face unique challenges related to isolation, limited resources, and potentially more demanding working conditions, consistent with findings from other studies.¹⁵

Job demand was significantly higher in rural areas (13.15 versus 11.98, $p=0.026$), which may reflect the broader scope of responsibilities, larger catchment areas, and limited support staff that rural CHWs typically encounter. Rural workers often serve larger, more dispersed populations with limited transportation and communication infrastructure, leading to increased workload demands.¹⁶

Conversely, organizational system stress was significantly higher in urban areas (15.79 versus 14.16, $p=0.022$), possibly reflecting more complex bureaucratic structures, stricter protocols, and heightened accountability mechanisms in urban health facilities. Urban CHWs may experience greater pressure from multiple supervisory levels and more rigid organizational hierarchies.

The lack of reward component also showed significantly higher stress levels in urban areas (11.38 versus 10.50, $p=0.015$). This finding is particularly noteworthy as it suggests that despite potentially better infrastructure and resources, urban CHWs may feel less adequately compensated or recognized for their efforts compared to rural workers.¹⁷

CONCLUSION

This study demonstrates that while urban CHWs show higher overall motivation, they also experience higher organizational stress, particularly related to lack of rewards and complex organizational systems. Rural CHWs face higher job demands but show lower motivation levels, suggesting the need for different intervention strategies for urban and rural contexts. The findings underscore the importance of context-specific approaches to CHW support and motivation, recognizing that one-size-fits-all solutions may not be effective in addressing the diverse challenges faced by CHWs in different settings.

These insights contribute to the growing body of evidence on CHW motivation and stress, providing important guidance for policymakers and program managers working to strengthen community health systems. The study emphasizes the need for nuanced, context-sensitive approaches to supporting CHWs, recognizing that urban and rural workers face distinct challenges that require tailored solutions.

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REFERENCES

1. Li L, Hu H, Zhou H, He C, Fan L, Liu X, et al. Work stress, work motivation and their effects on job satisfaction in community health workers: a cross-sectional survey in China. *BMJ Open*. 2014;4(6):e004897.
2. Tripathy J, Goel S, Kumar A. Measuring and understanding motivation among community health workers in rural health facilities in India- a mixed method study. *BMC Health Serv Res*. 2016;16(1).
3. Peters D, Chakraborty S, Mahapatra P, Steinhardt L. Job satisfaction and motivation of health workers in public and private sectors: cross-sectional analysis from two Indian states. *Hum Res Health*. 2010;8(1).
4. Gopalan S, Mohanty S, Das A. Assessing community health workers' performance motivation: a mixed-methods approach on India's Accredited Social Health Activists (ASHA) programme. *BMJ Open*. 2012;2(5):e001557.
5. Goel S, Dixit J, Sharma V. A comparative study on the level of satisfaction among regular and contractual health-care workers in a Northern city of India. *J Fam Med Prim Care*. 2017;6(2):416.
6. Hotchkiss D, Banteyerga H, Tharaney M. Job satisfaction and motivation among public sector health workers: evidence from Ethiopia. *Hum Res Health*. 2015;13(1).
7. Kim G, Lee C. Construct validation of occupational stress scale in Korean dental technician. *Int J Clin Prevent Dentist*. 2014;10(4):266-72.
8. Dieleman M, Cuong P, Anh L, Martineau T. Identifying factors for job motivation of rural health workers in North Viet Nam. *Hum Res Health*. 2003;1(1).
9. Mathauer I, Imhoff I. Health worker motivation in Africa: the role of non-financial incentives and human resource management tools. *Hum Res Health*. 2006;4(1).
10. Pan B, Shen X, Liu L, Yang Y, Wang L. Factors associated with job satisfaction among university teachers in northeastern region of China: a cross-sectional study. *Int J Environ Res Public Health*. 2015;12(10):12761-75.
11. Dieleman M, Toonen J, Touré H, Martineau T. The match between motivation and performance management of health sector workers in Mali. *Hum Res Health*. 2006;4(1).
12. Agyepong I, Anafi P, Asiamah E, Ansah E, Ashon D, Narh-Dometey C. Health worker (internal customer) satisfaction and motivation in the public sector in Ghana. *Int J Health Plan Manage*. 2004;19(4):319-36.
13. Mbindyo P, Blaauw D, Gilson L, English M. Developing a tool to measure health worker motivation in district hospitals in Kenya. *Hum Res Health*. 2009;7(1).
14. Jaiswal P, Singhal A, Gadpayle A, Sachdeva S, Padaria R. Level of motivation amongst health personnel working in a tertiary care government hospital of New Delhi, India. *Indian J Community Med*. 2014;39(4):235.
15. Chen L, Evans T, Anand S, Boufford JI, Brown H, Chowdhury M, et al. Human resources for health: overcoming the crisis. *Lancet*. 2004;364:1984-90.
16. World Health Organization. Working Together for Health: World Health Report 2006. Geneva: The World Health Organization; 2006.
17. Franco LM, Bennett S, Kanfer R. Health sector reform and public sector health worker motivation: a conceptual framework. *Soc Sci Med*. 2002;54:1255-66.

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