

Original Research Article

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Job satisfaction of the accredited social health activists in a community development block of Purba Bardhaman district, West Bengal

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ABSTRACT

Background: Job satisfaction of accredited social health activist (ASHA), a voluntary health worker under national health mission, is not yet documented in many areas of the country. The present study assessed the job satisfaction of ASHA in Bhatar community development block of Purba Bardhaman district, West Bengal.

Methods: A cross sectional study was undertaken during September–November 2017 among all the 191 ASHAs in Bhatar block. With prior consent, interviews were conducted using a questionnaire developed based on measures of job satisfaction (MJS) tool. The questionnaire contained total 28 items in six individual facets of satisfaction-personal component, workload, professional support, training, incentive and care providing. Responses for each item were recorded in 3-point Likert's scale, total score ranging from 28–84. Overall satisfaction was categorised as dissatisfied (score=28), neutral (29–56) and satisfied (57–84) and similar categorisation was done for individual facets. Chi square test was applied to determine associated factors.

Results: Overall 93.7% ASHAs were satisfied with their work, 6.3% were neither dissatisfied nor satisfied. Majority were satisfied regarding individual facets except incentive; 73.3% were rather dissatisfied. Overall satisfaction was significantly associated with the service duration of ASHA ($p=0.001$).

Conclusions: Overall satisfaction level among ASHAs in the area though are quite high, some individual aspects like incentives needs to be looked into. Further studies will be helpful to delineate many unexplored reasons or aspects which might be necessary for developing strategies.

Keywords: Job satisfaction, ASHA, Measures of job satisfaction, Overall satisfaction, Incentive satisfaction

INTRODUCTION

Job satisfaction is defined as “a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences” which may be in the global level (overall satisfaction) as well as in the facet level (individual aspects satisfaction) similarly in the cognitive level or in the affective level.¹⁻⁴ The facets may be appreciation, communication, co-workers, fringe benefits, nature of work, job conditions, organisation, personal development, policies, promotion opportunities, recognition, security and supervision.² Simply it can be understood as to what extent an individual is content with

his or her job.² Now thinking about the mentionable tenet of the Indian government's National Rural Health Mission, one can easily depict the ASHA as a critical and effective role player in bridging the gap between the programme and the rural communities (1000 population), whom she will make aware and mobilise to local health care thereby enhancing the utilisation of existing health services. Several issues like incentives, training, positional prestige, professional support, workload if looked into and dealt with accordingly, the motivation of ASHA can be enhanced which may very well influence the efficiency of performing duties and addressing issues related to provision of quality services. The success of

ASHA initiative depends upon regular and reliable supervision through superior–subordinate communication as the non-verbal immediacy of a superior may positively or negatively influence the interpersonal interactions with his subordinate and hence affect job satisfaction.⁵ Going through extensive searching it was found that job satisfaction has been assessed among various specific professional groups but the ASHAs have never been considered as the domain of interest in spite of facing a huge workload; for example, an ASHA will make people aware, escort them to services under reproductive and child health, will give the first contact care with her drug kit, promote hygiene and even arrange for toilet construction. However, in this context studies are scarce and evidence from different parts of the country is lacking. Thus, the present study was conducted with the objective of assessing job satisfaction of ASHA in Bhatar community development block of Purba Bardhaman district, West Bengal, so as to try to bridge the gap between observed cares being given and committed services to be given.

METHODS

Study design, settings and study population

The study was a community based cross sectional study done at Bhatar, one of the 23 blocks of Purba Bardhaman district, West Bengal during September–November 2017. Bhatar is the rural field practice area of Burdwan Medical College and Hospital, comprising of 104 villages served by 191 ASHAs. Using complete enumeration method all the 191 ASHAs were included and there was no drop out. Thus, all the 191 ASHAs were studied.

Data collection: tools and techniques

With prior consent from them, all the 191 ASHAs were interviewed at Bhatar block primary health centre or at their respective village according to their convenience on a pre-planned date. A questionnaire developed based on MJS tool. MJS questionnaire was used for interview. It is comprised of 7 facets containing total 43 items. We modified that questionnaire to 6 facets containing 28 items omitting 1 facet (job prospects, since their promotion is not possible) and modifying 1 facet (pay scale, as ASHA is not paid worker and gets incentive, so here incentive satisfaction was termed instead of pay

scale satisfaction). For each item, response scores were in a 3-point Likert's scale 1=dissatisfied, 2 neutral (neither dissatisfied nor satisfied), 3=satisfied. Various facets of satisfactions were personal satisfaction (6 items, so 6=dissatisfied, 7-12=neutral, 13-18=satisfied), workload satisfaction (8 items, so 8=dissatisfied, 9-16=neutral, 17-24=satisfied), professional support satisfaction (6 items, so 6=dissatisfied, 7-12=neutral, 13-18=satisfied), training satisfaction (4 items, so 4=dissatisfied, 5-8=neutral, 9-12=satisfied), incentive satisfaction (1 item, so 1=dissatisfied, 2=neutral, 3=satisfied) and satisfaction about care provided (3 items, so 3=dissatisfied, 4-6=neutral, 7-9=satisfied). Overall satisfaction score was calculated by summing up all the scores (28 items) of the individual satisfaction components. So, the minimum score for overall satisfaction was 28 and the maximum score was 84 (28: dissatisfied; 29-56: neutral; 57-84: satisfied). Sociodemographic variables were age, educational status, marital status, service duration and socioeconomic status.

Data analysis

The data were entered into Microsoft Excel sheet and checked twice to detect any erroneous entry. Then SPSS version 20, IBM, New York was used for the analysis of the data. Tables and diagrams were made to present data suitably using descriptive statistics and chi-square test was applied to detect any significance of the sociodemographic factors with the overall satisfaction.

RESULTS

Overall 179 out of 191 ASHA (93.7%) were satisfied while only 12 of them (6.3%) were neither dissatisfied nor satisfied. However, 73.3% ASHAs were dissatisfied about their incentive (Table 1).

Table 2 describes the socio-demographic characteristics of the ASHA workers and their association with overall satisfaction. Among the subjects, mean age was 38.14 years ($SD \pm 5.706$) and mean duration of service was 3.66 years ($SD \pm 1.626$). No ASHA belonged to upper socioeconomic class according to modified B. G. Prasad's scale (January 2017). Overall satisfaction was found to be significantly associated with service duration of the ASHA ($p=0.001$), all others factors were not significantly associated (Table 2).

Table 1: Satisfaction level of study subjects according to different components (n=191).

Satisfaction facets	Satisfied no (%)	Neutral no (%)	Dissatisfied no (%)
Personal	188 (98.4)	3 (1.6)	-
Workload	101 (52.9)	72 (37.7)	18 (9.4)
Professional support	180 (94.2)	11 (5.8)	-
Training	159 (83.2)	29 (15.2)	3 (1.6)
Incentive	35 (18.3)	16 (8.4)	140 (73.3)
Care providing	182 (95.3)	8 (4.2)	1 (0.5)
Overall	179 (93.7)	12 (6.3)	-

Table 2: Bivariate analysis between socio-demographic factors and overall job satisfaction.

Background characteristics	Number of ASHA (%)	Job satisfaction level		P value, df, chi square value
		Neutral (%)	Satisfied (%)	
Age (years)				
≤30	26 (13.6)	0	26 (100)	P=0.094
31-39	74 (38.8)	4 (5.4)	70 (94.6)	df=2
≥40	91 (47.6)	8 (8.8)	83 (91.2)	χ ² =7.934
Educational qualification				
Completed secondary	112 (58.6)	5 (4.5)	107 (95.5)	P=0.131
Completed higher secondary	55 (28.8)	3 (5.5)	52 (94.5)	df=2
Graduate	24 (12.6)	4 (16.7)	20 (83.3)	χ ² =7.094
Marital status				
Married	182 (95.3)	11 (6.0)	171 (94.0)	P=0.541
Unmarried /separated /widow	9 (4.7)	1 (11.1)	8 (88.9)	df=1 χ ² =0.374
Service duration (completed years)				
1-3	66 (34.5)	2 (3.0)	64 (97.0)	P=0.001
3-5	15 (7.9)	0	15 (100)	df=2
>5	110 (57.6)	10 (9.1)	100 (90.9)	χ ² =19.36
Socio economic status*				
Lower class	59 (30.9)	3 (5.1)	56 (94.9)	
Lower middle class	96 (50.3)	6 (6.2)	90 (93.8)	P=0.34
Middle class	32 (16.7)	3 (9.4)	29 (90.6)	df=4
Upper middle class	4 (2.1)	0	4 (100)	χ ² =6.793
Total	191 (100)	12 (6.3)	179 (93.7)	

NB: Yates's continuity correction and Fisher's exact test has been done where needed.

*Socio-economic status was assessed according to modified B. G. Prasad's scale (January 2017).

DISCUSSION

The present job satisfaction study revealed interesting observations, though hardly any study to compare our findings. Majority of ASHAs were satisfied with individual satisfaction components except the incentive satisfaction where majority of them were dissatisfied. There were only very few studies regarding the assessment of job satisfaction of ASHA, some studies were conducted on searching performance and motivation of ASHA. Gopalan et al found no association between dissatisfaction and motivation which is in accordance with our study; 73.3% of ASHA though dissatisfied with incentive, overall satisfaction was quite high as 93.7%.⁶

The study showed that majority of the ASHAs (almost 94%) were satisfied with their job which was similar to the finding of a study done in Waghodia taluka of Gujarat by Varghese et al.⁷ In their study it was also seen that most of the ASHAs (75%) were satisfied with their job.

The study revealed that overall satisfaction of ASHA was not significantly associated with the socio-demographic factors such as age, educational status, marital status, socio-economic status etc. which was in accordance with the finding of the study done by Varghese et al.⁷

In our study overall satisfaction of ASHA was found to be significantly associated with service duration. Varghese et al also found that job satisfaction of ASHA workers was significantly associated with years of experience.⁷

In this study it was seen that 6.3% of ASHA were neither satisfied nor dissatisfied but in the facet level majority of them were dissatisfied about their incentive. So there lies an importance of qualitative study to explore the various reasons and aspects of this contradiction between facet level and global level so that the areas can be identified to solve the 'why' factors beyond this 'how much' level. Then only it will be possible to modify those areas for a better ray of hope i.e. 'ASHA'.

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REFERENCES

1. Locke EA. The nature and causes of job satisfaction. In: Dunnette MD editor. *Handbook of industrial and organizational psychology.* Chicago: Rand McNally; 1976: 1297-1349.
2. Spector PE. Job satisfaction: Application, assessment, causes and consequences. Thousand Oaks, CA: SAGE; 1997.
3. Thompson ER. A Brief Index of Affective Job Satisfaction. *Group and Organization Management.* Sage J. 2015;37(3):275–307.
4. Moorman RH. The influence of cognitive and affective based job satisfaction measures on the relationship between satisfaction and organizational citizenship behaviour. *Human Relations.* 1993;6(6):759–76.
5. Burgoon JK, Buller DB, Woodall WG. *Nonverbal communication.* New York: McGraw Hills; 1996.
6. Gopalan SS, Mohanty S, Das A. Assessing community health workers performance motivation: A mixed method approach on India's ASHA programme. *BMJ Open.* 2012;2(5).
7. Varghese R, Swamy PGN, Chaudhary J. A study to assess the level of job satisfaction among ASHA workers of Waghodia taluka. *IJIRMF.* 2017;3(7):81-5.

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