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Job satisfaction of the accredited social health activists in Amdanga community development block of North 24 Parganas district, West Bengal

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ABSTRACT

Background: Job satisfaction is a positive emotional state towards one's job which influences efficiency in performance. Job satisfaction of accredited social health activist (ASHA) under national health mission, is not documented in many areas of the country. The present study was done to assess job satisfaction of ASHA in Amdanga community development block of North 24 Parganas district, West Bengal.

Methods: A cross sectional study was done during August–November 2019 among all the 114 ASHAs in Amdanga block. Interviews were conducted using a questionnaire developed based on measures of job satisfaction (MJS) tool. Questionnaire contained 7 facets and 42 items in individual facets of satisfaction such as personal component, workload, professional support, training, incentive and care providing. Responses were recorded in 3-point Likert's scale for each item, total score ranging from 42–126. Item median scores are calculated for each subscale. Scores falling at median and above were categorized as satisfied and scores falling below median score were categorized as dissatisfied. Mann-Whitney U test and Kruskal-Wallis test were applied to determine associated factors.

Results: Overall 62.3% ASHAs were satisfied with their work. However, 33.3% ASHAs were dissatisfied about their incentive and 37.7% were dissatisfied with their workload. Overall satisfaction was significantly associated with age, socio-economic status, service duration of ASHA (p<0.05).

Conclusions: Overall satisfaction level among ASHAs in the area though high, individual aspects like incentives, workload needs to be looked into to take necessary strategies.

Keywords: Accredited social health activist, Incentives, Job satisfaction, Performance, Workload

INTRODUCTION

In 2005, government of India launched national rural health mission (NRHM) to address the health needs of rural population and vulnerable section of the society. Along with the launch of NRHM, the government proposed accredited social health activist (ASHA) to act as the interface between the community and the public health system one ASHA worker who is selected from the same village, covers 1000 population (relaxed in the hilly and tribal areas depending on the local situations). They are the

first port of call for any health related demands of rural population, who find it difficult to access health services.¹

ASHAs create health awareness, prevention of diseases and promotion of good health, treating minor ailments, timely referrals; mobilize community towards community level health planning and increased utilization and accountability of the existing health services. Government of India has set up certain indicators for monitoring ASHAs which are mainly process, outcome and impact indicators.²

Job satisfaction is "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" which may be overall satisfaction as well as in the facet level or individual aspects satisfaction both in the cognitive level or in the affective level. It is a pleasurable emotional state resulting from the appraisal of one's job an affective reaction to one's job. It is simply how people feel about their jobs and different aspects of it, the extent of people's satisfaction or dissatisfaction to their job. It is an important indicator of how employees feel about their jobs. The facets may be appreciation, communication, co-workers, fringe benefits, nature of work, job conditions, organization, personal development, policies, promotion opportunities, recognition, security and supervision. 4

Simply enhancement of job satisfaction is the key of motivation of ASHA which may influence the efficiency of performance, addressing issues related to provision of quality services. The success of ASHA initiative depends on regular and reliable supervision through superior—subordinate communication. Non-verbal immediacy of a superior may positively or negatively influence the interpersonal interactions with their subordinate and affect job satisfaction.⁷

There are few studies on job satisfaction of ASHAs as the domain of interest in spite of facing a huge workload. Evidence from different parts of the country is lacking specially on North 24 Parganas. Thus, the present study was conducted with the objective of assessing job satisfaction of ASHA in Amdanga community development block of North 24 Parganas 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 Amdanga, a community development blocks of North 24 Parganas district, West Bengal during August–November 2019. Amdanga is the rural field practice area of R. G. Kar Medical College and Hospital, comprising of 80 villages served by 114 ASHAs. Using complete enumeration method all the 114 ASHAs were included in the study. There was no drop out. Thus, all the 114 ASHAs were studied.

Data collection (tools and techniques)

After taking ethical approval from institutional ethics committee and prior consent from them, all the 114 ASHAs were interviewed at Amdanga block RH or at their respective village according to their convenience on a preplanned date. A questionnaire developed based on MJS tool was used for the study.⁸

It is comprised of 7 facets containing total 42 items. We modified one facet (pay scale, as ASHA gets incentive, incentive satisfaction term was used instead of pay scale satisfaction) and one item from satisfaction with prospects was not used as there is no promotion. For each item, response scores were in a 3-point Likert's scale 1=dissatisfied, 2 neutral (neither dissatisfied nor satisfied), and 3=satisfied. Various facets of satisfactions were personal satisfaction (6 items), workload satisfaction (8 items), professional support satisfaction (8 items), training satisfaction (5 items), incentive satisfaction (4 items), satisfaction with prospects (5 items) and satisfaction about care provided (6 items). These facets/subscales were computed by combining the respective items. Overall satisfaction score was calculated by summing up all the scores (42 items) of the individual satisfaction components.

So, the minimum score for overall satisfaction was 42 and the maximum score was 126. Item median scores are calculated for each subscale. Scores which falls at median and above are categorized as satisfied and Scores which falls below the median are categorized as dissatisfied. Socio-demographic variables were age, educational status, marital status, service duration and socioeconomic status.

Data analysis

The data were entered into Microsoft excel sheet and then analyzed in statistical package for the social sciences (SPSS) version 20, IBM. Tables and diagrams were made to present data suitably using descriptive statistics, Mann-Whitney U test and Kruskal-Wallis test were applied to detect any significance of the socio-demographic factors with the overall satisfaction.

RESULTS

Overall 71(62.3%) out of 114 ASHA were satisfied. However, 33.3% ASHAs were dissatisfied about their incentive and 37.7% were dissatisfied with their workload (Table 1). Table 2 describes the socio-demographic characteristics of the ASHA workers and their association with overall satisfaction. Mean age of ASHAs was 37.97 years (SD±4.29) and mean duration of service was 4.29 years (SD±1.51). 57 (50.0%) belonged to lower class, 31 (27.2%) belonged to lower middle class, 20 (17.5%) from middle class and remaining 6 (5.3%) from upper middle class. No one belonged to upper socioeconomic class according to modified B. G. Prasad's scale (January 2017). Overall satisfaction was found to be significantly associated with increased age (p=0.001), increased service duration of the ASHA (p=0.001), marital status (p=0.026) and socio-economic class (p=0.002) (Table 2).

Job satisfaction score was statistically higher among ASHAs aged 40 years and above. Similarly satisfaction was higher among workers whose years of employment is more than five years and also among workers from lower, lower middle and middle socio-economical class.

Table 1: Satisfaction level of study subjects according to different components (N=114).

Satisfaction facets	Satisfied No (%)	Dissatisfied No (%)
Personal	114 (100.0)	0 (0)
Workload	71 (62.3)	43 (37.7)
Professional support	93 (81.6)	21 (18.4)
Training	92 (80.7)	22 (19.3)
Incentive	76 (66.7)	38 (33.3)
Standards of care	114 (100.0)	0 (0)
Job prospects	93 (81.6)	21 (18.4)
Overall	71 (62.3)	43 (37.7)

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

Background characteristic	No. of ASHA (%)	Job satisfaction (score) Median (IQR)	P value	
Age (years)				
<30	11 (9.6)	91 (91.0-113.0)		
31-39	35 (30.7)	96 (91.0-96.0)	P=0.001*	
≥40	68 (59.6)	99 (99.0-99.0)		
Educational qualification				
Completed 8 class	54 (47.4)	99 (96.0-99.0)		
Completed secondary	44 (38.6)	99 (91.0-99.0) P=0.208		
Completed higher secondary	16 (14.0)	99 (96.0-99.0)	99 (96.0-99.0)	
Marital status				
Married	98 (86.0)	99 (96.0-99.0)	D 0.026*	
Unmarried/separated/widow	16 (14.0)	93.5 (93.5-99.0) P=0.026*		
Service duration (completed years)				
<3	26 (22.8)	96 (91.0-96.0)		
3-5	11 (9.6)	91 (91.0-113.0)	P=0.001*	
>5	77 (67.5)	99 (99.0-99.0)	_	
Socio economic status				
Lower class	57 (50.0)	99 (91.0-99.0)		
Lower middle	31 (27.2)	99 (96.0-99.0)	D_0.002*	
Middle class	20 (17.5)	99 (96.0-99.0)	P=0.002*	
Upper middle class	6 (5.3)	96 (96.0-99.0)		

DISCUSSION

The present job satisfaction study shows that majority of ASHAs were satisfied with individual satisfaction components but in workload satisfaction and the incentive satisfaction one third 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. The study showed that 62.3% ASHAs were overall satisfied with their job which was less than the finding of a study done in Waghodia taluka of Gujarat by Varghese et al. In their study it seen that 75% ASHAs were satisfied with their job. In another study done by Chakraborty et al at Bhatar, Purba Bardhaman district of WB, it was found that 94% ASHA were satisfied overall with their job though 73% were dissatisfied with incentives. In

The study revealed that overall job satisfaction of ASHA was significantly associated with the socio-demographic

factors such as age, marital status, socio-economic status which was different from the findings of with the finding of the study done by Chakraborty et al.¹⁰ But presence of significant association between overall job satisfaction and years of service duration was similar to the findings of Chakraborty et al.¹⁰

Varghese et al also found that job satisfaction of ASHA workers was significantly associated with years of experience. In this study it was seen that 33.3% of ASHA were dissatisfied about their incentive, 37.7% were dissatisfied about their workload.

CONCLUSION

There lies an opportunity of qualitative study to explore the various reasons and aspects of this contradiction between facet level and overall satisfaction level so that the areas can be identified to solve problems. Then only it will be possible to modify those areas to increase job satisfaction in all individual facets level for ASHAs.

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Institutional Ethics Committee

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