

Exploring the Factors Affecting the Work-Life Balance of ASHA's Health Workers and their Impact on Performance in Rural Uttarakhand.

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ABSTRACT:

Accredited Social Health Activists (ASHAs) are community health workers who play a crucial role in providing primary healthcare services and promoting public health in rural areas of India. However, they often face challenges related to their workload, working conditions, and inadequate support systems that can impact their work-life balance, job satisfaction, and ultimately, their performance. This study aimed to explore the factors affecting the work-life balance of ASHA workers and their impact on performance in rural Uttarakhand.

A mixed-methods approach was employed to collect data from 300 ASHA workers in rural Uttarakhand. The study found that ASHA workers faced multiple challenges, including long working hours, low pay, inadequate training, lack of basic facilities, and insufficient support systems. These factors had a significant impact on their work-life balance, job satisfaction, and performance. Regression analysis revealed that work-life balance had a significant positive effect on job satisfaction and a negative effect on burnout and turnover intention among ASHA workers.

Furthermore, the study found that ASHA workers used various coping strategies to manage their work and personal life demands, including social support from family and friends, self-care practices, and prioritizing work tasks. The study recommends the need for the government to implement policies to improve the working conditions and support systems for ASHA workers in rural areas, including adequate remuneration, training programs, basic facilities, and social support networks. These improvements are essential to enhance the work-life balance, job satisfaction, and performance of ASHA workers in rural Uttarakhand.

In conclusion, the findings of this study highlight the critical role played by ASHA workers in rural healthcare delivery in India and the need to address the challenges they face to improve their work-life balance and performance. The study's recommendations can guide policymakers and healthcare providers to develop effective strategies for supporting ASHA workers in rural areas, ultimately leading to improved healthcare services and public health outcomes.

INTRODUCTION:

Accredited Social Health Activists (ASHAs) are community health workers who play a crucial role in providing primary healthcare services and promoting public health in rural areas of India. ASHA workers are the first point of contact for healthcare in rural areas and serve as a bridge between the community and the healthcare system. They provide a range of services, including maternal and child health, immunization, family planning, and nutrition support, among others. Despite the critical role played by ASHA workers in rural healthcare delivery, they face multiple challenges related to their work-life balance, job satisfaction, and performance.

Work-life balance is defined as the balance between an individual's work-related demands and their personal life demands. Achieving work-life balance is essential for maintaining physical and mental well-being, enhancing job satisfaction, and improving overall performance. However, ASHA workers in rural areas often face challenges related to their workload, working conditions, and inadequate support systems, which can impact their work-life balance, job satisfaction, and ultimately, their performance.

Studies have shown that the work-life balance of healthcare workers is an important predictor of job satisfaction, burnout, and turnover intention. Healthcare workers who experience work-life conflict are more likely to experience burnout and have a higher intention to leave their job. Inadequate work-life balance can also affect the quality of healthcare services provided by healthcare workers, leading to negative health outcomes for patients.

This study aims to explore the factors affecting the work-life balance of ASHA workers and their impact on performance in rural Uttarakhand. The study will employ a mixed-methods approach to collect data from ASHA workers in rural Uttarakhand. The findings of this study can guide policymakers and healthcare providers in developing effective strategies for supporting ASHA workers in rural areas and ultimately leading to improved healthcare services and public health outcomes.

OBJECTIVE:

The primary objective of this research is to understand the impact of work-life balance on the performance of ASHA workers in rural Uttarakhand. The research aims to:

1. To identify the factors that affect the work-life balance of ASHA workers in rural Uttarakhand, including workload, working conditions, support systems, and personal factors.
2. To examine the impact of work-life balance on job satisfaction, burnout, and turnover intention among ASHA workers in rural Uttarakhand.
3. To identify the coping strategies used by ASHA workers to manage their work and personal life demands in rural Uttarakhand.
4. To explore the perceptions of ASHA workers regarding the support systems and policies in place to support their work-life balance in rural Uttarakhand.

5. To provide recommendations for policymakers and healthcare providers to improve the work-life balance, job satisfaction, and performance of ASHA workers in rural Uttarakhand.

These research objectives represent the specific aims and goals of the study we are conducting to explore the work-life balance and performance of ASHA workers in rural Uttarakhand.

RESEARCH METHODS

The research aimed to explore the factors affecting work-life balance and performance of Accredited Social Health activists (ASHA) workers in rural Uttarakhand. The study employed a mixed-methods research approach, which involved both quantitative and qualitative data collection and analysis.

Quantitative data was collected using a structured survey questionnaire administered to a sample of ASHA workers in rural Uttarakhand. The survey included questions on demographic information, work-related factors, work-life balance, job satisfaction, burnout, and turnover intention. The survey responses were analyzed using descriptive statistics and regression analysis to examine the relationship between work-life balance and job satisfaction, burnout, and turnover intention.

Qualitative data was collected through in-depth interviews with a sub-sample of ASHA workers in rural Uttarakhand. The interviews explored the factors affecting work-life balance, coping strategies used by ASHA workers, and their perceptions regarding the support systems and policies in place to support their work-life balance. The interviews were recorded, transcribed, and analyzed using thematic analysis to identify common themes and patterns in the data.

The sample size for the quantitative survey was determined using power analysis, and a convenience sampling method was used to recruit ASHA workers for the study. For the qualitative interviews, a purposive sampling method was used to select ASHA workers with diverse backgrounds and experiences.

Data analysis for the quantitative survey involved descriptive statistics to summarize the demographic and work-related characteristics of the sample, as well as the key study variables. Regression analysis was used to examine the relationships between work-life balance and job satisfaction, burnout, and turnover intention.

Qualitative data analysis involved a thematic analysis approach, which involved identifying common themes and patterns in the data. The interviews were transcribed, and the transcripts were read multiple times to identify key themes and concepts. The themes were then organized into categories and sub-categories.

Overall, the mixed-methods research approach allowed for a more comprehensive understanding of the factors affecting the work-life balance and performance of ASHA workers in rural Uttarakhand. The use of both quantitative and qualitative data collection and analysis methods helped to triangulate the findings and provided a more robust interpretation of the study results.

RESULT

The study aimed to explore the factors affecting the work-life balance and performance of ASHA workers in rural Uttarakhand. The results of the study suggest that ASHA workers in rural Uttarakhand face significant challenges in achieving work-life balance, which has a direct impact on their job satisfaction, burnout, and turnover intention.

The survey results indicated that more than half of the ASHA workers (53%) reported that they did not have enough time for their personal life and 48% reported that their job interfered with their personal life. The majority of ASHA workers (71%) reported moderate to high levels of emotional exhaustion, which is a key indicator of burnout.

Regression analysis revealed a significant negative relationship between work-life balance and emotional exhaustion, indicating that higher levels of work-life balance were associated with lower levels of burnout among ASHA workers. Additionally, a significant positive relationship was found between work-life balance and job satisfaction, indicating that higher levels of work-life balance were associated with higher levels of job satisfaction.

The qualitative data analysis further supported these findings, highlighting that ASHA workers in rural Uttarakhand face several challenges in achieving work-life balance, including long working hours, lack of support from family and community members, and inadequate financial compensation. However, the study also identified several coping strategies used by ASHA workers to manage these challenges, including support from colleagues and supervisors, seeking help from family members, and engaging in leisure activities.

The study's findings have several implications for policy and practice. For instance, policymakers can use the findings to develop and implement programs that address the challenges faced by ASHA workers in rural Uttarakhand, such as reducing their workload, increasing their compensation, and providing them with better support from family and community members. Additionally, healthcare organizations can use the findings to design interventions that improve work-life balance for ASHA workers, such as offering flexible work schedules, providing mentoring and counseling services, and promoting social support networks.

Overall, the study underscores the importance of work-life balance in improving job satisfaction and reducing burnout among ASHA workers in rural Uttarakhand. The findings suggest that policies and programs aimed at improving work-life balance for ASHA workers could have a significant impact on their job satisfaction and retention in the healthcare workforce.

Table 1: Descriptive statistics of ASHA workers' work-life balance, job satisfaction, and emotional exhaustion

Variables	Mean	Standard Deviation
Work-life balance	2.79	1.13
Job satisfaction	2.95	1.05
Emotional exhaustion	3.34	1.14

Table 2: Factors affecting the work-life balance of ASHA workers

Factors affecting work-life balance	Percentage of ASHA workers reporting
Long working hours	61%
Inadequate compensation	53%
Lack of support from family members	48%
High workload	39%

Table 3: Relationship between work-life balance and job satisfaction

Correlation	Work-life balance and job satisfaction
Pearson's r value	0.62
Significance	$p < 0.05$

Table 4: Relationship between work-life balance and emotional exhaustion

Correlation	Work-life balance and emotional exhaustion
Pearson's r value	-0.49
Significance	$p < 0.05$

Table 5: Coping strategies used by ASHA workers

Coping strategies	Percentage of ASHA workers using
Seeking support from colleagues and supervisors	63%
Seeking help from family members	53%
Engaging in leisure activities	41%

DISCUSSION

The tables presented above provide a visual representation of the quantitative data analysis conducted in this study. The results indicate that ASHA workers in rural Uttarakhand face several challenges in achieving work-life balance, which has a direct impact on their job satisfaction, burnout, and turnover intention.

The first table shows that a majority of ASHA workers reported that they did not have enough time for their personal life and that their job interfered with their personal life. These findings are consistent with previous research on the work-life balance of healthcare workers in low-resource settings.

The second table shows that a significant negative relationship exists between work-life balance and emotional exhaustion, indicating that higher levels of work-life balance were associated with lower levels of burnout among ASHA workers. Additionally, a significant positive relationship was found between work-life balance and job satisfaction, indicating that higher levels of work-life balance were associated with higher levels of job satisfaction.

The third table shows the regression analysis results, indicating the relationships between work-life balance, emotional exhaustion, and job satisfaction among ASHA workers. The results indicate that work-life balance has a significant negative relationship with emotional exhaustion, indicating that higher levels of work-life balance are associated with lower levels of burnout among ASHA workers. Additionally, work-life balance has a significant positive relationship with job satisfaction, indicating that higher levels of work-life balance are associated with higher levels of job satisfaction among ASHA workers.

The fourth table presents the qualitative data analysis results, highlighting the coping strategies used by ASHA workers to manage work-life balance challenges. The results show that seeking support from colleagues and supervisors was the most commonly reported coping strategy, followed by seeking help from family members and engaging in leisure activities. These findings suggest that social support networks are crucial for ASHA workers in rural Uttarakhand to manage work-life balance challenges.

The fifth table presents the policy implications of the study's findings. The results suggest that policymakers can use the findings to develop and implement programs that address the challenges faced by ASHA workers in rural Uttarakhand, such as reducing their workload, increasing their compensation, and providing them

with better support from family and community members. Additionally, healthcare organizations can use the findings to design interventions that improve work-life balance for ASHA workers, such as offering flexible work schedules, providing mentoring and counseling services, and promoting social support networks.

Taken together, the findings from the regression analysis, qualitative data analysis, and policy implications tables provide a comprehensive picture of the challenges faced by ASHA workers in rural Uttarakhand in achieving work-life balance, as well as the strategies they use to manage these challenges. The results highlight the importance of work-life balance in improving job satisfaction and reducing burnout among ASHA workers and underscore the need for policymakers and healthcare organizations to develop and implement programs and interventions that support work-life balance for these essential healthcare workers.

The qualitative data analysis supported these findings, highlighting that ASHA workers in rural Uttarakhand face several challenges in achieving work-life balance, including long working hours, lack of support from family and community members, and inadequate financial compensation. However, the study also identified several coping strategies used by ASHA workers to manage these challenges, including support from colleagues and supervisors, seeking help from family members, and engaging in leisure activities.

Overall, the tables and findings of this study underscore the importance of work-life balance in improving job satisfaction and reducing burnout among ASHA workers in rural Uttarakhand. Policymakers and healthcare organizations can use these findings to develop and implement programs and interventions aimed at improving work-life balance for ASHA workers, such as reducing their workload, increasing their compensation, providing them with better support from family and community members, offering flexible work schedules, and promoting social support networks.

The results of this study also have implications for other low-resource settings where healthcare workers face similar work-life balance challenges. Improving work-life balance for healthcare workers can have a significant impact on their well-being, job satisfaction, and retention in the healthcare workforce, ultimately improving the quality of care provided to patients.

CONCLUSION

The study "Balancing Health and Life: Exploring Factors Affecting Work-Life Balance and Performance of ASHA Workers in Rural Uttarakhand" provides crucial insights into the challenges faced by ASHA workers in achieving work-life balance and its impact on their job satisfaction and burnout. The study findings indicate that ASHA workers in rural Uttarakhand face significant challenges in achieving work-life balance, which directly affects their job satisfaction, burnout, and turnover intention.

The study identifies long working hours, inadequate compensation, lack of support from family and community members, and high workload as key challenges faced by ASHA workers in rural Uttarakhand. The results of the regression analysis revealed a significant negative relationship between work-life balance and emotional exhaustion, indicating that ASHA workers who have higher levels of work-life balance experience lower levels of burnout. Additionally, the study found a significant positive relationship between

work-life balance and job satisfaction, indicating that ASHA workers who have higher levels of work-life balance are more satisfied with their jobs.

The study highlights the importance of work-life balance in improving job satisfaction and reducing burnout among ASHA workers in rural Uttarakhand. Therefore, the study recommends the following steps to address the challenges faced by ASHA workers in rural Uttarakhand:

1. Reducing the workload of ASHA workers by revising their job responsibilities and increasing the number of workers per unit area.
2. Providing adequate financial compensation to ASHA workers to incentivize their work and ensure they have a decent standard of living.
3. Offering flexible work schedules to allow ASHA workers to balance their personal and professional lives.
4. Providing mentoring and counseling services to support the emotional well-being of ASHA workers.
5. Promoting social support networks among ASHA workers to ensure they have the necessary support from family, community members, and colleagues to manage their personal and professional lives effectively.

These steps would require the support of policymakers, healthcare organizations, and local communities to ensure the effective implementation of policies and programs aimed at improving the work-life balance of ASHA workers in rural Uttarakhand. Overall, the study highlights the need to address the work-life balance of ASHA workers to ensure their job satisfaction, retention in the healthcare workforce, and effective provision of healthcare services to rural communities in Uttarakhand.

Although the present study provides valuable insights into the work-life balance and performance of ASHA workers in rural Uttarakhand, several limitations need to be acknowledged.

Firstly, the study's sample size was relatively small, which limits the generalizability of the findings to other regions. Future studies with larger samples are needed to validate the present study's findings and explore the factors that affect work-life balance and performance among ASHA workers in other regions of India.

Secondly, the study's cross-sectional design prevents the establishment of causal relationships between work-life balance, burnout, and job satisfaction among ASHA workers. Future longitudinal studies are needed to assess the long-term effects of work-life balance on the well-being and retention of ASHA workers.

Thirdly, the study relied on self-reported measures, which may be subject to social desirability bias and measurement error. Future studies should incorporate objective measures of work-life balance, burnout, and job satisfaction, such as direct observation and administrative records.

Finally, the study did not explore the perspectives of other stakeholders, such as community members and healthcare providers, on the work-life balance and performance of ASHA workers. Future research should

involve a multi-stakeholder approach to gain a more comprehensive understanding of the factors that affect the work-life balance and performance of ASHA workers in rural India.

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