

RURAL HEALTH MANAGEMENT: A DIAGNOSTIC ANALYSIS OF THE ASHA'S CHALLENGES VIS-À-VIS WORK PERFORMANCE

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ABSTRACT

The Accredited Social Health Activists (ASHAs) band of community is the primary port of connection to fulfil health related needs for the marginalized section of society in India. ASHAs are an essential part of community health workforce to achieve the Sustainable Development Goals. The review highlights glaring personal and work related challenges they face in reconciling work and personal lives, i.e. related to self and the health system. It is imperative to understand their rational concern and further how these challenges impact their individual work performance. ASHA workers have an immense potential to strengthen the rural healthcare, so they should not be considered as just an extra pair of hands working at the bottom of the health structure pyramid. This study actually leaps forward to work-life challenges and their effect on work performance to strengthen the rural health management. Multi-stage sampling technique was used and the data was gathered from all administrative divisions of Haryana state through a structured questionnaire from 535 ASHA workers. The effect of ASHAs' challenges on their work performance was examined by Structural Equation Modelling (SEM). The study revealed that self-related and system-related challenges have negative effect on their work performance; and the system related challenges hamper performance more adversely as compared to the personal challenges. This study helps in understanding the challenges for increasing their work performance for further enhancing the efficacy of rural health management. The outcome of the study can lead to overcoming the challenges while infusing the social intent and content through institutional arrangements for boosting the ranking and scenario of Haryana state.

Keywords: ASHA workers, Self-Challenges, System Challenges, Individual Work Performance, Rural Health

INTRODUCTION

The primary objective of the National Health Policy 2017 is to strengthen the entire health system. The Astana Declaration 2018 reaffirmed the importance of improving LMICs (low and medium income countries), with a particular

emphasis on universal primary health care. An effective public health care system also makes a significant contribution to the fulfilment of the Sustainable Development Goals. To be more precise, SDG Goal 3 focuses heavily on "good health and well-being." In line with Sustainable Development Goals and Universal Health Coverage, India has committed to achieving the same by 2030. The role of community health workers (CHWs) is expanding and gaining more importance as they play a pivotal role in attainment of Sustainable Development Goals, tackling the global covid pandemic and public health catastrophes. India has established one of the world's largest CHW programmes. The "National Rural Health Mission (NRHM)" established a cadre of Accredited Social Health Activists (ASHA) in 2005, instituted by the "Ministry of Health and Family Welfare". The NRHM mission works to provide equitable, affordable, quality and accessible health care to India's most marginalized rural residents of India. The prime objective of this Mission is to establish a single, completely functional, community - owned health delivery system throughout the targeted States. ASHA workers are critical in delivering health services to rural areas and also serve as an interface between the local residents and the health system.

In the global field of public health, it is important to realise that community health workers (CHWs) are not only health workers but also members of the community with their own problems and weaknesses, so it's imperative to take into account the needs of ASHA workers (CHWs) and create a robust support system for them. Although there is abundant literature available on the roles and responsibilities of community health workers across the globe, still there is a scanty amount of literature discussing the challenges and vulnerabilities faced by community health workers.

Work performance has been reviewed extensively in literature and conceptualised in numerous theories and framework. (Greenslade & Jimmieson, 2007; Varela & Landis, 2010). The Work performance comprises of three elements namely task-related, contextual and counterproductive workplace behaviour that are applicable at different levels in the broad spectrum of healthcare industry (Krijgsheld *et al.*, 2022). Consequently, these dimensions are highly important for gauging work of the healthcare professionals across the globe.

The Job Demand Resource (JDR) model has been implemented in universal framework. There are two facets of the model i.e. Job demand and Job resources. Job Demand includes the attributes of the organisation that includes physical and cognitive efforts and job resources includes the elements of work environment that foster the growth and development of an employee (Moloney *et al.*, 2018). Job demand leads to negative effect and on the other hand, job resources lead to positive effect on the health professionals (Thapa *et al.*, 2022).

The novelty of this study is in its focus on rural health management with a special emphasis on ASHA workers which act as an intermediary between community and healthcare system, specifically in the context of Haryana. The examination of various challenges encountered by individuals and their consequent impacts on their work performance holds academic importance due to its potential to provide valuable perspectives for the development of policies and initiatives intended to improve local healthcare delivery. This paper constitutes a substantial expansion for several reasons. There is a significant body of scholarly work has primarily focused on exploring ASHA's roles and responsibilities, but there is scanty amount of literature that investigates the effect of challenges on their work performance. So, this study aims at analysing the challenges faced by ASHA's and their effect on their individual work performance. The literature on this topic provides insights into these challenges and highlights the need for supportive policies, adequate resources, on-going training, and community engagement to address them and improve ASHA workers' performance. This paper will not only look at potential challenges to practice, but it will additionally outline the strategies to alleviate the challenges and further increase their performance in the field.

LITERATURE REVIEW

There is a plethora of research studies across the globe where academicians and researchers have shown many parallels amongst community health workers. In the Indian context in general and Haryana in particular, ASHA workers have become an integral part of the human resources for health. In India, the maximum number of research revolves around the role of ASHA in particular health conditions like antenatal, maternity care, and immunization (Mohan *et al.*, 2011; Bhandari *et al.*,

2012; Nyamathi *et al.*, 2013; Mazumder *et al.*, 2014; Silan *et al.*, 2014; Fathima *et al.*, 2015; George *et al.*, 2018; Ghosh *et al.*, 2021). Studies also explored the factors influencing their motivation, autonomy and community engagement to act as catalyst for workplace freedom and decision making (Willis *et al.*, 2008; Pala *et al.*, 2011; Gopalan *et al.*, 2012; Joshi & George, 2012; Karol & Pattanaik, 2014; Punia & Kavetri, 2012, Singh *et al.* 2015).

There is scanty literature that provides in-depth exploration of the hurdles faced by ASHA workers. Scott & Shanker, 2010 highlighted the four major barriers, i.e. incentive payment model, institutional support, community involvement, and rigidity in the hierarchy of the health system that affect her success. Research also identified challenges related to infrastructural support, training, incentives, and social customs in realizing their multiple roles (Sapriiet *et al.*, 2015; Sarin *et al.*, 2016, Dagar *et al.*, 2017). During COVID 19, the prominence of ASHA reached unprecedented heights, but at the same time, they faced challenges like long working hours, low and irregular payments, lack of training, and lack of institutional and community support (Chitlangia, 2020; Awasthi, 2020; Niyati &Mandela, 2020).The performance of ASHA workers is influenced by multiple variables. There are different lenses to view the perspective of experience gained by ASHA workers in performing their multiple roles.The challenges can be viewed via the lens of-

1. Individual Context-Satisfaction, Motivation, Recognition, Self Efficacy, Autonomy (Gopalan *et al.*, 2012; Joshi & George, 2012; Karol & Pattanaik, 2014, Meena *et al.*, 2020).
2. Health System-Incentives, Training, Supervision, Selection criteria, Infrastructural facilities, availability of supplies, role clarity, level of linkage with health system structure, overburden, Non cooperative hospital staff, conflict and lack of grievance redressal, Peer Support. (Sinha *et al.*, 2014; Sarin & Lunsford, 2017).

An individual's value to an organisation can be gauged in a substantial manner by looking at how well they perform on the job. Work performance, which is defined as "individual behaviour that generates value for the organisation" (Campbell *et*

al., 1993), is a key dependent variable in virtually all subfields of management. Traditional focus has been placed on the first dimension, task performance, which is defined as an individual's skill in carrying out the essential substantive or technical activities at the heart of his or her job (Campbell, 1990). Contextual performance is the second aspect and denotes the activities that strengthen the social, psychological and organisational environment in which an individual fulfils the technical functionalities of a job (Borman & Motowidlo, 1993). Finally counterproductive behaviour is counted as the prime factor of Work Performance which refers to the activities that leads to negative impact at the workplace (Rotundo & Sackett, 2002).

As per JDR Theory, job resources serve as a buffer against the negative consequences of job demand. The significance of job resources in enhancing work engagement has been observed, especially in situations when demands are high (Bakker, 2015) and also it is observed that motivation is positively associated with job performance (Bakker & Demerouti, 2017). The employees who are motivated actively engaged to boost their resources and further their work performance.

In this study work-life challenges faced by ASHA workers related to self and system were examined. As independent variables, self-related challenges and the system-related challenges were taken and individual work-performance was taken as dependent variable. In this study the effect of challenges has been examined on work performance for effective rural health management.

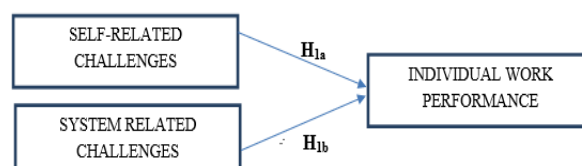


Figure 1. Conceptual Research Framework

HYPOTHESES DEVELOPMENT

In this research context, following research hypotheses are developed:-

H_{1a}: Self-related challenges of ASHA have a significant effect on Individual work performance.

H_{1b}: System-related challenges of ASHA have a significant effect on Individual work performance.

RESEARCH METHODOLOGY

Sampling and Data

Due to the specific requirements of this study, it calls for a multi-stage sampling design which is used for selection of districts, blocks, PHC, and ASHA workers for field survey. There are 6 administrative divisions in Haryana, namely Ambala, Faridabad, Gurugram, Hisar, Rohtak, and Karnal. The sample consists of 1 district from each division, 2 blocks from each representative district and four PHC/CHC from each block will be selected. Out of these 48 selected PHCs/CHCs, a sample of 10-15 ASHA workers is collected by applying convenience sampling. The data was collected from November 2022 to April 2023. Respondents were visited individually and in monthly meetings to get questionnaires filled up. Questionnaire included questions about demographic variables, as well as three study variables: self-related challenges, system-related challenges and self-perceived individual work performance. As a whole, a final sample of a 534 ASHA workers was collected after eliminating the unengaged respondent's questionnaire.

Survey Instrument

A well-structured questionnaire was developed by conducting extensive literature review on the key variables of the study. In this study the response choices are taken on Five-point Likert scale wherein 1 refers to Strongly Disagree and 5 refers to Strongly Agree. In this research all items of the key variables are taken from highly cited articles that were published in reputed quality journals. The questionnaire was articulated and rephrased to make it more relevant and in later stage the

questionnaire was translated into Hindi for better understanding of the ASHA workers. The questionnaire encloses three sections. First section of the questionnaire includes demographic variables like age, marital status, educational qualification and total experience. The second part encompasses questions related to the challenges faced by respondent which were further bifurcated into self-related challenges (8-items) and system-related challenges (14 items). The last part of the questionnaire comprised of questions related to Individual Work Performance. To measure this, 18-item standard scale of Individual work performance (Koopmans, 2014) is used. The three prime components of Individual Work Performance are measured by Koopman's scale namely task, contextual and counterproductive behavior at workplace. The recall period of all 18-items is taken as 3 months. Five-point scale is used where 0 denotes Seldom and 4 denotes always in case of task and contextual performance. Further in case of counterproductive work behavior 0 denotes never and 4 denote Often.

ANALYSIS AND RESULTS

Exploratory Factor Analysis: Before applying exploratory factor analysis, Kaiser-Meyer-Olkin (KMO) measure of sample adequacy and Bartlett's test of sphericity is measured. KMO value is 0.910 which is above threshold value of 0.6 and significance value of $p=0.000$ signifies that fulfills the precondition to apply factor analysis. An exploratory factor analysis is performed using principal component analysis and varimax rotation. Table 1 displays the factor loadings of all factors i.e. Self-related challenges, System related challenges and Individual work performance.

Table 1: Rotated Component Matrix with Factor Loading

Factors	Constructs	Code	1	2	3
Self-Related Challenge	I am able to balance at work physically as well as mentally.	SL1	.714		
	I am free to meet community people, express opinion and execute my responsibilities.	SL2	.937		
	I work with a feeling that the job is significant and provides self-confidence and financial independence.	SL3	.740		
	I have a feeling of personal growth and career advancement on this job.	SL4	.764		
	I enhance my people skills and happiness in totality while being in this job.	SL5	.861		
	My work contributes to the family members as well as society at large and leads to self-recognition	SL6	.623		
	It is difficult for a woman to actively interact with members of the male community.	SL7	.781		
	There is fear of blame if any intervention went unsuccessful or in case unable to meet expected community needs.	SL8	.643		
	I face absence of regular income and delay in receipt of incentives.	SR1		.885	
	I observe lack of employment security and career progression.	SR2		.840	
	I don't face any issue in grievance redressal mechanism.	SR3		.809	
	At times, confusion arises due to multiple orders and this further leads to lack of role clarity.	SR4		.872	
	It is difficult to deal with community needs due to limited resources and poor quality of institutional support.	SR5		.926	

System-Related Challenge	My family pressurize to opt for other jobs where I may receive more incentives with regular salary.	SR6		.866	
	In my opinion, government is providing adequate financial as well as non-financial incentive for my job.	SR7		.818	
	Incentive rate is relative to the effort and time required to accomplish my task.	SR8		.849	
	I face difficulty in doing regular documentation work in my job.	SR9		.819	
	I feel the workload due to felt staff shortage at Primary Health Centre.	SR10		.789	
	I feel that training programmes provided are satisfactory and impart with appropriate knowledge and skill.	SR11		.838	
	I am provided with adequate and timely training programs as per my job requirement.	SR12		.825	
	My supervisor is supportive in nature, helps in task monitoring and resolving issues	SR13		.874	
	I get full support from formal health care providers (ANM's, hospital staff etc) for fulfilment of the patient needs like delivery.	SR14		.881	
Individual Work Performance	I managed my work plan in a way that it is finished on time.	IWP1		.787	
	I always keep in mind the work outcome I needed to achieve.	IWP2		.789	
	I am always able to set priorities.	IWP3		.716	
	I normally manage my time well.	IWP4		.909	
	I was capable of carrying out my work efficiently.	IWP5		.784	
	At my personal initiative, I could start new task on completion of my previous tasks.	IWP6		.787	
	I normally took on challenging work assignments when they were available.	IWP7		.851	
	I kept on working to update my job related knowledge.	IWP8		.633	
	I kept on working to keep my work skills up-to-date.	IWP9		.849	
	I have come out with creative solutions for new work assignments.	IWP10		.702	
	I worked on extra responsibilities.	IWP11		.834	
	I sought new work challenges continually during my working.	IWP12		.820	
	I took active part in meetings and/or other consultations.	IWP13		.659	
	I have complained about orwork related issues at my work place.	IWP14		.659	
	I made work problems bigger than they were.	IWP15		.731	
	I focused on the negative issues of work situation instead of the positive aspects.	IWP16		.804	
	I spoke to my colleagues about the negative aspects of my work.	IWP17		.813	
	I spoke to people outside the organisation about the negative aspects of my work.	IWP18		.875	

Source: Author's work

Measurement Model Assessment: SPSS and AMOS software were utilized to analyze the data. The reliability, convergent validity, and discriminant validity of all three study variables are assessed with the help of measurement model. Confirmatory factor analysis statistics were shown in Table 2.

Table 2: Confirmatory Factor Analysis Statistics

Factors	Constructs	FL	CA	CR	AVE	MSV	MaxR (H)
Self-Related Challenge	I am able to balance at work physically as well as mentally.	0.838	0.809	0.811	0.59	0.075	0.823
	I am free to meet community people, express opinion and execute my responsibilities.	0.729					
	I work with a feeling that the job is significant and provides self confidence and financial independence.	0.732					
	I have a feeling of personal growth and career advancement on this job.	0.752					
	I enhance my people skills and happiness in totality while being in this job.	0.714					
	My work contributes to the family members as well as society at large and leads to self-recognition	0.812					
	It is difficult for a woman to actively interact with members of the male community.	0.615					
	There is fear of blame if any intervention went unsuccessful or in case unable to meet expected community needs.	0.788					
System-Related Challenge	I face absence of regular income and delay in receipt of incentives.	0.806	0.807	0.812	0.59	0.095	0.815
	I observe lack of employment security and career progression.	0.749					
	I don't face any issue in grievance redressal mechanism.	0.789					
	At times, confusion arises due to multiple orders and this further leads to lack of role clarity.	0.623					
	It is difficult to deal with community needs due to limited resources and poor quality of institutional support.	0.645					
	My family pressurize to opt for other jobs where I may receive more incentives with regular salary.	0.785					
	In my opinion, government is providing adequate financial as well as non-financial incentive for my job.	0.841					
	Incentive rate is relative to the effort and time required to accomplish my task.	0.678					
	I face difficulty in doing regular documentation work in my job.	0.768					
	I feel the workload due to felt staff shortage at Primary Health Centre.	0.812					

	I feel that training programmes provided are satisfactory and impart with appropriate knowledge and skill.	0.647					
	I am provided with adequate and timely training programs as per my job requirement.	0.795					
	My supervisor is supportive in nature, helps in task monitoring and resolving issues	0.851					
	I get full support from formal health care providers (ANM's, hospital staff etc) for fulfilment of the patient needs like delivery.	0.892					
Individual Work Performance	I managed my work plan in a way that it is finished on time.	0.779	0.826	0.83	0.55	0.076	0.836
	I always keep in mind the work outcome I needed to achieve.	0.794					
	I am always able to set priorities.	0.688					
	I normally manage my time well.	0.7					
	I was capable of carrying out my work efficiently.	0.854					
	At my personal initiative, I could start new task on completion of my previous tasks.	0.812					
	I normally took on challenging work assignments when they were available.	0.645					
	I kept on working to update my job related knowledge.	0.785					
	I kept on working to keep my work skills up-to-date.	0.815					
	I have come out with creative solutions for new work assignments.	0.825					
	I worked on extra responsibilities.	0.755					
	I sought new work challenges continually during my working.	0.855					
	I took active part in meetings and/or other consultations.	0.629					
	I have complained about or work related issues at my work place.	0.785					
	I made work problems bigger than they were.	0.845					
	I focused on the negative issues of work situation instead of the positive aspects.	0.748					
	I spoke to my colleagues about the negative aspects of my work.	0.858					
I spoke to people outside the organisation about the negative aspects of my work.	0.818						

Source: Author's work

The following statistics vis-a-vis factor loadings (FL), composite reliability (CR), Cronbach's alpha (CA), average variance extracted (AVE), maximum shared variance (MSV) and maximum variance extracted Max R(H) for each construct i.e. self-related challenges, system related challenges and individual work performance are shown in Table 1. The Cronbach's alpha values were examined and were found to be above 0.70 for all three variables, which suggests acceptable reliability of the measurements. The composite reliability (CR) is above recommended threshold of 0.7 depicting good internal consistency among variables. The convergent validity (AVE) also met the criteria of above 0.5 values. Findings of Table 1 indicate that the variables used to measure self-related challenges, system-related challenges, and individual work performance is reliable and valid for assessing.

Table 3 indicates the inter-construct correlation matrix and discriminant validity. It is clear from this table that square root of average variance extracted (AVE) is presented on diagonal line. The correlation across the factors indicates that discriminant validity is not an issue of concern. As per this table, the square root of the AVE is greater

than the correlation shared by all three factors, i.e. self-related challenges, system related challenges and individual work performance. The bold diagonal line depicts the correlation coefficient level among the study variables.

Table 3: Inter-Construct Correlation Matrix and Discriminant Validity

Variables	Self-Related Challenges	System-Related Challenges	Individual work Performance
Self-Related Challenges	0.768		
System-Related Challenges	-0.097	0.766	
Individual work Performance	-0.033	-0.128	0.742

Note: *Square roots of average variance extracted (AVE's) shown on diagonal (in bold)

Source: Author's work

Model Fit Assessment: The Goodness-of-Fit has been assessed for further Model Fit as to ascertain whether the findings indicate that the model demonstrates a good representation of the framework, considering the variables self-related challenges, system related challenges and individual work performance and the results have been depicted as per the Table-4.

Table 4: Goodness-of-Fit Indices for Variables under Study

Fit Index	CMIN/DF	GFI	AGFI	CFI	TLI	RMSEA	RMR
Acceptable Value	<5	>0.9	>0.9	>0.9	>0.9	<0.08	<0.08
Model Fit Score	1.584	0.946	0.928	0.977	0.972	0.037	0.025

Source: Author’s work

The Table-4 unfolds that following Goodness-of-Fit indices CMIN/DF, GFI, AGFI, CFI, TLI, RMSEA, and RMR, were assessed against the acceptable values. The CMIN/DF value of 1.584 suggested a favourable value point out that the model fits the data. Additionally, the GFI, AGFI, CFI, and TLI scores of 0.946, 0.928, 0.977, and 0.972, respectively, surpassed the suggested threshold of 0.9, indicating a substantial explanation of the observed variance and

covariance. Furthermore, the RMR and RMSEA value fell below the acceptable threshold of 0.08 suggest a good fit. Overall, these results support the robustness of our proposed framework and its ability to capture the relationships between challenges, and individual work performance, contributing to the understanding of these dynamics in the context of our research.

Hypotheses Testing: After obtaining acceptable model fit indices, the research hypotheses are tested. The Path Analysis helps to assess the effect of independent variables i.e. Self-Related Challenges and the System Related Challenges on the dependent variable i.e. Individual Work Performance and the outcome of same has been present as the Figure-2.

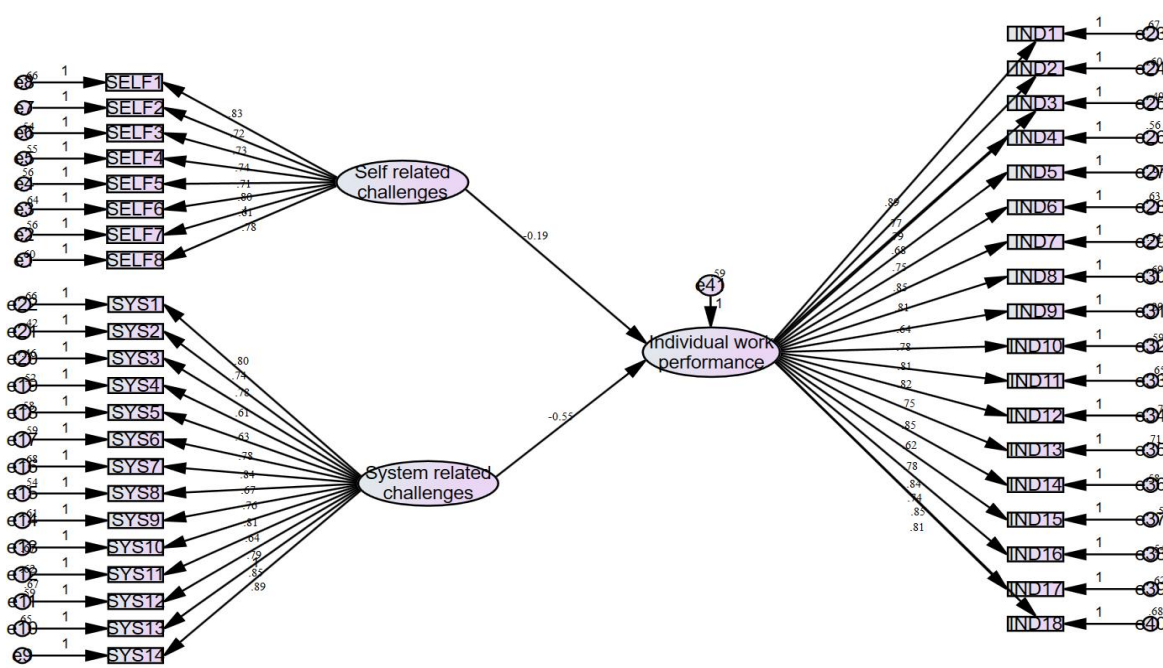


Figure 2: Path Analysis

Path analysis is shown in Figure 2. Firstly, self-related challenges to individual work performance demonstrate a negative relationship ($\beta = -0.19$, $p < 0.001$). On the other hand, personal-related challenges to individual work performance also show a negative relationship ($\beta = -0.55$, $p < 0.001$). Also system related challenges indicate strong

negative relationship as compared to self-related challenges with the work performance of ASHA workers. In a nut shell, it is important to address both self-related challenges and system-related challenges to enhance overall work performance of ASHA workers in Haryana.

Table 5: SEM Output for Hypothesised Path Relationships in the Structural Model

Hypotheses	Hypothesized Path	Standardized Regression Weights	S.E.	C.R	p-value	Results
H _{1a}	Self \square IWP	-0.19	0.026	-4.394	***	Hypothesis Supported
H _{1b}	System \square IWP	-0.55	0.056	-9.376	***	Hypothesis Supported

Note: *** $p < .001$

Source: Author’s work

It is seen in Table-4 that the standard regression weight is -0.19 and critical ratio turns out to be -4.394 for path Self-related challenges to Individual Work Performance, suggesting that the path is statistically significant at the $p < 0.001$. The p-value is significant and H_{1a} hypothesis is accepted. The statistical results found that there is negative association between self-related challenges and individual work performance, implying that if more self-related challenges are experienced by ASHAs' then it will hamper their individual work performance.

In case of H_{1b} hypothesis, the standard regression weight and critical ratio for System-related challenges to Individual work performance are -0.55 and -9.376 respectively, indicating statistical significance for hypothesis H_{1b} at $p < 0.001$. The presence of statistical significant p-value accepts the hypothesis. It can be inferred from results that that system related challenges for ASHAs' has a negative effect on individual work performance.

DISCUSSION AND IMPLICATIONS

In this study we have taken self-related and personal challenges of ASHA workers which they encounter during the fulfilment of their duties and responsibilities. Self-related challenges revolve around autonomy, personal development, confidence, work-life balance and community engagement. On the other hand, the system related challenges provides insight into the organisational and contextual factors that puts an effect on the performance of ASHA workers. The system-related factors encompass factors like career progression, income, training, supervisor support, healthcare system support, resources, supplies and infrastructure which further influence the performance of ASHA workers. This study uses a holistic approach by analysing the challenges at both levels i.e. personal as well as system level. This perspective throws light on the complexity of ASHA's work and also highlights the importance of addressing these challenges and hurdles in order to optimise work performance of community health workers.

Theoretical Implication

In this study the theoretical implication underpins the nexus of the challenges faced by ASHA workers and their perceived work performance. ASHA workers face numerous challenges in their work setting and that puts a detrimental effect on

their performance and further on health outcomes. To understand the strong association between the challenges (self & system related) of ASHA workers and their work performance we can use Job Demands-Resources (JDR) Model for comprehension. The central proposition of JDR theory implies that in any all sectors including healthcare the job characteristics can be bifurcated into demand or resources. In our study we can relate self-related factors as personal resources which if bestowed can enhance the work performance. So it is evident that more autonomy, growth, advancement, better work-life balance helps to increase the performance. On contrary to this, system related factors are taken as job demand that may hinder the performance of workers. Certain system-related factors like inappropriate incentives, role ambiguity, role clarity, insufficient supplies, insufficient resources and infrastructure put a negative effect on the work performance. It can be inferred that imbalance in job demand and job resources impact productivity and puts negative effect on the health system. According to the JD-R model, extra effort is required to accomplish tasks and avoid performance drops when job demands are high. So, an apt balance is required between demand and resources for the better performance outcomes. Secondly the theory of Self-Determination can be aligned to the self-related challenges i.e. autonomy, intrinsic motivation, self-recognition etc. According to this theory, autonomy and intrinsic motivation boost the performance at workplace. Within the context of Self-Determination theory, it is seen that employees who are autonomous and self-motivated came out to be more engaged and efficacious in the work-setting. As per the notion of this theory, it is crucial to fulfil the vital psychological need for autonomy and it will further enhance the work-performance of ASHA workers. So in a nut shell, focus should be to overcome the system related challenges and provide on the job-support to ASHA workers. Also, if self-related challenges are considered and if this band of community is empowered with more support, confidence, autonomy and progression, it will lead to increase in perceived work performance.

Practical Implication

The practical implication of the study focus on certain actionable strategies that can be implemented among community health workers.

The strategies can include special training programs, better infrastructure support, supportive supervision, fostering positive work environment and nurturing positive work attitude among community health workers. By adopting certain

It is imperative to understand the multifaceted challenges confronted by ASHA workers. Tailored support and interventions maybe devised keeping in mind the personal challenges faced by ASHA workers. Since the ASHAs have to work in diverse and uncertain culture, their empowerment to meet this diversity and manage uncertainty they to need to be provide with requisite amount of training and education so that factors concerning them like empowerment and effectiveness for community retention and development could be addresses properly (Punia, 2004). In order to enhance the efficacy of ASHA and strengthen the healthcare system measures the interventions must be designed keeping in mind the self as well as system related challenges. This can entail putting in place flexible work schedules, supportive workplace, better financial incentives, streamlined grievance redressal, better career growth and progression, providing adequate supplies etc. The implementation of the measures has an immense potential to enhance the healthcare system and helps to address the hurdles that impede their performance.

Firstly, supportive work environment plays a very integral role in boosting the work-performance. It is vital to devise certain measures that enhance work environment and make it more favourable and conducive. These strategic measures encompasses, but are not limited to promoting work-life balance, giving recognition valuable contribution of ASHA and facilitating personal growth opportunities. By adopting such measures supportive environment can be cultivated for this cadre of community, thereby elevating their performance at workplace. ASHA workers faces role conflict issues and this confusion can be reduced with the help of clear and effective communication within the healthcare system.

Secondly, ASHA face challenge with regard to financial incentive, which is an effective motivator for them. The significance of adequate and timely incentive for community health workers is underscored in the umbrella of system related

measures, the performance of ASHA workers can be elevated, which will surely bring the positive changes in the quality of healthcare for the communities they serve.

challenges. There is consensus in literature that they face issue of job security, so ensuring employment security can surely contribute to a sense of belongings, sense of stability and commitment among workers.

Thirdly, training has a profound impact on the performance of ASHA workers, so government needs to pay special attention to allocate required resources for the designing the comprehensive training programmes (Sreenu, 2018). In addition to this, training sessions must be customised to address the specific issues which are encountered by community health workers in the field. The content of training programmes must be devised keeping in mind the knowledge and skill gap which can address the complexities more efficiently. The implementation of tailored training programmes can yield substantial benefit to ASHAs in terms of their knowledge, skills and abilities. Moreover, such training interventions can enrich ASHAs' skills and abilities to navigate workplace challenges with better skillset and high confidence level.

Fourthly, supervision and collaboration measures can be elevate the ASHA's work performance to a great extent. Certain key factors need to be highlighted to bring positive change like supportive supervision, effective task monitoring, and most importantly prompt resolution of problems and grievances faced by them. If the relationship between ASHA workers and facilitator is robust and congenial, then it can surely heighten their performance. For strengthening the universal healthcare services constant support, guidance and coordination is required at all levels.

Lastly focussing on fostering positive work attitude could be a potential strategy for addressing the self-related challenges faced by ASHA workers. In the healthcare sector, employees wellbeing and job satisfaction can foster positive attitude. This will not only bring change in performance but will also lead to better outcome in the delivery of community health services. To keep a person mindful i.e. to be in the present instead of wishing the present to be better, certain strategic measures

like cultivating self-confidence, feeling of job-importance, job embeddedness, avenues for career growth and progression has an immense potential to put a positive impact on performance and increasing their engagement at workplace (Sharma & Goyal, 2021). These, if coupled with appropriate recognition can be an effective motivator for health workers.

By taking into account the theoretical and practical implications discussed above, this research has an immense potential to significantly contribute towards increasing the comprehension of the multifaceted factors that impact the work performance of ASHA workers. The outcome of this study lead to valuable insights and actionable recommendations that helps to meet out the multifaceted challenges, and consequently, enhancing the overall healthcare outcomes within the community.

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