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A STUDY ON JOB STRESS AMONG ASHA WORKERS WITH SPECIAL REFERENCE TO KERALA

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ABSTRACT

Accredited Social Health Activists (ASHA) are important in healthcare system within the state of Kerala where they act as an interface between the formal healthcare system and the rural populations. Although they are very important employees, ASHA workers experience a lot of job stress as a result of being overworked, not well compensated, and lack of resources. In this article, the author examines the factors and implications of work-related stress to the employees of the ASHA in Kerala and also discusses the possible remedies to change the working environment. The results demonstrate the significance of fair pay, enhanced training, emotional support, and workload management to destress job and improve the performance of ASHA employees in Kerala.

KEYWORDS: ASHA workers, work stress, healthcare, workload, salary, Kerala, emotional support, workload coping.

1. INTRODUCTION

ASHA employees are part of the Indian healthcare delivery system especially in the rural parts of the India. They provide a point of contact between the community and the formal health services, under the National Rural health mission (NRHM), they aim at enhancing maternal and child health, encourage immunizations, educating communities on health and hygiene. In Kerala, ASHA workers are important towards enhancing the health outcomes of the people. Nevertheless, such workers are under a lot of pressure because of their strenuous work, low salary, and absence of support. Job stress here may cause health problem both physically and mentally, low job satisfaction and performance. This paper talks about the stress factors influencing ASHA workers at Kerala and their recommendations on reducing these factors of stress.

2. JOB STRESS

Stress Occupational stress is stress based on his or her work place. Work-related stress can be described as the reaction that individuals can experience when they are subjected to work and work-



related pressures and pressures that differ with their knowledge and skills as well as being beyond their coping capabilities, - World Health Organization (WHO).

Significant reasons of work-related stress are:

1. **High Level of Work:** ASHA employees are expected to handle diverse duties such as health education, immunization, door to door visitation, record keeper, and data collection. Sometimes the workload is so much that it cannot sustain an individual worker particularly when one has various tasks at hand. A study by Edwards et al. (2010) indicated that one of the greatest causes of stress among the healthcare workers is high workload, and it results in fatigue and burnout.
2. **Inadequate Compensation:** Performance based compensation is used to compensate the ASHA workers, as opposed to a salary cap. This remuneration system makes the people have economic insecurity as their income is determined by the amount of jobs done. McKinnon (2016) states that employees with irregular or inadequate compensation are at a higher risk of being stressed, which may have an impact on the satisfaction of their work and on their psychological state.
3. **Lack of Training and Resources:** In as much as the workers of ASHA are supposed to offer vital services in healthcare, they usually do not have the required training and resources to deliver their services efficiently. Most of the employees complain that they are not well equipped to undertake challenging duties, including health counselling and information handling. The lack of sufficient training leads to an aggravation of stress because workers might become inefficient and unprovided (Sharma and Tripathi, 2023).
4. **Emotional Burden:** The ASHA workers often deal with vulnerable parents, children and the elderly. The stress can be emotional because of seeing health problems especially maternal and child mortality. It is proven that emotional strain particularly in a community health context has a negative influence on the mental health of healthcare workers (Lambert et al., 2013).
5. **Community Expectations and Social Pressure:** As ASHA workers are mostly part of the communities they operate in, they are subjected to social pressures to live up to the expectations not only of the supervisors but also of the community members. Community expectation is also a major stressor due to the need to address a range of health problems, in addition to the high expectations of the community (Nguyen et al., 2020).



1.3 Accredited Social Health Activists (ASHA)

The ASHA (Accredited Social Health Activist) scheme was introduced in 2005 in the National Rural Health Mission (NRHM) in order to enhance access to healthcare in rural India. The ASHA workers were chosen locally to work as community health promoters providing health services to the population particularly maternal health, child immunization, family planning and others. ASHA workers accomplish the intermediation between the communities and healthcare systems, especially in underserved communities. Although they are extremely crucial, they have challenges such as low remuneration, job security, and work load. That said, ASHAs remain a part and parcel of the Indian community health system that has accomplished much to enhance the health of the population in rural areas.

1.3.1 Origin of ASHA In Kerala

In 2005, the National Rural Health Mission (NRHM) came up with the ASHA program in Kerala. Kerala was one of the pioneer states to embrace the model in order to enhance health services in the rural communities. ASHA is the training of local women who were provided with the necessary services such as maternal health, immunization, family planning, and health education. Kerala success of the program is credited to the good health infrastructure, community participation and government supporting the program which plays an important role in enhancing the health outcomes within the state. ASHA workers are local community women who have been trained to offer rudimentary healthcare services as well as health education to their own societies.

Key Origins and Evolution:

1. National Rural Health Mission (NRHM)

- The program ASHA was also introduced under the NRHM that sought to tackle the issue of rural healthcare access in India. The NRHM aimed at providing more vulnerable communities with access to quality healthcare services and making sure that they focus on maternal and child care, immunizations, and prevention of diseases. The implementation of ASHA workers was an ingenious decision to involve women in the healthcare of locals so that healthcare would become easier to reach and more culturally adapted.

2. The Role of ASHA Workers

- Workers of ASHA are local women that are recruited in the village. They are health workers at entry level and they can be described as the intermediary linking the community and the formal health care system. ASHAs facilitate the health of the mother and the child, immunization, sanitation, family planning, and prevention of diseases. They also offer hygiene, nutritional and health practice education and promote institutional deliveries and frequent check-ups.

3. The Need for ASHA Workers



- The rural communities had a high barrier to access to healthcare services before the introduction of ASHA workers. These were remote geographic areas, ignorance, culture and access to trained medical services. The establishment of the ASHA worker position helped overcome the problems through enabling the local women to be change agents in their societies. Healthcare delivery was moved closer to the people by using the local knowledge/trust of the ASHAs.

4. Selection and Training

- The workers in ASHA are usually chosen at the community level thus making them more acceptable to them. The selection criteria help to ensure that ASHAs are conversant with local health problems and command respect of their communities. After being chosen, ASHAs are then packaged in a basic training to learn the vital healthcare practices such as the care of the mother, the administration of immunization, simple first aid, and health education. The state health departments provide this training together with other non-governmental organizations.

5. Government and Policy Support

- The Government of India and other state governments are supportive of the program. The workers of ASHA receive payment according to the performance of the workers, where they are paid on providing services such as immunization drives, health camp organisation and surveys. The government has overtime attempted to increase the duties of ASHAs giving them more responsibilities, including assisting in the response to public health-related disasters such as COVID-19.

6. Challenges and Expansion

- Originally, the ASHA program worked on the enhancement of maternal and child health. Nonetheless, the program over the years has been extended to cover more activities on health matters like disease prevention especially TB and malaria, ensuring water and sanitation practices are adhered to, as well as supporting people on how to manage their non-communicable diseases. Regardless of the achievements of the program, it has been associated with certain challenges such as poor pay, insufficient resources and workloads, among others, that have contributed to the stress that workers of ASHA experience.

REVIEW OF LITERATURE

1. The authors of the article by Purohit and Bandyopadhyay (2015), investigated the problem of workforce challenges that Accredited Social Health Activists (ASHA), in India had to overcome. Workload overload, ambiguity of role expectations, and inadequate remuneration were suggested by researchers to be primary sources of job stress in the workplace. The authors put forward the hypothesis that ASHA workers tend to have more than one task with the conditions of little support, which causes greater emotional fatigue and work pressure. In the same manner, Kumar, Singh and Gupta (2018) determined that the variability of duties especially during health campaigns and

immunization campaigns led to high work pressure, which consequently led to psychological stress among ASHA workers.

- Singh and Sharma (2017) conducted a piece of research on ASHA employees in the Northern states of India with a focus on the impact of low job autonomy on stress. Their results showed that ASHA workers often have no formal authority on the decisions to make and this makes them feel powerless and this adds to the tension at work. This is consistent with the work of Karasek and Theorell (1990) which has contended that a deficiency in work conditions leads to mental strain as one of its predicates.
- Ramachandran and Bhattacharya (2019) presented area-based research of ASHA employees in Kerala. Although Kerala has a relatively good health infrastructure, the researchers have established that the ASHA workers in the area were still experiencing stress as a result of insufficient logistical facilities and insufficient remuneration. Repeated visits of homes, reporting of data and full community participation were identified as factors, which created physical death exhaustion and emotional exhaustion.
- The article by Shivakumar, Thomas, and Ahmed (2020) examined how community and family dynamic or the stressor influences the outcome of stress among the ASHA workers. Their analysis found out that ASHA workers tend to work in their social circles, merging the professional duty and community demands. The researchers also discovered that social pressure to attain goals in health, in combination with the personal demands, aggravated role conflict and caused psychological strain to the ASHAs.
- George and David (2021) utilized a qualitative study regarding the emotional work of ASHA. The authors documented emotional exhaustion among ASHA workers who mediate society expectations with the health system needs that are found to be sensitive to community like maternal mortality or chronic illness. This observation is in agreement with body of research on emotional labor in care giving career in which consistent work isolation to stressful patient interaction may lead to burnout (Hochschild, 1983).
- Institutionally, Thomas and Rebekah (2022) examined the organizational stress factors as poor supervision, absence of feedback and arbitrary policy reforms. Their study proposed that ASHA employees tend to perceive themselves as not supported by the hierarchy of the health system, something that increases job strain and lowers job satisfaction. The authors maintained that job stress in ASHA workers should be adjusted with the support mechanisms that are structured and frequent supervisory feedback.

1.5 RESEARCH GAP

Based on the literature review, a number of research gaps in reference to the current study have been established. These gaps consist of analyzing the factors that affect the job stress of workers in ASHA, knowing and evaluating their stress level. Critical review of past research has resulted in the



formulation of objectives and hypotheses of the current research.

1.6 SCOPE OF THE STUDY

The research is conducted to determine the level of job stress among ASHA employees. Limitation to the sphere of investigation concerns ASHA employees in Kerala State. This research will be limited to offering a delicate insight into the etiology, effects, and countermeasures of job stress among Kerala-based ASHA employees. The study by filling the existing gaps in the existing literature and providing evidence-based advice will help to improve the working conditions, mental health, and productivity of ASHA workers in Kerala and could be used to push the state and federal policy to make community health programs more sustainable.

1.7 STATEMENT OF PROBLEM

It has been reported that job stress has become a major concern in most types of jobs, and ASHA workers are not an exception since they are key to providing primary medical care both in the rural and urban settings. In Kerala, there is the ASHA employee, a vital component of the healthcare system, and their role is to ensure the well-being and health of mothers and children, immunization, and health education. Nevertheless, even though their work is very crucial, such workers encounter many issues that lead to high stress. The situation develops due to the presence of the combination of harsh working schedules, poor payment, employment instability, emotional and physical burnout, and insufficient resource availability. The burnout and job dissatisfaction are caused by having to hand out on numerous objects, including door-to-door visits, reporting, work at public health programs, and health crises, among others. The results of this research will hopefully offer some information on how ASHA employees can have better conditions and provisions and well-being that would eventually improve the efficiency of the healthcare service they deliver to society.

1.8 SIGNIFICANCE OF THE STUDY

This paper discusses job stress among ASHA employees in Kerala, and how they are important in community healthcare. Determining the stressors such as workload, poor pay and support. Enhancing the performance of ASHA workers through the mitigation of stress levels and improvements of job satisfaction and well-being. Able to influence the policy formulations by suggesting improved working conditions, remuneration and support. Improving the medical service through decreasing stress, benefiting the employees and the society. Adding value to literature by bridging a research gap on job stress among community healthcare workers and specifically in the state of Kerala.

1.9 OBJECTIVES

- To determine the causes of job stress in these ASHA workers.
- To determine the degree of job stress among ASHA employees of Kerala State.



- To propose ideas on how to cut and cope with job stress.

1.10 METHODOLOGY

Research Method: Occupational Stress in ASHA Employees in Kerala.

The research paper will take a descriptive and analytical method to research the issue of job stress among the ASHA employees in Kerala. The purpose will be to evaluate the stressors encountered by ASHA employees such as workload, role definition, payment rate, emotional support, training and job satisfaction and the effects it has on their general health and work performance.

Data Collection

1. Primary Data:

- A questionnaire was designed as a structured questionnaire that would gather information about the workers of the ASHA in various districts of Kerala. This questionnaire was on different dimensions of job stress.
- SHA workers in various parts of Kerala were selected as a sample of 100 by convenience sampling method. The survey made the participants representative of various age group, experience level as well as geographical location.

2. Secondary Data:

- Various sources were used to collect the secondary data and they included:
 - **Government reports: Government reports regarding the roles, policies, and health programs of the ASHA workers.**
 - **Scholarly papers: Past research on the occupational stress of ASHA employees, such as workload, salaries, and health performance.**
 - **Books and journals: Literature on the topic of occupational stress among community health workers and medical workers.**

Data Analysis

The data received was analysed through the use of both quantitative and qualitative methods:

- **Percentage Analysis:** To estimate a distribution of responses to different variables (e.g., the proportion of ASHA workers that report high levels of stress, their satisfaction with the compensation, etc.).
- **Chi-square Test:** Chi-square test is used to analyse the relationships between variables as well as their categories such as the correlation between stress levels and other variables such as age, experience and location.
- **Independent Sample Test:** Individuals used in testing levels of stress such as the level of experience or training of individuals of different groups.



- Analysis of Variance (ANOVA): To determine significant differences in the level of stress, according to the multiple factors, including the workload, compensation, and emotional support.
- Correlation Analysis: To investigate the relationship between levels of stress and other variables like job satisfaction, compensation and training.
- Weighted Average Mean (WAM): To get the average stress level of ASHA employees considering their answers to different stress-related variables. WAM was explained as follows:
 - WAM 0 -1-Very Low Stress.
 - WAM of 1 -2 - Low Stress.
 - Between 2 and 3 - moderate Stress WAM value.
 - WAM 3 to 4 - High Stress.
 - WAM of 4-5 -Very High Stress.

Interpretation of Results

The outcomes were analyzed with the help of the WAM scores, emphasizing on the level of stress among ASHA employees in Kerala in general. The scoring on WAM will reflect a greater level of stress and the relationship between the stressors was then applied to make decisions on the most prominent stressors among the workers.

1.11 LIMITATIONS OF THE STUDY

- The sample discussed is only 100 workers, which might not be a clear indication of what happens in life.
- The research sample was also limited in time, and the results could have been affected.
- The answers can also be an expression of prejudice and personal perceptions of the respondents, which can influence the objectivity of the survey.
- Gathering of data was difficult due to the fact that a considerable number of the respondents were busy in their work schedules.

1.12 DISCUSSION

The data gathered through questionnaire were analysed and the findings given below are arrived at. Most (42 percent) of the respondents are of age group above 45. 100 percent of the respondents are of the female gender. Most of them (96%) are married. Majority (50 percent) experience above 10 years of experience. Over 50 percent of the respondents (70) are now making higher incomes of more than 10000 every month. Chi-square test is used to determine the relationship that exists between the challenge of meeting their responsibility and the nature of their job.

Hypothesis

H₀: The independence of nature of job and difficulty in fulfilling responsibility are independent.

H₁: Difficulty in responsibility fulfillment and nature of job cannot be independent.

Table 1.12.1 Job Nature and Difficulty in Fulfilling Responsibility

| Difficulty in fulfilling responsibility / Nature of Job | Yes | No | Total | χ^2 Value | P value |
|---|-----|----|-------|----------------|---------|
| Healthcare ASHA Workers | 72 | 1 | 73 | 28.932 | 0.000 |
| Social and Community Development ASHA Workers | 16 | 11 | 27 | | |
| Total | 88 | 12 | 100 | | |

Source: Primary data

The chi-square test results presented in table 1.12.1 show that among the workers there is significant relationship between the nature of the work and the level of difficulty in performing the duties. The ASHA workers in the healthcare are prone to experiencing more stress and also failure to meet the set duties than Social and Community Development ASHA workers. This result highlights the importance of such specific intervention programs to reduce stress experienced by healthcare ASHA workers, which include more effective support systems, training, or workload expectations.

Hypothesis

H₀: No noteworthy disparity exists between incidences of stress at work hours depending on the nature of their jobs.

H₁: The incidences of stress at working hours in terms of nature of work are significantly different.

Table 1.12.2 Stress and Job Nature

| Nature of Job | N | Mean | Std. Deviation | Std. Error | T value | Sig. |
|--|----|------|----------------|------------|---------|-------|
| Healthcare ASHA Workers | 73 | 1.18 | 0.385 | 0.045 | -4.816 | 0.000 |
| Social and Community Development ASHA Workers | 27 | 1.63 | 0.492 | 0.095 | | |

Source: Primary data

It can be seen in the table 1.12.2 that the Social and Community Development ASHA Workers are highly stressed as opposed to the Healthcare ASHA Workers. This may be explained by the fact that their roles are different. Other difficulties that Social and Community Development workers might encounter would include the inability to juggle health education and community development activities, social pressures, and operating in a less structured setting. These may be some of the causes of their increased stress levels. On the contrary, Healthcare ASHA Workers can be presented to more organized tasks that can contribute to the decrease of variability of the stress levels but still acceptable levels of stress.

Hypotheses

- H_{1(A1)}: The more the stress level at the working hours, the less the satisfaction fulfilling the responsibility.
- H_{1(A2)}: The more the level of stress during working hours, the less time to work out the task.
- H_{1(A3)}: The level of stress is heightened through more work such as census or survey etc.
- H_{1(A4)}: Stress levels rise because of the poor support of the government.
- H_{1(A5)}: The greater is the work pressure which is given by the higher authority the greater is the increase in Stress.
- H_{1(A6)}: Getting monthly salary in instalments causes increased stress.
- H_{1(A7)}: The level of stress was lowered upon experiencing contentment with the monthly pay.
- H_{1(A8)}: There is a relationship between job stress and family support.

Table 1.12.3 Correlation results of Stress and various Factors

| Variables | Hypotheses | Pearson correlation | Sig. (2 tailed) | Remarks |
|--|--------------------|---------------------|-----------------|--|
| Stress *satisfaction in fulfilling responsibility | H _{1(A1)} | -0.132 | 0.189 | When stress increases satisfaction with responsibility decreases |
| Stress *getting enough time to complete the work | H _{1(A2)} | -0.389 | 0.000 | When stress increases the time required to complete task decreases |
| stress * Assigning additional work like census or survey | H _{1(A3)} | 0.410 | 0.000 | Assigning additional work leads to enhanced stress |
| Stress* adequate support from the government | H _{1(A4)} | -.073 | .472 | Stress increases due to inadequate support from the government |
| Stress* work pressure from higher authority | H _{1(A5)} | 0.315 | 0.001 | Stress increases when more work pressure is received from the higher authority |
| Stress* receiving monthly salary in installment | H _{1(A6)} | 0.436 | 0.000 | Stress increases when monthly salary is received in installment |
| Stress* satisfaction in monthly salary | H _{1(A7)} | 0.108 | 0.287 | Stress is reduced when there is satisfaction with monthly salary |
| Stress* adequate support from Family | H _{1(A8)} | -0.023 | 0.822 | Stress increases due to inadequate support from family members |

Source: Primary data

According to Table 1.12.3, it comes out that time constraints, extra work tasks, supervisor work pressure, and payment delay have significant and statistically significant correlations in the study, hence agree that workforce information management and financial stability represent key intervention areas where stress is reduced in ASHA workers.

STRESS AND DEMOGRAPHIC VARIABLES

Stresses at the work place based on the demography are examined. The hypotheses formed are:

Hypothesis

H₀: The comparison of stresses in regard to different groups of ASHA workers with regard to their Age does not show significant differences.

H₁: A big variance exists in the stresses with respect to different Age groups of ASHA workers.

**Table 1.12.4
Stress and Age of the Workers**

| Age group | N | Mean | Std. Deviation | Std. Error | F value | Sig. |
|-----------|-----|------|----------------|------------|---------------------|-------|
| Up to 35 | 17 | 1.41 | 0.507 | .123 | 20.785 (df:2,97) | 0.000 |
| 35-45 | 41 | 1.15 | 0.358 | 0.056 | | |
| Above 45 | 42 | 1.40 | 0.497 | 0.077 | | |
| Total | 100 | 1.30 | 0.461 | 0.046 | | |

Source: Primary data

Table1.12.4.1 Post Hoc Test

| Age Group | Age group | Mean difference | Std error | P value |
|-----------|-----------|-----------------|-----------|---------|
| Up to 35 | 35-45 | 0.265 | 0.136 | 0.042 |
| Up to 35 | Above 45 | 0.007 | 0.144 | 0.957 |
| 35-45 | Above 45 | -0.258 | 0.094 | 0.010 |

Source: Primary data

It is revealed in the table 1.12.4 that workers under the age group up to 35 years have more stress than the other age groups. The p-value value of 0.05 shows that there are statistically significant age differences in job stress. This is that there is a probability of the age groups affecting job stress. The post hoc test with the LSD will be carried out to identify the type of age groups that differ. As seen

in the Post hoc test using LSD as shown in table 1.12.4.1, significant difference is detected between different age categories such as Up to age below 35 & 35-45 and 35-45 age above 45 is found out to determine which group among them a significant difference is measured.

Hypothesis

H₀: Stresses between the different marital statuses of ASHA workers do not have any significant difference.

H₀: There exists great disparity between stress in relation to different marital statuses of ASHA workers.

Table 1.12.5 Stress and Marital Status of Workers

| Marital Status | N | Mean | Std. Deviation | Std. Error | T value | Sig. |
|----------------|----|------|----------------|------------|---------|-------|
| unmarried | 4 | 1.75 | 0.500 | 0.250 | 2.025 | 0.046 |
| Married | 96 | 1.28 | 0.452 | 0.046 | | |

Source: Primary data

Table 1.12.5 indicates that marital status has a very great influence on job stress among ASHA workers. Unmarried ASHA workers complain of higher stress than the married ones. The p-value of 0.046 shows that the difference in job stress is statistically significant according to the marital status. Unmarried workers of ASHA may have more emotional or social stress, which may be justified because family support does not always accompany married workers. Such results indicate that the job stress experienced by ASHA workers may be affected by marital status, and interventions may be required to help the unmarried workers get additional support.

Hypothesis:

H₀: The differences in stresses observed do not show any case of significant difference regarding different work experiences of ASHA workers.

H₁: The difference in stresses with regards to different work experiences of ASHA workers is high.

Table No 1.12.6 Stress and Experience of Workers

| Experience | N | Mean | Std. Deviation | Std. Error | F value | Sig. |
|------------|-----|------|----------------|------------|--------------------|-------|
| 0-5 | 13 | 1.38 | 0.506 | 0.140 | 0.868 (df=2,97) | 0.423 |
| 5-10 | 37 | 1.27 | 0.450 | 0.074 | | |
| Above 10 | 50 | 1.30 | 0.463 | 0.065 | | |
| Total | 100 | 1.30 | 0.461 | 0.046 | | |

Source: Primary data

Table 1.12.6 shows that job stress is not significantly different among the workers of ASHA in the various experience groups (0-5 years, 5-10 years and over 10 years). The levels of stress of all groups of experience are quite comparable and it indicates that experience does not have significant effects on job stress. This result may suggest that the number of years of experience may not be the most significant determinant of stress but rather other factors that may include workload, support systems or role clarity.

Hypothesis:

H₀: There is no large disparity between pressures with respect to diverse monthly income of ASHA employees.

H₁: The difference between stresses regarding different monthly incomes of ASHA workers is considerable.

Table 1.12.7 Stress and Monthly Income of Workers

| Monthly Income | N | Mean | Std. Deviation | Std. Error | F value | Sig. |
|----------------|-----|------|----------------|------------|---------|-------|
| Below 5000 | 0 | 0 | 0 | 0 | 4.816 | 0.000 |
| 5000-10000 | 27 | 1.63 | 0.492 | 0.095 | | |
| Above 10000 | 73 | 1.18 | .385 | 0.045 | | |
| Total | 100 | 1.30 | 0.461 | 0.046 | | |

Source: Primary data

The table 1.12.7 exposes that most of the workers who are earning more than 10000 are the majority (73 percent). The ASHA employees with an income of 5000-10000 experience more stress than the



employees with an income of over 10000. The p-value of 0.000 represents that there is a statistically significant difference between the level of job stress in these income groups. The results indicate that the decreased levels of income might provoke an increase of stress levels, which can be explained by the lack of financial security, workloads, or job satisfaction. The data has no category of less than 5000 income, thus restricting analysis on the same, however the findings suggest that the income is a significant variable affecting job stress among the ASHA workers.

1.13 RESULTS

1. Job Nature and Responsibility Fulfillment:

○ The ASHA workers in healthcare have increased stress and challenges in meeting their duties as opposed to the Social and Community Development ASHA workers ($p = 0.000$).

2. Stress Levels:

○ The healthcare professionals who participated as ASHA employees were less stressed (mean = 1.18) compared to Social and Community Development employees who were also burdened with the problems of balancing health education and community work (mean = 1.63).

3. Key Stress Factors:

○ Higher amounts of stress were markedly associated with time pressure and other work assignments (e.g., surveys).

○ Stress was also brought about by work pressure by the higher authorities and payment of salary in installments.

○ Stress had no significant relations with poor government support and family support.

4. Demographic Variations:

○ Age: The younger workers of ASHA (less than 35 years) were more stressed than older age groups.

○ Marital Status: Unmarried workers were more stressed (mean = 1.75) as compared to married workers (mean = 1.28).

○ Experience: The levels of stresses did not significantly change with different number of years of experience (0-5, 5-10, and above 10 years).

○ Income: Higher stress was associated with less income (5000-10000) and the workers who earned above 10000 were found to have lower levels of stress.

KEY FINDINGS:

- Areas such as workload management, prompt payments of salaries, and support systems should be put into consideration as a way of minimizing stress among the ASHA workers.
- The unmarried workers and healthcare ASHA workers should have a specific kind of interventions that should address their particular stressors.



1.14 RECOMMENDATIONS

According to the findings, the following interventions will help alleviate job stress among the organization of ASHA workers in Kerala:

1. **Management of Workloads:** A more efficient assignment of tasks, which could mean recruiting more employees or allocating more resources, would allow the work to be allocated more effectively. Better specification of the roles and job descriptions would help to eliminate confusion and stress as well.
2. **Fair Compensation:** Employees must be compensated in good and monetary time with fair rates that are appropriate to the workers and their responsibilities. Review of pay structures should be implemented to make sure that the workers are well rewarded by their efforts.
3. **Training and Development:** The workers will be trained regularly to provide them with the attitude and competence required to carry out their duties. This will lessen the pressure of not being ready and incompetent.
4. **Emotional Support:** In place of emotional support, counseling services or peer support groups will be developed to assist the workers with the emotional load of their job. Moreover, having a positive work environment by providing feedback and rewards frequently will increase job satisfaction.
5. **Flexible Hours:** It might be possible to introduce more flexible working hours, which will contribute to stress reduction due to excessive working hours and work-life imbalance.

1.14 CONCLUSION

This research paper examines the work pressure that ASHA employees in Kerala go through and why the employees encounter very serious pressure of attending to their duties. The results point out the fact that ASHA healthcare workers have more stress levels than Social and Community Development ASHA workers, and this is mainly because of the detailed and arduous work they undertake. Also, other factors that contribute greatly to stress include workload, work pressure as caused by higher authorities and salary delays. The factors that also play a major role in the variation of levels of stress are the key demographic factors, including age, marital status, and monthly income. Unmarried and younger workers, not to mention those with low-income content show to have experienced more stress which proves that specific interventions are necessary to deal with these stressors. The research also shows that such reasons as the insufficient governmental and familial assistance do not play an important role in job stress, which implies that workload coping and financial security are more important domains to intervene. Finally, it is evident that job stress reduction in ASHA workers should have a multi-pronged approach that involves the enhancement of working environment, prompt payment of salaries, proper training and assistance, and workload balance. These are the main stressors that the well-being of the ASHA workers can be enhanced and, as a result, the quality of scaling healthcare provision in society increases as well as employment satisfaction.



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