Mediation of Personality in the Relationship Between Organizational Roles & Motivation: A Study on ASHA Workers

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The ASHA workers are for primary healthcare services, especially in rural areas. Despite being not paid properly, neglected, and not recognized, their personality and the organization's roles motivated ASHAs to perform their roles and responsibilities. The study aims to analyze the mediation of personality in the relationship between organizational roles and motivation. The study is both qualitative and quantitative, the data being collected from 140 ASHAs of 10 PHC centers in Bangalore, identified based on a stratified sample and through a questionnaire, face-to-face interviews, and focus group discussions in November and December 2022. The study reveals that there is a complete mediation effect of personality on the relationship between organizational roles and Motivation. The findings of the study are useful for NRHM and PHC centers to redesign their policies and strategies.

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Introduction

The Indian government started the National Rural Health Mission (NRHM) in the year 2005 to meet the needs of the rural population in terms of health care, especially of those in the most precarious of situations. The sub-center (SC) is the farthest-reaching community contact point in the public health system. This is for a 5000-person population. The creation of ASHA, a new type of community-based bureaucrat, was meant to fill this need. People from the communities they serve are chosen to work with the health system. These people have less education and training than medical professionals but are highly respected by the populations they serve. ASHA is a group of community-based volunteer health advocates who raise health awareness.

An Accredited Social Health Activist (ASHA) is a qualified community health professional. A healthcare worker who has been officially recognized and licensed is referred to as "accredited." ASHA employees are often known as "grassroots workers." In 2005, the NRHM was established. The year 2012 has been selected as the deadline for complete implementation. Following the implementation, the country now has "one ASHA in each community." ASHA employees totaled 250,000 in ten states, exceeding the goal. As of right now, there are 9,83,032 ASHAs working in the nation, falling short of the 10,34,630 (95% in position) goal set by the National Health Mission (NRHM and NUHM), which adheres to the standards of one ASHA for every 1000 people living in rural areas and one ASHA covering 2500 people living in urban areas (Gowda, 2021). During the course of eleven years, from the first update in 2010 to the current update for FY 2020–21, the overall ASHA target has climbed by around 33% (from 7,79,481 to 10,34,630), while the number of ASHAs in positions has increased by 42%. (6,91,533 to 9,83,032). In 32 states and territories of the Union state-wide, there were 6 lakhs of ASHAs involved in the strike which happened on August 2020, and in previous years strikes happened in the states of Karnataka, Madhya Pradesh, Haryana, Punjab, Gujarat, and Kerala. Essentially, Strike's main goal was to stop paying covid taxes for workers who were already underpaid for their hard work and refixing salaries up to Rs.10,000 at ASHA. ASHAs are professionals who provide medical care for minor illnesses. ASHA will serve as the primary contact point for any health-related requirements of poor groups, with a special focus on assisting women and children who have difficulty gaining access to medical treatment. Every month or two, they will organize a local health day which brings motivation and awareness about their job to people (MoHFW, 2005).

ASHAs should offer a range of services, including spotting pregnant mothers, assisting with ANC exams, encouraging women to have institutional deliveries while there, and planning child immunization. ASHAs are expected to do home visits, support Village Health and Nutrition Day (VHND) and Village Health and Sanitation Committee (VHSC), accompany clients to appointments, and keep records. When making home visits, ASHAs are in charge of educating the local population about health issues, providing medical attention to patients, and giving priority to pregnant women, new parents, children under two, malnourished children, and marginalized households. Escorting should only be done voluntarily when receiving services. She does, however, receive performance-based rewards for promoting a variety of services, such as escorting expectant mothers to hospitals, encouraging people to get immunized, and Directly Observed Treatment, Short-course (DOTs), among other things. In addition to raising awareness, organizing the community, and escorting women to services, she must keep records and a daily diary (Vall d'Hebron Research Institute- VHIR) (Government of India 2018)

Literature Review

An Amnesty India human rights educator examined the women warriors fighting COVID-19 at the frontline: ASHA workers left without hope (Aswati Warrier, 2020). The report details the difficulties faced by ASHA employees. These women have demonstrated their value in the face of an unprecedented pandemic. By satisfying their basic needs, communities will become more robust and their own readiness for such pandemics will increase. Defining performance motivation mechanisms in Bihar's ASHAs Wahid et.al. (2020) examined community health workers (CHWs) and their functions in providing primary healthcare services. The currently available research suggests that context-dependent causal processes, such as motivation to perform, may impact how well CHW programs operate in low- and middle-income countries. A nationally representative longitudinal modeling study by Agarwal et. al. (2019) examined the effects of India's ASHA program on the use of maternity care. The program's effect on the rates at which women had skilled birth attendance (SBA), had at least one antenatal care (ANC) visit, four or more ANC visits, and gave birth in a medical facility was determined based on a difference-in-difference analysis using cluster-level fixed effects. This research aimed to examine economic and social determinants of access to ASHA services. According to the results, the ASHA initiative seems to connect underprivileged populations to maternity health care. To underline the necessity of strengthening strategies for recruiting, training, rewarding, and keeping ASHAs given their potential to have an impact on service utilization.

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According to Grant (2018), health worker motivation and performance in Bihar were significantly enhanced by the use of cooperation, recognition, and nonmonetary incentives. The study looks at frontline healthcare providers and the crucial services they provide to the state's poorest residents. The researcher used bivariate analysis to determine how the intervention affected these mental and behavioral outcomes. The findings demonstrate that the team-based objectives and incentives model supports enhancements in teamwork, motivation, and performance among health professionals while reinforcing intrinsic motivation. . Research reveals that retention and performance are impacted by each community health worker's motivation. Wang (2012) and team looked into the question: What can we learn from foreign experience about India's performance-based payment system for ASHAs? A performance-based payment (PBP) approach has been used by the Government of India (GOI) to assist in the achievement of specific health objectives. This approach ties the ASHAs' compensation with the tasks they have accomplished. Over 450,000 ASHAs are present in the eight NRHM target states alone, making this PBP system for ASHAs one of the biggest in the world. Also, the PBP mecha-

nism for ASHAs varies by state. Khan et al. (1998: 37-47) found that becoming a Shastho Sevika in Bangladesh might be motivated by a variety of things, including working with children, generating money, having access to medicine, and spreading the word about immunization and contraception so that people can learn about their own children and their neighbors' health and hygiene. Namgyal (1994) noted in his study that one of the 29 other motivations in Bhutan that keep village health workers working is the central Buddhist concept of service for the purpose of enhancing one's "Karma," in addition to paying and incentives. VHWs believe that their good deeds would undoubtedly create better karma for their next life. Volunteers cited the acknowledgment as a key element in their own sense of pleasure and incentive to carry on as a volunteer (cited in Government of Nepal and Maternal and Neonatal Health, 2003).

The Problem

We hope to learn more about the relationship between personality and oganizational roles and the motivation of ASHA workers. The study's major aim is to understand the mediation effect of personality, organizational roles, and motivation level of ASHA workers in spite of difficulties and potentially dangerous challenges that ASHAs experience, where they will face a slew of concerns that will influence them personally and professionally. Many issues, such as unpaid incentives, high labor burdens, and health issues, have been identified during this research period.

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Objectives of the Study

1. To understand the present situation of ASHA workers in Bengaluru.
2. To examine the mediation of personality in the relationship between organisational roles and motivation.

Methodology

The present study adopted descriptive research through an in-depth survey design incorporating a mixed-method approach. Primary data was collected from 140 ASHAs across Bangalore and Secondary data was collected from the Ministry of Health and Family Welfare, Government of India report on ASHA workers. The study adopted stratified sampling to decide whom to administer the questionnaire (Struwig & Stead, 2001).

The study tested a conceptual model built on personality, organizational roles, and motivation. Data analysis is done by using SPSS & Smart PLS. The data collection tools comprise consent for participants, demographic details, and questionnaires with 3 sections developed to examine the organizational roles, personality, and motivation. Method of the collection is with 58 items in the tool and all these are on

a 5-point Likert scale. The bilingual questionnaire does not include gender diversity for a larger representation. Responses collected are taken into consideration for further studies and conclusions are drawn based on them.

Statistical Techniques Used in the Study

A reliability test was run on the variables and their items to determine the internal consistency. The scale's overall coefficient Alpha was (0.863, n = 58).

Descriptive statistics: For the variables under consideration, minimum, maximum, mean, and standard deviation were utilized to depict the distribution of data.

Correlation is used to figure out how the variables being studied are related to each other.

Results & Discussion

- To address the health requirements of the rural population, particularly those of the most vulnerable members of society, the Indian government has chosen to start the NRHM. The mission started in 2005, and its completion was planned for 2012.
- In India, there are 10,34,630 ASHA employees. According to data provided by the states as of 2020–21, there are ASHAs in 32 states and union territories.
- There are 42,574 ASHA workers employed in Karnataka's rural and urban areas, with rural areas having an ASHA worker for every 1,000 residents. ASHA must primarily be a married, widowed, or divorced woman who lives in the community, ideally between the ages of 25 and 45. A regular wage is not paid because working for ASHA is voluntary.

Table 1 Sample Profile of ASHA Workers

Particulars	Categories	Count	Percentage
Age	< 35 yrs	70	50.0%
	> 36 yrs	70	50.0%
Marital Status	Married	129	92.1%
	Single/Divorce/Widower	11	7.9%
Education	< 10th std	100	71.4%
	> PUC	40	28.6%
Years of Experience	2-5 years	67	47.9%
	6-10 years	27	19.3%
	11- 15 years	46	32.9%
Place of Residence	Rural	81	57.9%
	Urban	59	42.1%
Chief earning member	ASHA workers	38	27.1%
	Husband	49	35.0%
	Both/Children	53	37.9%
Income from all sources (Monthly)	< Rs. 10,000	107	76.4%
	> Rs. 10,001	33	23.6%

Table 2 Pearson's Coefficient of Correlation

		Role efficacy (RE)	Role Clarity (RC)	Role Stress (RST)	Role Satisfaction (RSA)	Neuro-ticism (NE)	Extra-version (EX)	Open-ness (OP)	Agreea-bleness (AG)	Conscien tiousness (CO)	Motivation (MO)
Role efficacy	r	1	.614**	-0.014	.417**	-0.038	.421**	.403**	.312**	.426**	.428**
(RE)	Sig		0.000	0.870	0.000	0.659	0.000	0.000	0.000	0.000	0.000
Role Clarity	r	.614**	1	-0.018	.257**	-0.089	.369**	.365**	.262**	.323**	.325**
(RC)	Sig	0.000		0.828	0.002	0.297	0.000	0.000	0.002	0.000	0.000
Role Stress	r	-0.014	-0.018	1	.269**	.526**	0.046	-0.020	-0.141	.170*	0.161
(RST)	Sig	0.870	0.828		0.001	0.000	0.586	0.819	0.098	0.045	0.057
Role Satisfa-	r	.417**	.257**	.269**	1	.205*	.443**	.321**	.331**	.562**	.557**
ction (RSA)	Sig	0.000	0.002	0.001		0.015	0.000	0.000	0.000	0.000	0.000
Neuroticism	r	-0.038	-0.089	.526**	.205*	1	0.066	-0.073	-0.097	0.093	0.087
(NE)	Sig	0.659	0.297	0.000	0.015		0.436	0.388	0.255	0.276	0.306
Extraversion	r	.421**	.369**	0.046	.443**	0.066	1	.497**	.458**	.377**	.372**
(EX)	Sig	0.000	0.000	0.586	0.000	0.436		0.000	0.000	0.000	0.000
Openness	r	.403**	.365**	-0.020	.321**	-0.073	.497**	1	.404**	.495**	.499**
(OP)	Sig	0.000	0.000	0.819	0.000	0.388	0.000		0.000	0.000	0.000
Agreeableness	r	.312**	.262**	-0.141	.331**	-0.097	.458**	.404**	1	.526**	.533**
(AG)	Sig	0.000	0.002	0.098	0.000	0.255	0.000	0.000		0.000	0.000
Conscient-	r	.426**	.323**	.170*	.562**	0.093	.377**	.495**	.526**	1	.999**
iousness (CO)	Sig	0.000	0.000	0.045	0.000	0.276	0.000	0.000	0.000		0.000
Motivation	r	.428**	.325**	0.161	.557**	0.087	.372**	.499**	.533**	.999**	1
(MO)	Sig	0.000	0.000	0.057	0.000	0.306	0.000	0.000	0.000	0.000	

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

- As part of the State and National Health Mission, incentives are given to ASHA employees (NHM). In addition to performance-based rewards of roughly Rs. 3,000 to 5,000 each month depending on the service rendered, they receive set incentives of Rs. 7,000 per month. Employees in the ASHA have recently been awarded the Global health leaders award for their remarkable contribution, and the WHO estimates that one million of these workers are women.

From Table 2 role efficacy (RE) ($r = 0.428$, $p < 0.001$), role clarity (RC) ($r = 0.325$, $p < 0.001$), role satisfaction (RSA) ($r = 0.557$, $p < 0.001$), extraversion (EX) ($r = 0.372$, $p < 0.001$), openness (OP) ($r = 0.499$, $p < 0.001$), agreeableness (AG) ($r = 0.533$, $p < 0.001$) and conscientiousness (CO) ($r = 0.999$, $p < 0.001$) show a significant relationship between personality, organizational roles, and motivation leading to rejection of the null hypothesis. In the case of role stress (RST) ($r = 0.161$, $p = 0.057$), neuroticism (NE) and ($r = 0.087$, $p = 0.306$) there is no significant relationship between personality, organizational roles, and motivation, thus null hypothesis is not rejected.

Cronbach's Alpha is greater than 0.70 in the case of motivation, role stress, neuroticism, extraversion, agreeableness, and openness. In the case of role efficacy, role clarity, role satisfaction, and conscientiousness the values range between 0.6 and 0.7, indicating moderate reliability.

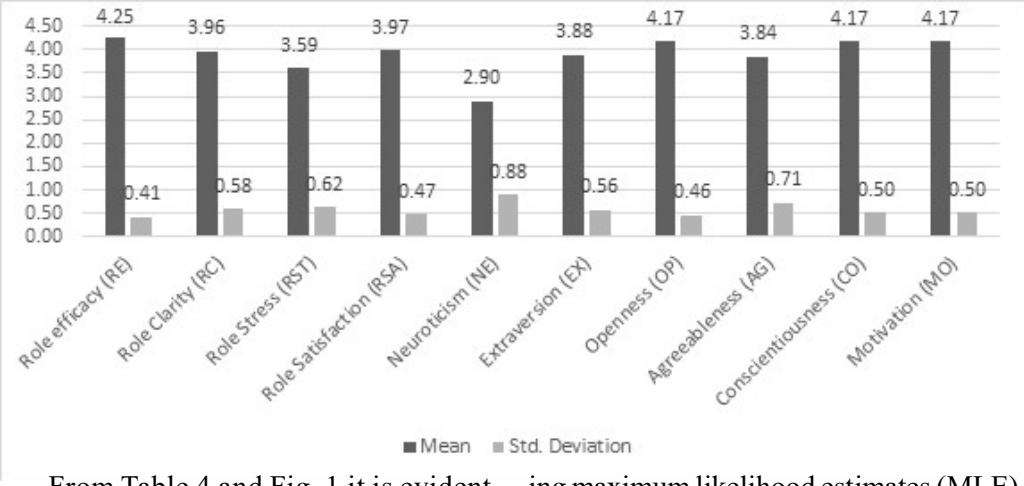
Table 3 Reliability Test- Cronbatch's Alpha

	Cronbach's Alpha	No. of Items
Role efficacy (RE)	0.694	9
Role Clarity (RC)	0.665	5
Role Stress (RST)	0.700	8
Role Satisfaction (RSA)	0.620	7
Neuroticism (NE)	0.716	3
Extraversion (EX)	0.700	3
Openness (OP)	0.742	3
Agreeableness (AG)	0.702	3
Conscientiousness (CO)	0.698	3
Motivation (MO)	0.878	12

Table 4 Descriptive Statistics To find out the levels of Personality, Organizational Roles, and Motivation among ASHA workers

	N	Minimum	Maximum	Mean	Std. Deviation	Variance
Role efficacy (RE)	140	3.11	5.00	4.25	0.41	0.165
Role Clarity (RC)	140	2.60	5.00	3.96	0.58	0.336
Role Stress (RST)	140	1.75	4.75	3.59	0.62	0.389
Role Satisfaction (RSA)	140	2.00	4.86	3.97	0.47	0.219
Neuroticism (NE)	140	1.00	4.67	2.90	0.88	0.782
Extraversion (EX)	140	2.67	5.00	3.88	0.56	0.318
Openness (OP)	140	2.67	5.00	4.17	0.46	0.207
Agreeableness (AG)	140	1.67	5.00	3.84	0.71	0.504
Conscientiousness (CO)	140	2.30	5.00	4.17	0.50	0.253
Motivation (MO)	140	2.33	5.00	4.17	0.50	0.253

Fig. 1 Mean and Standard Deviation of the variables



From Table 4 and Fig. 1 it is evident that the mean value is high in the case of role efficacy (4.25), openness (4.17), conscientiousness (4.17), and motivation (4.17) and least in the case of neuroticism (2.90). Standard Deviation is the highest in the case of Neuroticism (0.88) and least in the case of role efficacy (.41). The study indicates that the ASHAs are very important, can take initiative, like to solve problems, can be trusted to keep their promises, and even can get motivated to solve emerging problems and never get upset.

Mediation Analysis

To ascertain whether the independent variables were significant predictors of the dependent variable and whether the mediator had any influence along the prediction path, the structural equation model (SEM) was used. The correlations among the study variables were given before moving on to the mediation analysis. To investigate the mediation hypotheses, a structural equation model utilizing maximum likelihood estimates (MLE) was used. The bias correction percentile approach was used to compute the direct, indirect, and total impacts and examine the mediation effect.

Hypothesis 2

H_0: Personality mediates the relationship between organizational roles and motivation.

H_1: Personality does not mediate the relationship between organizational roles and motivation.

Mediation analysis was performed to access the mediating role of personality on the linkage between org_roles and MO. The results (Table 5) revealed that the total effect of org_roles on MO was significant ($\beta = 0.233$, $t = 3.006$, $p = 0.003$). With the inclusion of the mediating variable personality, the impact of org_roles on MO became insignificant ($\beta = 0.114$, $t = 1.083$, $p = 0.279$). The indirect effect of org_poles on MO through Personality was found significant

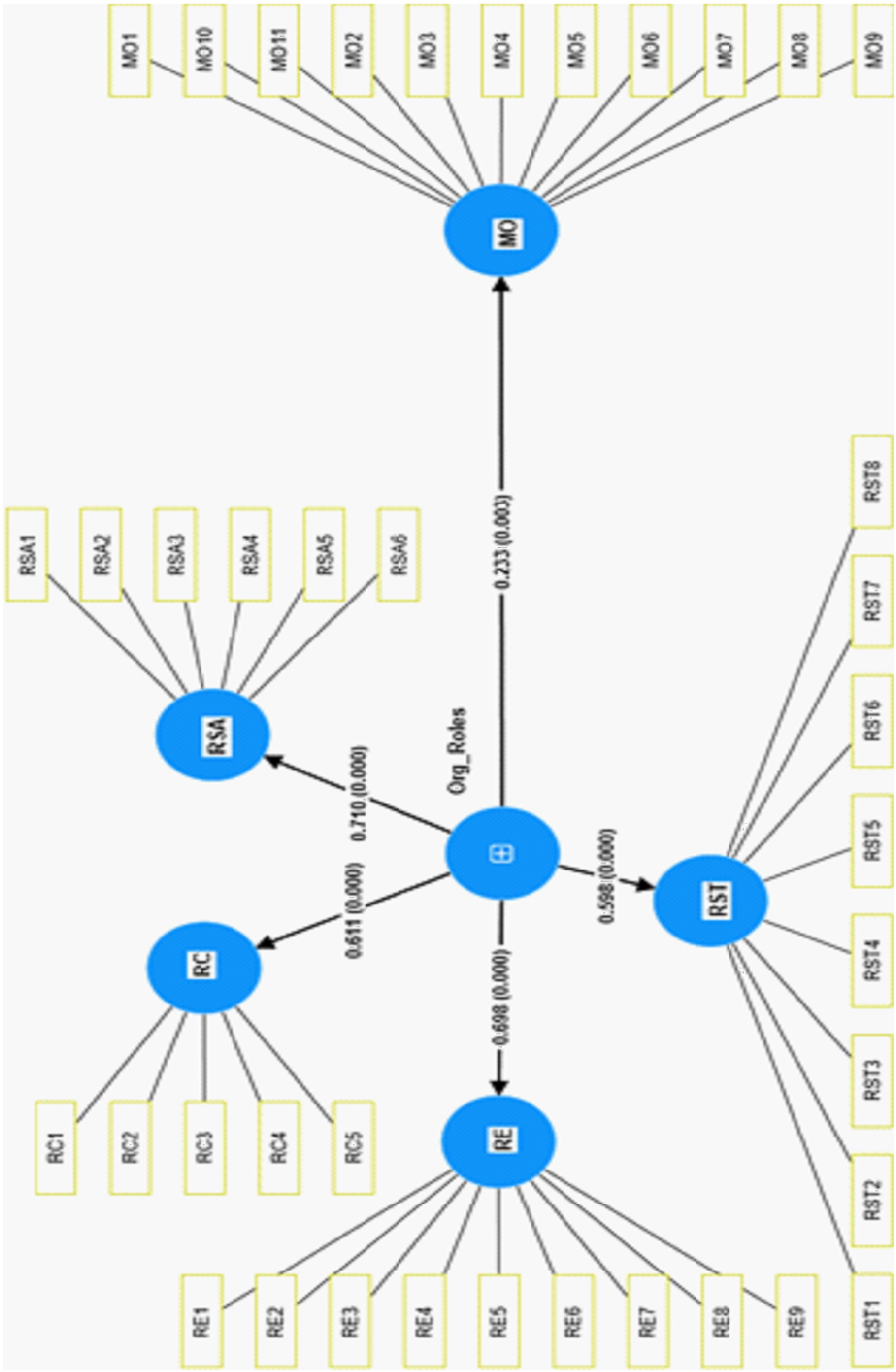


Fig. 2 Path Diagram of Organizational Roles and Motivation

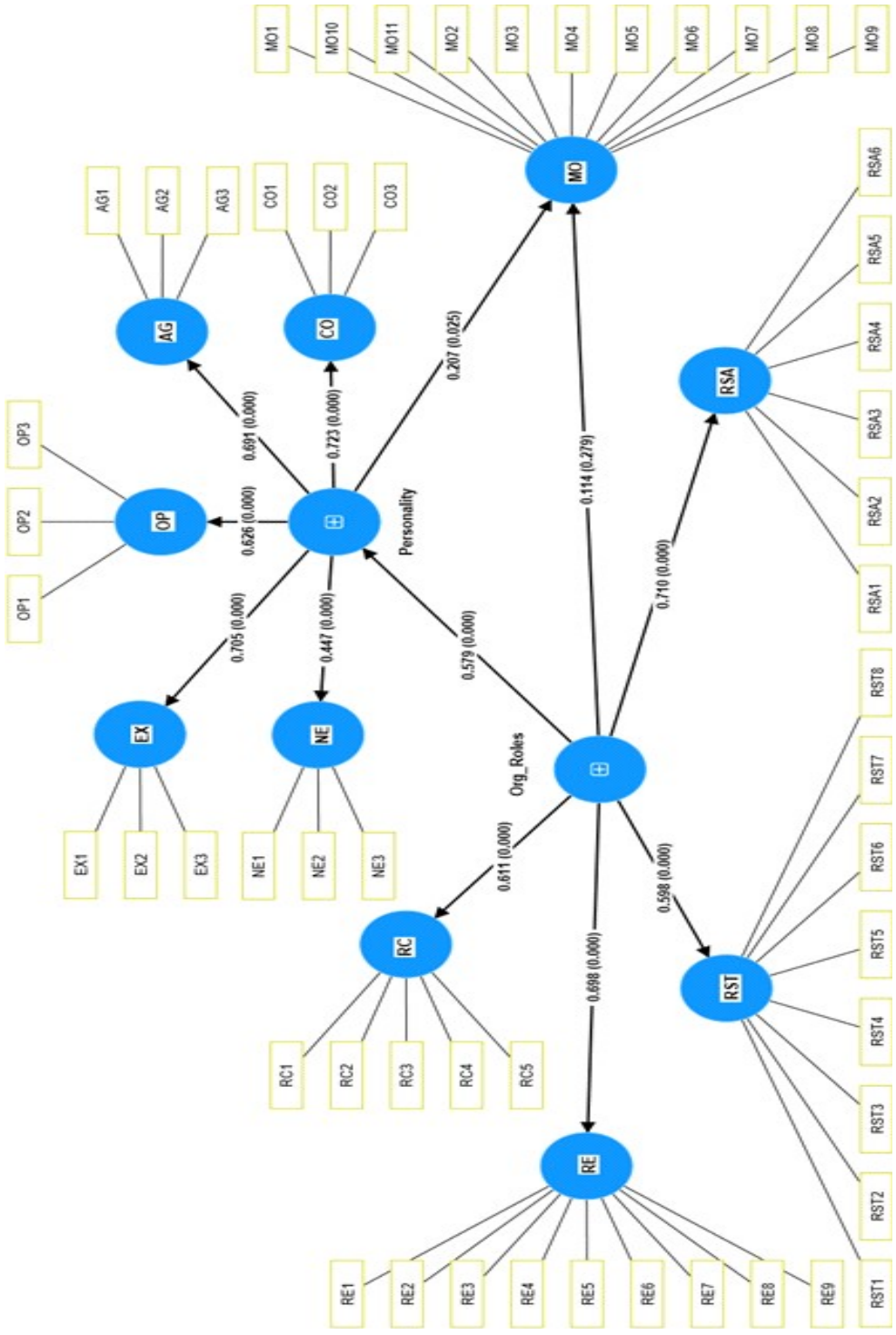


Figure 3: Path diagram of the mediator role of Personality between Organisational roles and Motivation

Table 5 Mediation Analysis

Total effect (Org_Roles - > MO)			Direct effect (Org_Roles - > MO)	
Coefficient		p-value	Coefficient	p-value
0.233		0.003	0.114	0.279
Indirect Effect (Org_Roles - > Personality -> MO)				
Coefficient	SD	t-value	p-value	BI [2.5%; 97.5%]
0.120	0.055	2.172	0.030	0.015; 0.231

This shows that the relationship between the Org_roles and MO is fully modified by personality.

($\beta = 0.120$, $t = 2.172$, $p = 0.030$). This shows that the relationship between the Org_roles and MO is fully modified by personality. The hypothesis is accepted and it is concluded that personality does mediate between organizational roles and motivation.

Summary of Findings

- The study finds that most of the respondents are in the age group 25 – 45 years, 92% of them are married having experience between 2 and 5 years, and 71.4% of the respondent's qualification is less than 10^{th} std.
- Of the total respondents, 57.9% of them are from rural areas and in most cases, both husband and ASHA are the chief earning members in the family with income from all sources per month being about Rs. 10,000.
- To evaluate the relationship between personality, organizational roles, and motivation among ASHA employees, a Pearson product-moment correlation coefficient matrix is generated. All of the variable pairs have positive, moderate to high, significant correlations
- The premise that the variables are significantly associated has been satisfied by their correlation values. To investigate the mediation hypotheses, a structural equation model utilizing maximum likelihood estimates (MLE) was used. The bias correction percentile approach was used to compute the direct, indirect, and total impacts and examine the mediation effect.
- This demonstrates how personality completely alters the link between organizational roles and motivation. The hypothesis is confirmed, and it is determined that motivation and organizational roles are mediated by personality.

Suggestion

The Ministry of Health and Family Welfare can formulate strategies to enhance the competency and professional credibility of ASHAs by increasing ASHA workers' organizational roles and personalities which will improve the level of motivation among their workers so that ASHAs can emerge as a preferred organization for local women to work as community health workers to address the

health care needs of the rural population and it would promote a sense of self-recognition and worth within the ASHA.

Conclusion

The present study understands more about ASHA workers, who have a great social responsibility and have made it their job to provide good and enhanced services to people in their daily lives. Public access to ASHA staff is a big help, especially in rural areas where people are less aware of and concerned about their health. According to the report, ASHA staff are extremely satisfied with their professions and enjoy serving the public, and they are immediately identifiable.

There is no guarantee of employment, but they will be glad to help others. In their line of work, there will be no fixed working hours. they will be available to work at any time, and ASHAs are typically paid very little for their hard work and effort, but they value their work above all. The correlation values have confirmed the hypothesis that the variables are substantially connected, according to the data. To investigate the mediation hypotheses, a structural equation model with maximum likelihood estimates (MLE) was used and it is concluded that personality does mediate between organizational roles and motivation.

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