



(RESEARCH ARTICLE)



## Burnout among ASHA workers: Challenges in rural healthcare delivery

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### Abstract

Burnout is a menace affecting healthcare employees, which include Accredited Social Health Activists (ASHAs) in India. ASHAs are important segment in rural healthcare by promoting maternal and infant fitness, accomplishing immunization applications, and educating groups. However, they face multiple stressors which includes low remuneration, excessive workloads, lack of formal employment provisions, and resistance from community members. These demanding situations make ASHAs particularly vulnerable to burnout, that could result in emotional exhaustion, depersonalization, and decreased personal accomplishment. In this cross-sectional study, we tried to assess the degrees of burnout among ASHA workers in Shimoga with use of Maslach Burnout Inventory and semi-structured sociodemographic data sheet. The findings display that as burnout severity increase, both occupational exhaustion and depersonalization results in decline in personal accomplishment. At better ranges of burnout, emotional exhaustion and depersonalization notably reduce ASHAs' sense of personal accomplishment and professional competence.

**Keywords:** Burnout; ASHA workers; Emotional Exhaustion; Depersonalization; Personal Accomplishment

### 1. Introduction

Burnout is a giant and pervasive menace affecting people in caregiving and provider-oriented professions. As Defined by Maslach and Jackson as a syndrome of emotional exhaustion, depersonalization, and decreased personal accomplishment, burnout is the result of extended exposure to occupational stressors.<sup>1</sup> While few studies have focused on healthcare specialists together with doctors and nurses, burnout among network medical experts has won increasing interest within the current time. In India, Accredited Social Health Activists (ASHAs) are at the leading edge of public fitness transport in rural and underserved regions. Despite their crucial position in bridging the space between communities and the healthcare drive, ASHAs face several demanding situations that lead them to particularly prone to burnout.

ASHAs have been introduced under India's National Rural Health Mission in 2005, to get admission to healthcare offerings in rural regions.<sup>2</sup> These grassroots medical experts are tasked with promoting maternal and infant health, facilitating institutional deliveries, undertaking immunization drives, and teaching groups about hygiene and sanitation.

ASHAs are important to India's public health mission, particularly in rural and underserved areas where healthcare infrastructure is confined. Their duties span a wide kind of activities, inclusive of supporting pregnant ladies in having access to antenatal care, making sure of secure deliveries, helping postnatal manual, promoting breastfeeding, immunization, and nutritional practices.<sup>3</sup>

They educate community on topics including hygiene, sanitation, and the prevention of communicable diseases like tuberculosis and malaria. They also accumulate and preserve data on important birth and death rates, vaccination

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coverage, and sickness outbreaks, contributing to proof-based decision-making.<sup>4</sup> Moreover, ASHAs act as mediators between the community and the healthcare gadget, encouraging individuals to make use of public health offerings and addressing cultural or logistical boundaries.

Despite their responsibilities, ASHAs aren't salaried personnel however are compensated through overall performance-based incentives. This monetary system frequently results in profits instability and dissatisfaction, exacerbating the demanding situations they face in gratifying their roles.<sup>5</sup> Despite their vital contributions, ASHAs perform underneath huge pressure because of their enormous obligations, low remuneration, unusual operating hours, and lack of formal employment provisions. Burnout among ASHAs not only impacts their personal well-being but additionally has broader implications for the healthcare system and public fitness outcomes.

Burnout is a phenomenon amongst healthcare employees, and ASHAs are not any exception. Studies have continuously stated burnout among ASHAs, with emotional exhaustion being the usual contributor.<sup>6</sup> The prevalence of burnout among ASHAs varies and is encouraged by heavy workload, community dynamics, and access resources. In resource-confined settings, ASHAs regularly face overwhelming needs, alongside long working hours, lack of relaxation, and the expectation to be available 24/7. This unrelenting strain contributes to physical and emotional exhaustion, making them liable to burnout.

Burnout amongst ASHAs arises from a combination of systemic, occupational, and personal factors. They are expected to carry out a big range of tasks, frequently without clear pointers or good enough schooling. This functional ambiguity results in confusion and pressure, in particular while they're held responsible for effects past their control.<sup>7</sup> Excessive workloads further compound this trouble, leaving little time for their personal life. The performance-primarily based incentive version is a big source of stress for ASHAs. Many people encounter irregular payments, low profits, and a lack of monetary balance which affects their confidence levels.<sup>8</sup>

The absence of good enough supervision, training, and professional improvement possibilities leaves ASHAs ill-prepared to address the complexities of their duties. Furthermore, they frequently under sourced, which include clinical elements, transportation, and conversation means, which hampers their effectiveness and increases stress tiers.<sup>9</sup> ASHAs often encounter resistance from network participants because of cultural beliefs, gender norms, and caste dynamics. This resistance impedes their job and also contributes to feelings of frustration and helplessness. Balancing duties with personal and family responsibilities is in particular difficult for ASHAs, especially being women. The dual burden of work and domestic obligations often leads to existence balance, similarly increasing their vulnerability to burnout.

The implications of burnout amongst ASHAs make bigger beyond the individual to have an effect on the healthcare engine and public health consequences. Burnout has intense bodily and emotional health impact for ASHAs, inclusive of persistent fatigue, anxiety, despair, and somatic difficulties.<sup>10</sup> Prolonged burnout also can result in substance abuse and suicidal ideation. Burnout negatively influences ASHAs' efficiency, productivity, and excellence of care. Emotional exhaustion and depersonalization diminish their capability to interact with network individuals efficiently, main to suboptimal fitness outcomes. It contributes to high turnover costs among ASHAs, ensuing in a loss of experienced people and increased recruitment and schooling costs for the healthcare gadget.<sup>11</sup> As frontline workers, ASHAs are fundamental to the fulfilment of public health programs. Burnout amongst ASHAs undermines the effectiveness of these packages, particularly in areas including maternal and infant health, immunization, and disease manipulate.

Burnout amongst ASHA workers is an urgent issue with a ways-accomplishing implications for individual fitness, healthcare delivery, and public health effects. Addressing this assignment requires a holistic understanding of the systemic, occupational, and personal factors contributing to burnout. Investing within the emotional and physical fitness of ASHAs is not only a reminder of equity but also a crucial step closer to accomplishing commonplace health coverage and progressed fitness consequences for India's rural populations.

### *Objective*

To assess levels of burnout among ASHA workers.

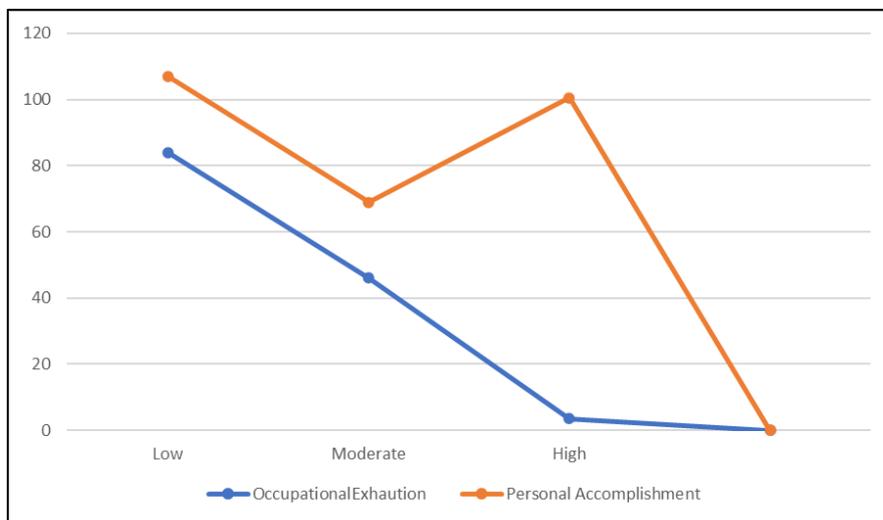
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## **2. Methodology**

This study employed a cross-sectional design to assess burnout levels among ASHA workers in Shimoga. A total of 120 ASHA workers were included in the study. The Maslach Burnout Inventory (MBI)<sup>12</sup>, was used as the primary tool for data collection. The MBI consists of three subscales: *emotional exhaustion*, *depersonalization*, and *reduced personal accomplishment*, and it uses a 7-point Likert scale to assess the degree of burnout in each dimension. Demographic data,

including age, years of service, and socio-economic factors, were collected through a semi-structured questionnaire. Data collection was conducted through face-to-face interviews to ensure clarity and accuracy. Informed consent was obtained from all participants, and ethical approval was secured from the Institutional Ethics Committee. Confidentiality and voluntary participation were ensured, and descriptive statistics, such as means and standard deviations, were employed for data analysis.

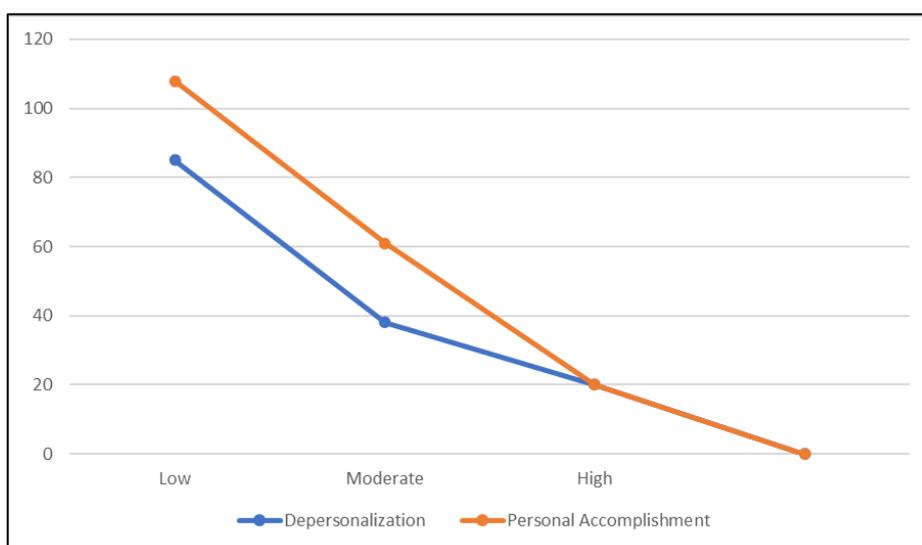
### 3. Results and Discussion



**Figure 1** Comparative Analysis of Occupational Exhaustion and Personal Accomplishment Across Levels of Burnout Severity

Fig 1. The graph represents the frequency values for Occupational Exhaustion and Personal Accomplishment across three levels of burnout. At the low level, Occupational Exhaustion is 85, while Personal Accomplishment is 107. At the moderate level, exhaustion drops to 46 and accomplishment to 69. At the high level, exhaustion further declines to 4, while accomplishment briefly rises to 100 before both variables fall to 0.

The above graph suggests that, as the occupational exhaustion increases, personal accomplishment generally declines, reflecting an inverse relationship. High exhaustion appears to diminish one’s sense of achievement, though the temporary rise in accomplishment at high burnout may indicate fluctuating self-perception before eventual collapse.



**Figure 2** Comparative Analysis of Depersonalization and Personal Accomplishment Across Burnout Severity Levels

Fig 2 Graph illustrates the frequency values of Depersonalization and Personal Accomplishment across varying levels of burnout severity—low, moderate, and high. At the low level, Depersonalization is 86 and Personal Accomplishment is 108. These values decline at the moderate level to 38 and 60, respectively. At the high burnout level, both variables converge at 20, and eventually drop to 0. This consistent downward trend indicates that as burnout severity increases, individuals experience a progressive decline in both emotional connection to their work and their sense of professional achievement. The sharper decline in Personal Accomplishment suggests that burnout has a particularly strong impact on one's perceived competence and effectiveness in their role.

The study shows that both occupational exhaustion and depersonalization are closely linked to personal accomplishment. As burnout severity increases, personal accomplishment generally decreases. At low levels of burnout, individuals experience high levels of accomplishment despite feeling exhausted, but as burnout worsens, personal accomplishment drops sharply. The higher the burnout, the more diminished the sense of achievement, especially when exhaustion reaches its peak. Additionally, depersonalization—emotional detachment from work—also correlates with the decline in personal accomplishment. As people become more emotionally detached, they feel less competent and effective in their roles, leading to a stronger reduction in their sense of accomplishment. This suggests that burnout not only drains individuals' energy but also erodes their confidence in their abilities and their sense of professional achievement.

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#### 4. Conclusion

The findings display that as burnout severity increase, both occupational exhaustion and depersonalization results in decline in personal accomplishment. At better ranges of burnout, emotional exhaustion and depersonalization notably reduce ASHAs' sense of personal accomplishment and professional competence.

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#### Compliance with ethical standards

##### *Disclosure of conflict of interest*

No conflict of interest to be disclosed.

##### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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