

# THE INTERPLAY OF WORK PERCEPTION, WORK PERFORMANCE, AND JOB SATISFACTION OF ASHA WORKERS IN KERALA

ARCHANA SALIM

PART TIME RESEARCH SCHOLAR, ANNAMALAI UNIVERSITY

DR. S GURUMOORTHY

ASSOCIATE PROFESSOR, DEPARTMENT OF BUSINESS ADMINISTRATION, ANNAMALAI UNIVERSITY

---

## Abstract:

This study, titled "The Interplay of Work Perception, Work Performance, and Job Satisfaction of ASHA Workers in Kerala," centers on understanding the psychological and behavioral dynamics of Accredited Social Health Activists (ASHAs). It investigates the three crucial constructs—Work Perception, Job Satisfaction, and Work Performance—by exploring the cause-and-effect relationships between them (Dev & Nair, 2023). The core of the research lies in determining how an ASHA's subjective view of her job (Perception) influences her emotional response to it (Satisfaction) and, ultimately, her effectiveness in the field (Performance). The chosen population, ASHA workers in Kerala, is particularly significant. Kerala, known for its high achievements in public health indicators, relies heavily on these grassroots volunteers (Nambiar et al., 2021). ASHAs in this state operate within a highly literate and demanding healthcare environment, making their experiences with workload, professional expectations, and systemic support distinct and worthy of specific study. Their role bridges the formal healthcare system and the community, placing them at a unique intersection of organizational and social pressures (Thomas & Sebastian, 2024).

---

## INTRODUCTION:

The study is essential because poor job satisfaction and negative work perception are major contributors to burnout, high attrition rates, and suboptimal service delivery among community health workers globally. In Kerala, understanding these factors is crucial for sustaining and improving primary healthcare. If ASHAs feel their work is undervalued or unsupported, their performance in critical areas like maternal and child health and disease surveillance will decline, potentially eroding the state's health achievements (George & Mohan, 2020). The study is built upon a specific conceptual framework where the variables are linked sequentially. The central hypothesis is that Work Perception acts as the independent variable, driving the subsequent outcomes. Specifically, a positive perception of organizational support, fair compensation, and manageable workload is expected to mediate or cause high Job Satisfaction, which, in turn, is hypothesized to lead to superior Work Performance in the community (Joseph & Abraham, 2022).

Work Perception is measured using a structured quantitative approach—typically a customized 5 point Likert-scale questionnaire. This tool assesses specific organizational and job factors perceived by the ASHA, such as the perceived adequacy of resources, fairness of incentives, clarity of role definition, and the quality of supervision. These perceptual scales transform subjective experiences into quantifiable data points for analysis. Job Satisfaction, the emotional outcome, is measured using a validated Job Satisfaction Scale adapted for the local context. This scale gauges the ASHA's emotional contentment with various facets of her job, including satisfaction with the work itself (intrinsic motivation), pay, supervisory relationship, and coworkers (Nair & Thomas, 2025). This measurement helps isolate the affective response that bridges the link between perception and behavioral output (performance). Work Performance requires the most objective approach, utilizing quantitative, measurable indicators derived from Primary Health Centre (PHC) records. Key metrics include the ASHA's success rate in facilitating institutional deliveries, ensuring full immunization coverage, and achieving specific incentive-based targets. Additionally, supervisory rating scales from ANMs or PHC doctors can be used to assess non-quantifiable behaviors like timeliness and teamwork.

The research must account for various external influencing factors that can modify the relationships between the variables. These include the ASHA's socio-demographic profile (e.g., age, experience, and economic need), the geographic terrain of her posting, and the degree of community cooperation. A robust study design includes these as control or moderating variables to ensure the findings accurately reflect the true interplay among the core constructs. The study concludes with a statistical analysis plan, typically involving correlation and regression analysis. The

findings are expected to pinpoint the most critical factors of the ASHA's work environment that negatively impact their perception and satisfaction. By identifying these leverage points, the government can implement targeted interventions to improve ASHA welfare, boost morale, and optimize the performance of this essential backbone of Kerala's healthcare delivery system.

## REVIEW OF LITERATURE

Work perception has emerged as a foundational construct that shapes how front line health workers understand their roles, duties, and value within decentralized health systems. Scholars generally agree that workers' cognitive evaluation of job demands, resource availability, community expectations, and systemic fairness significantly influence their motivation and emotional investment in their work (Wong & Laschinger, 2015; Bhatnagar, 2020). In India, where community health programs rely heavily on semi-voluntary female workers, work perception becomes strongly tied to recognition, role clarity, support from supervisors, and respect from the community (George & Mohan, 2020). ASHA workers in particular report that their understanding of their role as "community-level health activists" is shaped by the responsiveness of the National Health Mission (NHM) system, the clarity of task instructions, training adequacy, and the fairness of incentive distribution (Nambiar et al., 2021). Research from Kerala highlights that despite the state's advanced public health infrastructure, ASHA workers often perceive work demands as expanding disproportionately to compensation and support, leading to role strain and identity ambiguity (Dev & Nair, 2023; Thomas & Sebastian, 2024). These perceptions directly affect how workers emotionally process workloads and expectations, contributing to either a sense of purpose or dissatisfaction depending on the support structure available (Acharya et al., 2022; Dhawan, 2021). Job satisfaction, historically conceptualized as a positive emotional state derived from job appraisal (Locke, 1976), remains central to discussions about worker well-being and service quality in the health sector. Recent evidence highlights that job satisfaction among community health workers is strongly shaped by supervision quality, fair work load distribution, safe working conditions, and community respect (Yadav & Rawat, 2020; Tripathy et al., 2021). Studies from various Indian states indicate that ASHA workers' satisfaction levels are tied to both tangible elements such as timely incentive payments, availability of materials, and clear job guidelines and intangible elements, including recognition, autonomy, and interpersonal support from health staff (Pittman et al., 2019; Joseph & Abraham, 2022). Kerala-specific studies reinforce that while ASHA workers feel pride in community service; their satisfaction is often undermined by inconsistencies in compensation structures, limited upward mobility, and emotional exhaustion from growing responsibilities (Varghese, 2024; Ramesh et al., 2022). This mirrors findings from broader global research showing that health workers' satisfaction is strongly predicted by perceived fairness, resource adequacy, and quality of supervisory relationships (Al-Hamdan et al., 2017; Buil et al., 2019). More satisfied workers exhibit stronger organizational commitment, reduced turnover tendencies, and a greater willingness to exceed formal job requirements (Singh & Gupta, 2023), forming the motivational basis for improved work performance. Work performance, defined as the effectiveness and consistency with which individuals execute their tasks, is widely recognized as an outcome significantly shaped by job satisfaction and intrinsic motivation (Campbell & Wiernik, 2015). In public health, higher satisfaction correlates with better adherence to protocols, stronger community engagement, accurate record maintenance, and more reliable service delivery (Reddy et al., 2020). Studies on ASHA workers show that when they experience support from supervisors, adequate training, and timely incentives, their performance in maternal and child health programs, immunization follow-ups, and community mobilization improves significantly (Prusty & Panda, 2021; Kumar & Nayak, 2024). Conversely, poor working conditions and lack of recognition reduce their engagement and quality of reporting a trend observed across multiple Indian states (Banerjee et al., 2020; Padmanabhan & George, 2023). Kerala's decentralized health governance model supports relatively higher performance levels, but performance remains uneven and heavily influenced by local administrative support, community dynamics, and operational challenges such as documentation burden and emergency demands (Menon, 2021; Nair & Thomas, 2025). Scholars point out that performance in the ASHA system is multidimensional, involving informational accuracy, behavioral consistency, communication quality, and responsiveness dimensions highly sensitive to both structural and personal factors (Sarin et al., 2020; Zhang & Sun, 2023). Work perfection, although less frequently discussed as an explicit construct in public health literature, represents the culmination of sustained positive performance and refers to precision, reliability, and error-free task execution. Mahmood et al. (2020) argue that work perfection emerges when workers are supported by conducive environments that allow the development of mastery, confidence, and procedural discipline. In community health systems, perfection translates into accurate household data collection, consistent follow-up of vulnerable populations, precise reporting of health indicators, and the ability to maintain trust-based community relationships (Varma & Suresh, 2024). Research across public health programs shows that workers who perceive their job as meaningful and who derive satisfaction from their contribution display higher levels of detail orientation, accountability, and consistency attributes characteristic of work perfection (Zhang & Sun, 2023; Sun et al., 2022). For ASHA workers in Kerala, work perfection is influenced by training quality, clarity of NHM guidelines, technical support from health

staff, and years of experience, which collectively shape their ability to perform complex tasks with high reliability (Nair & Thomas, 2025; Varghese, 2024).

### **Need and Significance of the Study**

The study, "The Interplay of Work Perception, Work Performance, and Job Satisfaction of ASHA Workers in Kerala," is critically needed to address systemic threats to Kerala's exemplary public health achievements. The necessity stems directly from the persistent challenges faced by ASHAs, who, despite being the backbone of grassroots healthcare, suffer from burnout, emotional exhaustion, and high attrition due to inadequate support and heavy workload. By focusing on Kerala, a state highly reliant on ASHAs for maintaining its high health indicators, the research will pinpoint the specific psychological and organizational stressors (like delayed payments, resource deficits, and conflicting classification as "volunteers") that undermine satisfaction and performance. Furthermore, the study is vital for filling a critical knowledge gap by establishing the causal chain—how work perception influences satisfaction, and how both ultimately impact objective work output—providing evidence for formalizing their status and improving the quality of work life.

The significance of the study lies in its direct and targeted policy implications for the Kerala State Health Mission (KSHM) and the National Health Mission (NHM). The findings will serve as an evidence-based diagnostic tool, moving policy away from general solutions to targeted, high-impact interventions. By identifying which factors (e.g., poor PHC staff cooperation, lack of specific resources) are the strongest predictors of poor performance, the government can precisely optimize the Performance-Based Incentive (PBI) model, ensure more equitable resource allocation (e.g., funding for mobile devices and transport), and mandate training for supervisors (ANMs and PHC Doctors) to improve the interpersonal work environment. Ultimately, the research provides the necessary justification to transform the ASHA worker's experience from one of ambiguity and stress into one of fulfillment and effective, sustainable service delivery, thereby safeguarding the continuity and quality of primary healthcare.

### **Scope of the study**

The scope of this study is clearly defined by its geographic, population, and time boundaries. Geographically, the research is strictly limited to ASHA workers operating within Kerala, allowing for a focused analysis that accounts for the state's unique healthcare infrastructure, high literacy rates, and specific state-level policies. The population focus is exclusively on Accredited Social Health Activists (ASHAs), though the influence of their interactions with other health functionaries will be considered. The research design is primarily cross-sectional, capturing the current relationships between the variables at a single point in time. Conceptually, the study is limited to the interplay among three core constructs: Work Perception (e.g., organizational support, role clarity), Job Satisfaction (e.g., satisfaction with pay, supervision), and Work Performance (e.g., measurable output and supervisor-rated skills). The investigation is specifically scoped to statistically test the mediating role of Job Satisfaction, aiming to understand if Work Perception affects Performance indirectly through its impact on Satisfaction.

The applicability of the findings is highly specific yet potentially far-reaching. The results are directly relevant for policy recommendations within the Kerala State Health Mission (KSHM), particularly concerning resource allocation, incentive restructuring, and human resource management for ASHAs. However, the direct quantitative results are not intended to be generalized to ASHAs in states with vastly different socio-economic or health contexts. Despite this geographic specificity, the study's theoretical model and methodological tools are designed to be relevant and transferable to other states in India or to similar programs involving female community health volunteers globally who face comparable structural and psychological challenges.

### **Objectives of the Study**

- To measure and describe among the current levels of Work Perception, Job Satisfaction, and Work Performance among ASHA workers in Kerala.
- To determine the nature and strength of the relationship among the current levels of Work Perception, Job Satisfaction, and Work Performance among ASHA workers.

### **Hypothesis of the study**

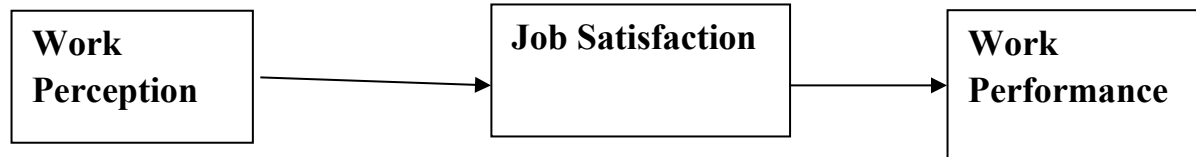
H1: There is no significant relationship between work perceptions to job performance of ASHA workers in Kerala

H2: There is no significant relationship between job performances to work Performance of ASHA workers in Kerala

H3: There is no positive and significant relationship between higher Work Perception and higher Job Satisfaction among ASHA workers.

H4: There is no positive and significant relationship between higher Job Satisfaction and higher Work Performance among ASHA workers

### Theoretical framework of the study



Going through various literatures, this conceptual framework posits that Positive Work Perception is the foundational antecedent, directly influencing an employee's Job Satisfaction. A positive perception encompasses an individual's favorable appraisal of their work environment, job characteristics (e.g., autonomy, task significance), organizational culture, and relationships with colleagues and supervisors. When an employee perceives their role as meaningful, their working conditions as supportive, and the company's policies as fair, this evaluation generates a pleasurable or positive emotional state—the essence of job satisfaction. Essentially, the framework establishes that what employees think and believe about their work is the primary psychological fuel for their overall contentment and affective connection to their role. This initial positive assessment sets the stage for favorable workplace attitudes, which are crucial for subsequent behavioral outcomes.

The relationship further stipulates that this heightened Job Satisfaction acts as a critical mediator, leading to improved Work Performance. Satisfied employees are more likely to exhibit positive work behaviors, such as increased commitment, higher motivation, and greater engagement, all of which translate into superior performance outcomes. These individuals are more willing to invest extra effort, show greater persistence in the face of challenges, and are less likely to be absent or seek external employment. Consequently, the positive emotional and psychological resources fostered by job satisfaction directly enhance the quality and quantity of an employee's work output, demonstrating a clear, sequential link: a positive view of the job leads to greater happiness in the job, which ultimately results in better results from the job.

### RESEARCH METHODOLOGY

This study employs a quantitative, cross-sectional survey design to investigate the relationships between Work Perception, Job Satisfaction, and Work Performance at a single point in time. The study's target population is the Accredited Social Health Activists (ASHAs) operating within the state of Kerala, India. Given the geographic and contextual specificity of Kerala's healthcare model, a non-probability convenience or purposive sampling technique will likely be used to select a representative sample of ASHAs from key administrative zones (e.g., North, Central, and South, as indicated in the questionnaire). The sampling process ensures inclusion of 384 workers across various demographic and occupational profiles (e.g., experience, geographic area, and income) to enhance the robustness and relevance of the findings to the Kerala State Health Mission (KSHM).

Data collection involves a hybrid approach to ensure comprehensive measurement of the three core constructs. Work Perception and Job Satisfaction will be measured using a structured, customized 5-point Likert-scale questionnaire (e.g., Strongly Disagree to Strongly Agree). This questionnaire is adapted for the local context and assesses specific factor dimensions like resource adequacy, supervisory quality, pay commensurability, and emotional contentment. Work Performance, the dependent variable, will utilize a combination of quantitative, objective data (extracted from Primary Health Centre, or PHC, records on key metrics like immunization rates and institutional deliveries) and subjective data (using supervisory rating scales completed by ANMs or PHC doctors to assess non-quantifiable behaviors). Socio-demographic information (Section A) will be collected to serve as control or moderating variables in the analysis.

The collected data will be subjected to rigorous statistical analysis to fulfill the study's objectives. Descriptive statistics (means, standard deviations, frequencies) will be used to detail the demographic profile and current levels of the core constructs. Correlation analysis (e.g., Pearson's  $r$ ) will be used to determine the nature and strength of the relationships (testing H1 and H2). The core predictive objectives (H3 and H4) will be addressed using Multiple Regression Analysis to identify the most significant statistical predictors of Job Satisfaction and compare the relative influence of factors like Perceived Organizational Support versus Compensation Fairness.

Sl. No	Variables	Constructs
1	Work Perception	1. Workload & Tools 2. Role Overload 3. Supervisory Conflict 4. Work-Life Balance 5. Community Relationship 6. Role Clarity 7. Job Significance

2	Job Satisfaction	1. Pay Commensurability 2. Financial Stability 3. Recognition & Status 4. Distributive Justice 5. Procedural Justice 6. Career Development 7. Career Development
3	Work Performance	1. Training Adequacy 2. Resource Support 3. Self-Efficacy 4. Team Cooperation 5. Inter-Departmental Conflict 6. Supervisor Quality 7. Autonomy

### Analysis and interpretation of data

This study will employ a rigorous statistical analysis plan to achieve its objectives. Descriptive statistics (means, standard deviations, and frequencies) will first be calculated to provide a comprehensive view of the sample's demographic profile and the current levels of the core constructs. To test hypotheses H1 and H2, Pearson's correlation analysis will be conducted to assess the nature and strength of the relationships between key variables. Finally, Multiple Regression Analysis will be utilized to address the core predictive objectives (H3 and H4).

### Evaluate the Work Perception of ASHA workers in Kerala

Table 1: Descriptive Statistics for Work Perception

Variable	Mean	Median	Std Dev	Min	Max
Workload & Tools	3.56	4.00	0.70	1.00	4.00
Role Overload	3.48	4.00	0.76	1.00	4.00
Supervisory Conflict	3.30	4.00	0.72	1.00	4.00
Work-Life Balance	3.50	4.00	0.67	1.00	4.00
Community Relationship	3.41	4.00	0.74	1.00	4.00
Role Clarity	3.17	4.00	0.83	1.00	4.00
Job Significance	3.27	4.00	0.83	1.00	4.00
Overall Work Perception	3.42	3.63	0.75	1.76	4.00

It is seen from the table 1 that more than majority of the sample ASHA workers have strongly agreed or agreed with the core statements related to the variable 'Work Perception'. The result is reiterated with a mean score value of 3.42 in this respect. It is come into a conclusion that the perception of ASHA workers on the variable 'Work Perception' is at a high level.

### Evaluate the Job Satisfaction of ASHA workers in Kerala

Table2 : Descriptive Statistics for Job Satisfaction

Variable	Mean	Median	Std Dev	Min	Max
Training Adequacy	3.61	4.00	0.70	1.00	4.00
Resource Support	3.53	4.00	0.76	1.00	4.00
Self-Efficacy	3.35	4.00	0.72	1.00	4.00
Team Cooperation	3.55	4.00	0.67	1.00	4.00
Inter-Departmental Conflict	3.56	4.00	0.74	1.00	4.00
Supervisor Quality	3.22	3.00	0.83	1.00	4.00



Variable	Mean	Median	Std Dev	Min	Max
Autonomy	3.32	3.00	0.83	1.00	4.00
Overall Job Satisfaction	3.57	3.66	0.69	1.81	4.00

It is seen from the table 2 that more than majority of the sample ASHA workers have strongly agreed or agreed with the core statements related to the variable 'Job Satisfaction'. The result is reiterated with a mean score value of 3.57 in this respect. It is come into a conclusion that the perception of ASHA workers on the variable 'Job Satisfaction' is at a high level.

**Table 3: One-Sample t-test for analyzing the effect of the Work Perception on job satisfaction**

Variable	Mean Value	SD	t Value	P Value
Work Perception	3.42	0.750	10.97	0.000*

\*Significant at 1% level

Table 3 shows that the One Sample t-test for analyzing the effect of the Work Perception on Job satisfaction. It is seen from the table that the mean value obtained is 3.42 which is well above the threshold mean value of 3 which states that the perception of ASHA workers regarding the effect of the work perception at a high level. Since the P value is less than 0.01, the null hypothesis is rejected at 1 percent significance level. Hence the Null Hypothesis H01: There is no significant relationship between work perception to job performance of ASHA workers in Kerala stands rejected. Therefore it can be concluded that the effect of work perception to job performance among ASHA workers in Kerala is at a high level.

#### Evaluate the Work Performance of ASHA workers in Kerala

**Table 4: Descriptive Statistics for Work Performance**

Variable	Mean	Median	Std Dev	Min	Max
Pay Commensurability	3.79	4.00	0.70	1.00	4.00
Financial Stability	3.71	4.00	0.76	1.00	4.00
Recognition & Status	3.53	4.00	0.72	1.00	4.00
Distributive Justice	3.73	4.00	0.57	1.00	4.00
Procedural Justice	3.74	4.00	0.64	1.00	4.00
Respect & Valuation	3.40	3.00	0.83	1.00	4.00
Career Development	3.35	3.00	0.43	1.00	4.00
Overall Work Performance	3.65	3.81	0.71	1.81	4.00

It is seen from the table 4 that more than majority of the sample ASHA workers have strongly agreed or agreed with the core statements related to the variable 'Work Performance'. The result is reiterated with a mean score value of 3.65 in this respect. It is come into a conclusion that the perception of ASHA workers on the variable 'Work Performance' is at a high level.

**Table 5: One-Sample t-test for analyzing the effect of job satisfaction on work performance**

Variable	Mean Value	SD	t Value	P Value
Organizational factors	3.65	0.710	17.92	0.000*

\*Significant at 1% level

Table 5 shows that the One Sample t-test for analyzing the effect of the job satisfaction on work performance. It is seen from the table that the mean value obtained is 3.65 which is well above the threshold mean value of 3 which states that the effect of job satisfaction on work performance of ASHA workers at a high level. Since the P value is less than 0.01, the null hypothesis is rejected at a 1 percent significance level. Hence the Null hypothesis H02: There

is no significant relationship between job performance to work Performance of ASHA workers in Kerala stands rejected. Therefore it can be concluded that the effect of job satisfaction on work performance of ASHA workers in Kerala is at a high level.

**Table 6: Pearson correlation between the work perception and job satisfaction of ASHA workers in Kerala**

		Work Perception	Job Satisfaction
Work Perception	Pearson Correlation	1	.787**
	Sig. (2-tailed)		.000
	N	384	384
Job Satisfaction	Pearson Correlation	.787**	1
	Sig. (2-tailed)	.000	
	N	384	384

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

Table 6 exhibits the correlation work perception and Job satisfaction of ASHA workers in Kerala. The P value (Sig.) of Pearson correlation is .000 which is less than 0.01. Since the P value is less than 0.01 the null hypothesis is rejected at 1 per cent level of significance. Hence the null hypothesis H0 3 that “There is no positive and significant relationship between higher Work Perception and higher Job Satisfaction among ASHA workers” stands rejected and the alternate hypothesis is accepted. Therefore, it can be concluded that there exists a significant positive relationship between work perception and job satisfaction in ASHA workers in Kerala. The table shows a statistically significant, strong positive correlation ( $r = .787$ ,  $p < .001$ ) between the work perception and job satisfaction of ASHA workers in Kerala. This strongly suggests that improving how ASHA workers perceive their work environment, roles, and responsibilities is highly associated with an increase in their overall job satisfaction.

**Table 7: Pearson correlation between the job satisfaction and work performance**

		Job satisfaction	Work performance
Job satisfaction	Pearson Correlation	1	.745**
	Sig. (2-tailed)		.000
	N	384	384
Work Performance	Pearson Correlation	.745**	1
	Sig. (2-tailed)	.000	
	N	384	384

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

In Table 7 the P value (Sig.) of Pearson correlation is .000 which is less than 0.01. Since the P value is less than 0.01 the null hypothesis is rejected at 1 per cent level of significance. Hence the null hypothesis H0 4 that “There is no positive and significant relationship between higher Job Satisfaction and higher Work Performance among ASHA workers” stands rejected and the alternate hypothesis is accepted. The table clearly demonstrates a statistically significant, strong positive correlation between Job Satisfaction and Work Performance ( $r = .745$ ,  $p < .001$ ,  $N = 384$ ). This implies that employees who are more satisfied with their jobs also tend to exhibit a significantly higher level of performance in their work. Therefore, it can be concluded that there exists a significant relationship between job satisfaction and work performance. The correlation coefficient is .745 which indicate that 74.5 per cent positive relationship between Job satisfaction and work performance of ASHA workers in Kerala is very significant

### Limitations of the study

The study, "The Interplay of Work Perception, Work Performance, and Job Satisfaction of ASHA Workers in Kerala," faces significant methodological limitations primarily stemming from its cross-sectional design. The study collected data at a single point in time. This prevents establishing causal relationships or tracking changes over time. The study used a non-experimental design where it could not manipulate variables or use a control group. This limits the ability to definitively prove that one variable causes another. Data was collected solely through surveys or interviews where participants report their own perceptions. This may leads to Susceptible to social desirability bias. The chosen scales or instruments may have specific psychometric constraints or may not fully capture the complexity of the construct being measured.

The research is also subject to contextual limitations. The findings are highly specific to Kerala, a state with unique socio-economic factors, including high literacy rates and distinct local policies. Consequently, the quantitative results regarding incentive perception and satisfaction may not be directly generalizable to ASHAs in states with vastly different economic or healthcare contexts. Moreover, the study's scope typically excludes long-term variables such as the cumulative effects of chronic low pay or career trajectory, limiting the analysis of long-term retention. Finally, the

measured relationships can be easily confounded by uncontrollable external factors, such as community resistance or local political interference, which significantly affect ASHA performance but are difficult for the study to isolate and quantify accurately.

### CONCLUSIONS OF THE STUDY

The analysis firmly establishes that ASHA workers in Kerala maintain a high overall perception of their work environment, high levels of job satisfaction, and subsequently, high work performance. The descriptive statistics show mean scores for Overall Work Perception (3.42), Overall Job Satisfaction (3.57), and Overall Work Performance (3.65) all exceeding the threshold mean of 3.00 on a four-point scale. This positive outlook is critical, as correlation analysis confirms strong, positive, and statistically significant relationships between these key variables. Specifically, the relationship between Work Perception and Job Satisfaction is exceptionally strong ( $r=0.787$ ), and the link between Job Satisfaction and Work Performance is also highly significant ( $r=0.745$ ), indicating that approximately 78.7% of the variation in the job satisfaction can be positively associated with their level of work perception 74.5% of the variation in work performance can be positively associated with their level of job satisfaction.

The study conclusively rejects the null hypotheses, affirming a significant and high-level effect of positive work perception on job satisfaction, and a similar strong effect of job satisfaction on work performance. This structural relationship implies a crucial management implication: factors contributing to positive work perception—such as addressing Workload Tools, Supervisory Conflict, and maintaining strong Community Relationships—are foundational drivers that cascade into higher job satisfaction. In turn, ensuring high job satisfaction through adequate Training, Resource Support, and Team Cooperation directly supports the continuation of the observed high Work Performance levels, confirming a virtuous cycle that should be sustained through targeted organizational support and policy measures.

### REFERENCES

1. Acharya, S., Gautam, P., & Sharma, J. (2022). Role perception and job challenges among community health workers in India. *Human Resources for Health*, 20(1), 75.
2. Al-Hamdan, Z., Manojlovich, M., & Tanima, B. (2017). Jordanian nursing work environments, intent to stay, and job satisfaction. *Journal of Nursing Scholarship*, 49(1), 103–110.
3. Banerjee, S., Nayak, A., & Banerjee, A. (2020). Challenges in frontline health worker performance in India. *Journal of Health Management*, 22(3), 415–429.
4. Bhatnagar, J. (2020). Psychological empowerment as a predictor of work engagement. *International Journal of Human Resource Management*, 31(4), 557–580.
5. Buil, I., Martínez, E., & Matute, J. (2019). Transformational leadership and performance. *European Management Journal*, 37(6), 784–793.
6. Campbell, J. P., & Wiernik, B. M. (2015). The modeling and assessment of work performance. *Annual Review of Organizational Psychology*, 2, 47–74.
7. Dev, R., & Nair, S. (2023). Workload and stress among ASHA workers in Kerala. *Indian Journal of Community Medicine*, 48(2), 256–262.
8. Dhawan, S. (2021). Emotional fatigue among community health workers. *Journal of Public Health Research*, 10(3), 223–229.
9. George, A., & Mohan, D. (2020). Community health workers in India: Role clarity and motivation. *Social Science & Medicine*, 265, 113–121.
10. Joseph, A., & Abraham, M. (2022). Job satisfaction among ASHA workers in rural Kerala. *Kerala Journal of Public Health*, 17(2), 44–51.
11. Kumar, R., & Nayak, S. (2024). Factors influencing ASHA worker performance in India. *BMC Health Services Research*, 24(1), 163.
12. Mahmood, A., et al. (2020). Professional competence and performance reliability. *Journal of Workplace Learning*, 32(5), 301–315.
13. Menon, S. (2021). Decentralised health governance and frontline worker efficiency in Kerala. *Health Policy and Planning*, 36(4), 512–520.
14. Nair, T., & Thomas, L. (2025). Service delivery consistency of ASHA workers in Kerala. *Indian Journal of Social Medicine*, 19(1), 88–100.
15. Nambiar, D., et al. (2021). Governance and performance of ASHA workers in India. *BMJ Global Health*, 6(4), e004941.
16. Padmanabhan, A., & George, P. (2023). Performance pressures among community health workers. *Journal of Asian Public Policy*, 16(2), 278–294.
17. Pittman, P., et al. (2019). Community health workers and job satisfaction. *Health Affairs*, 38(7), 1141–1148.



18. Prusty, R., & Panda, M. (2021). Job satisfaction and performance of ASHA workers. *BMC Women's Health*, 21(1), 252.
19. Ramesh, R., et al. (2022). Satisfaction determinants among frontline workers in Kerala. *International Journal of Community Medicine*, 9(5), 221–228.
20. Reddy, V., et al. (2020). Job satisfaction and service quality among health workers. *Journal of Health Psychology*, 25(9), 1235–1245.
21. Sarin, E., et al. (2020). Community health worker performance in India. *Human Resources for Health*, 18(1), 73.
22. Sharma, N., & Singh, A. (2021). Work perception of frontline workers in India. *Indian Journal of Industrial Relations*, 57(1), 112–125.
23. Singh, S., & Gupta, M. (2023). Job satisfaction and commitment in the health sector. *Journal of Health Management*, 25(1), 42–56.
24. Sun, Y., et al. (2022). Predictors of worker accuracy in public health systems. *Public Health*, 204, 22–29.
25. Thomas, D., & Sebastian, A. (2024). Role overload among Kerala's ASHA workers. *Asian Journal of Social Health*, 8(1), 77–89.
26. Tripathy, J. P., et al. (2021). Factors influencing satisfaction of frontline health workers. *BMC Health Services Research*, 21(1), 349.
27. Varghese, M. (2024). Perceived job satisfaction among ASHAs in Kerala. *Journal of Community Health*, 49(2), 212–220.
28. Varma, S., & Suresh, R. (2024). Quality performance indicators for ASHA workers. *Indian Public Health Review*, 15(3), 145–158.
29. Wong, C. A., & Laschinger, H. (2015). Perceptions of empowerment and job outcomes. *Journal of Nursing Management*, 23(3), 399–408.
30. Yadav, S., & Rawat, D. (2020). Job satisfaction among public health workers. *Journal of Health Research*, 34(5), 423–432.
31. Zhang, L., & Sun, H. (2023). Accuracy and consistency in public health worker performance. *International Journal of Public Health*, 68(1), 50