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2. Attitude of CBR Workers in Urban India towards Community-Based Rehabilitation Programmes: An Exploratory Study from Delhi-NCR

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Abstract

Over the past 40 years, there has been a major shift in the way rehabilitation services are provided to individuals with disabilities in developing countries. Initially, services relied heavily on intensive use of capital (i.e., equipment/supplies) and were delivered through institution-based service providers; whereas today they are primarily provided through community-driven approaches. Community-Based Rehabilitation (CBR) represents the primary means of implementing the 'United Nations Convention on the Rights of Persons with Disabilities' (UNCRPD) across India (ILO, UNESCO, & WHO, 2004; WHO, 2010). However, the overall success of this multi-sectoral approach depends heavily on the support provided by frontline workers engaged in the field. This paper presents the results of an exploratory study examining the attitudes of CBR workers in the National Capital Region (Delhi-NCR). The study used a self-constructed tool to assess attitudes, along with demographic data collected from 46 CBR professionals working in 12 different NGOs. The findings depict an environment in

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which CBR workers face considerable uncertainty due to the combination of high internal motivation and systemic barriers, such as low pay, occupational stress, and difficulties associated with mobilizing dislocated urban communities. These factors contribute to the predominance of 'Neutral' and 'Negative' attitudes among workers. Specifically, 32.6% of respondents demonstrated a negative attitude, while 45.7% expressed a neutral attitude, indicating that the CBR workforce may be at risk of burnout and disengagement. Only 21.7% of respondents expressed a distinctly positive attitude. These findings are consistent with studies of similar community health worker populations in India (Mitchell et al., 2024) and globally (Hasan, H., & Aljunid, S. M., 2019). Therefore, CBR programmes require policy reform, transformational leadership, and sustained investment in human resources to ensure the long-term sustainability of rehabilitation programmes following the implementation of the Rights of Persons with Disabilities Act 2016 (RPWD Act).

Keywords: Community-Based Rehabilitation (CBR), CBR workers, attitude measurement, Disability workforce, RPWD Act 2016

1. Introduction: The Geopolitics and Sociology of Rehabilitation

1.1 The Global Imperative: Shifting Paradigms in Disability Rights

Disability does not predominantly occupy the realm of charity or medicine. Rather, it is now more commonly addressed in terms of human rights and social inclusion. Current estimates suggest that around 1 billion people worldwide—or roughly 15% of the total population have some form of disability, with an overwhelming majority of this population residing in low- or middle-income countries (WHO, 2011; Raza, M. M., & Begum, S., 2022). In the Global South, where most of the world's disabled population resides, the primary (but not the only) model for providing rehabilitation services has been based on the "Western" approach of specialized, institute-based rehabilitation (IBR), which has historically only serviced less than 3% of the people in need of these services due to high costs and a lack of availability of IBR in rural areas (Mitchell, 1999; DFID, 2000).

As a direct response to the substantial void in service provision that was established post the Declaration of Alma-Ata in 1978, the World Health Organization (WHO) implemented the Community-Based Rehabilitation (CBR) programme. At the time of its inception, CBR was viewed strictly as an avenue for providing entry-level rehabilitation services to people with

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disabilities living in areas where there is little or no availability or access to these services due to limited financial resources or personnel. Over time, CBR has developed into a much broader model of community development (Mitchell, 1999; Raza, Md & Begum, Sara., 2022). As defined by the ILO, UNESCO and WHO in their 2004 Joint Position Paper, CBR has since transformed into a model for rehabilitation services, equalization of opportunities and services to individuals living in poverty, as well as the social inclusion of individuals with disabilities (ILO, UNESCO & WHO, 2004, p. 2). The evolution of CBR culminated with the publication of CBR guidelines by WHO that comprised a new framework (CBR Matrix) that included Health, Education, Livelihood, Social, and Empowerment (WHO, 2010). This matrix fundamentally expanded the scope of work of CBR workers from simply providing therapeutic support to facilitating social change at the intersection of poverty, stigma, and public health.

Figure 1: The WHO Community-Based Rehabilitation (CBR) Matrix

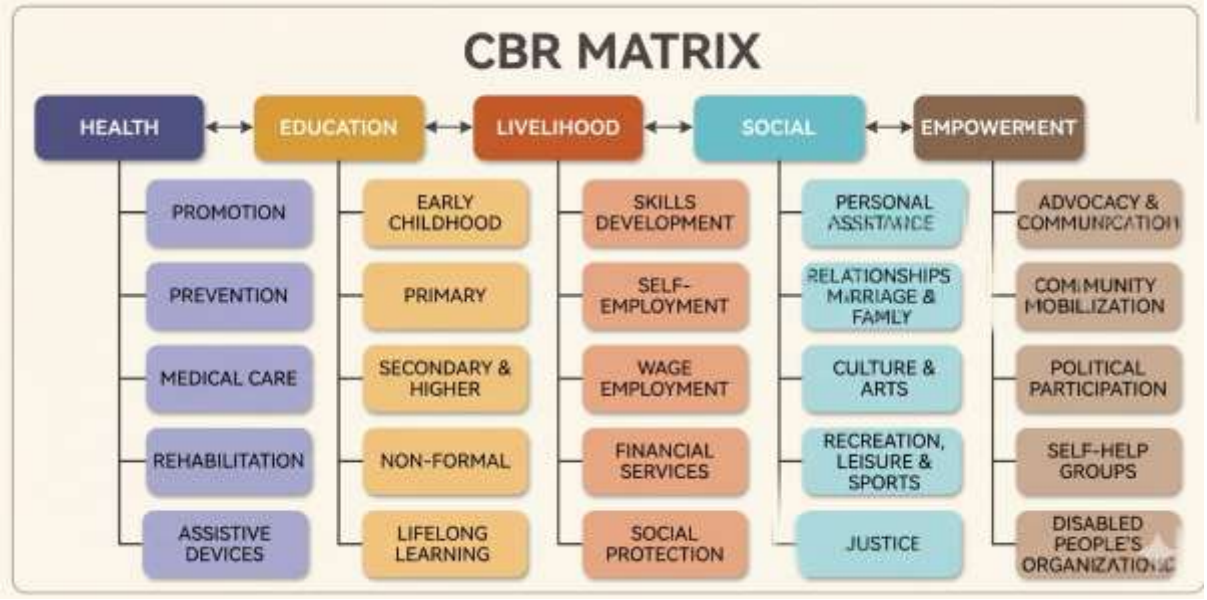

Figure 1. The WHO Community-Based Rehabilitation (CBR) Matrix (WHO, 2010). CBR workers in Delhi-NCR are expected to operate across all five components, contributing to role strain (see Section 5.3).

1.2 The Indian Context: Legislation, Demographics, and the Urban Challenge

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It is a challenge for India to ensure that its demographic dividend includes people with disabilities (PWDs). The Rights of Persons with Disabilities (RPWD) Act, 2016, was a key development as it aligned Indian legislation with the UNCRPD and increased the number of official categories of disability from 7 to 21 (Ministry of Law and Justice 2016). This legislation requires the establishment of an inclusive society, and at the same time, it creates a significant burden in terms of the amount of work that will be required for implementing this legislation by current rehabilitation service providers.

As per the Census of India (2011), around 26.8 million individuals (2.21% of the national population) were identified as having a disability. More recent data derived from the National Statistical Office (NSO, 2018) indicates this representational percentage to be approximately 2.2%, which differentiates between the prevalence in rural (2.3%) and urban (2.0%) environments. Historically, approximately 75% of disabled persons in India have lived in a rural setting; however, with urbanization increasing, there is now a growing need for ′Urban CBR′. The National Capital Region (Delhi–NCR) presents a unique microcosm and unexamined community for this issue. Rural villages have well-established social infrastructures for the mobilization of disabled persons by community/local governing bodies (Panchayat), but in contrast, urban slums and peri-urban areas of Delhi are marked by mobile/transitory groups, lack of cohesive community, and competing resources within close proximity to one another (Deepak et al., 2011).

The Community-Based Rehabilitation worker in this context is at the most important place possible, the primary link between the State's Policy and the actual experience of a marginalized disabled person. It is estimated that under optimal conditions, up to 80% of rehabilitation needs could be met through effective CBR (ILO, UNESCO & WHO, 2004). There is, however, much more that determines the success of this approach, and more specifically, how effective the CBR process has been for a particular disabled person will depend entirely on how motivated, competent and committed the CBR worker is to providing the best rehabilitation outcome for their client. Unfortunately, the motivation, competence and attitudes of the CBR worker have not been well studied in the North Indian environment.

1.3 The Rationale for Investigating Attitude in the CBR Workforce

In the field of social work and rehabilitation science, a worker's attitude is not simply a personal disposition, but rather a professional tool that influences the quality and equity of the services

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provided by that worker. Understanding this variable is critical for three reasons, which are interconnected:

First, the Invisible Barrier: A review of the literature from Southern India (Paterson, 1999) indicates that while Community-Based Rehabilitation (CBR) workers have a positive attitude toward the humanity of individuals with disabilities, their attitudes toward the ability to include these individuals in society are negatively impacted by the apathy and lack of resources in the disability field.

Second, the Transmission of Stigma: Workers are part of a society that stigmatizes disability. If workers do not receive sufficient training in attitudes, they may unknowingly continue to reinforce the paternalistic/charitable model of service delivery rather than the rights-based empowerment model of the RPWD Act (Ministry of Law and Justice, 2016).

Third, the Sustainability Indicator: Workers' negative or neutral attitudes have been shown to be signs of chronic burnout and turnover (Mitchell et al., 2024). In nonprofit organizations, where salaries are typically very low, workers depend on their beliefs about the meaningfulness of their work. If these beliefs decline, the sustainability of an entire programme will decline as well.

While the attitudes of CBR employees are extremely important, very few studies have been done on this topic for North India. A majority of the pioneering research on this subject in India uses the data collected from Karnataka and Tamil Nadu (Paterson 1999), which have historically had better-developed CBR services. Therefore, this research fills a void in terms of both geography and demographics.

1.4 Operational Definitions and Scope

The definition of a **CBR Worker** in this research is a Mid-Level or Grassroots Worker employed by one of the 12 selected NGOs located in the Delhi-NCR region. The CBR Worker provides rehabilitation therapy on a basic level, gives educational support, does advocacy work for people with disabilities (PWDs), and links PWDs to government entitlements. This definition aligns with WHO (2010) and their description of community-level change agents; therefore, as established by WHO, it is consistent with how CBR Workers fit into the larger picture.

Attitude is operationalized as the composite of the worker's beliefs (cognitive aspect), feelings (affective aspect), and behavioural intentions (conative aspect) concerning the CBR

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programme, community, and persons with disabilities served. The tripartite model of attitudes was used to measure this construct (Rosenberg & Hovland, 1960, as cited in Eagly & Chaiken, 1993) using a specific Likert-type scale (described fully in Section 3).

2. Review of Literature: The Architecture of the Rehabilitation Workforce

2.1 The Tripartite Structure of Attitude in Social Service

According to social psychologists Eagly and Chaiken (1993), attitudes can be thought of as consisting of three different interrelated components of a person's psychological makeup: cognitive, affective and conative. The first component (cognitive) is that which consists of the belief system of the employee (worker) toward persons with disabilities, such as whether or not they believe a person with a disability has the potential to contribute positively to society. Researchers consistently identify that having accurate knowledge regarding both the cause and effects of disabilities is a positive factor in the cognitive component of worker attitudes (Paterson, 1999). The second component (affective) consists of the emotional responses the employee (worker) has regarding working with a person who has a disability such as: empathy and patience, or, on the other hand, feelings of frustration or pity. This component is most affected by stressors of compassion fatigue and burnout (Mitchell et al., 2024), which is critical to successful, effective implementation of community-based rehabilitation (Deepak et al., 2011). The third component (conative) includes the behaviours of the employee (worker) with respect to engaging in activities such as advocacy, resisting the traditional structure of the workplace when necessary, and performing acts that go beyond what is typically required of them.

Research indicates that education-based interventions have a positive effect on attitudes related to all three of these dimensions. However, unless these interventions are supported with repeated reinforcement, it is unlikely that the improvement in attitudinal scores will be maintained (Paterson, 1999). Additionally, it has been observed that there are significant differences in terms of disability types in relation to attitudes. For example, workers typically express more positive attitudes toward individuals with physical disabilities. These disabilities are viewed as being "fixable" (i.e., they can be cured or improved by medical treatment) than they are towards individuals with an intellectual disability and/or mental health condition(s). Because people with an intellectual disability and/or mental health condition(s) generally do

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not have access to cures for their disabilities, there is a greater social stigma associated with these disability types, and lifelong management is required.

2.2 Global Workforce Challenges: The 'Volunteer' Trap and Extrinsic Dissatisfaction

The recurring theme in the global literature on community-based rehabilitation (CBR) is the precarious/ethically dangerous condition of the Rehabilitation Workforce. In many Low and Middle-Income Countries, CBR relies heavily on a cadre of "Volunteers" or semi-professional workers compensated by stipends rather than professional salaries (WHO, 2010). A study conducted by Hasan and colleagues in the east coast region of Peninsular Malaysia found an internal conflict: the CBR's workers found their work to be meaningful, challenging, and rewarding, yet approximately 60% of CBR's workers were dissatisfied with their wage-earning potential and rated their wages to be the lowest-scoring item (M = 2.3 on a 5-point scale) within their job satisfaction. The "I love this job, but I hate my paycheck" mentality reflects a vital systemic weakness in CBR; it relies on the exploitation of the worker's ethical commitment to assisting with the cost of publicly mandated social services, thereby supporting their continued existence within the CBR workforce. As a result of having very little external job satisfaction due to inadequate wages, benefits, and job security, it is no surprise that employee turnover rates are high (Hasan, H., & Aljunid, S. M., 2019). High employee turnover disrupts the continuity of care, which is detrimental to rehabilitation as it requires years of sustained and trustful continuous interaction between the service provider, the person with a disability (PWD) and their family.

2.3 The Indian Scenario: From Sevak to Professional

In India, rehabilitation professionals have traditionally operated based upon the ideals of the "Sevak" or selfless servant; an occupation that traditionally denotes one who is committed to serving a greater purpose without expectation of reward for their actions and requires high levels of dedication and commitment while providing low financial rewards. However, due to professionalization of rehabilitation by the Rehabilitation Council of India (RCI) and supported through increasing trends set forth via the RPWD Act (Ministry of Law and Justice, 2016), a structural tension has developed between these two management philosophies. Practitioners working within rehabilitation now possess recognized professional level qualifications which can include Bachelor of Education - Special Education (B.Ed. Spl Ed.) or Masters in Social Work (MSW) or a postgraduate qualification in psychology, yet they continue to work in

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project-specific employment through non-profit organizations (NGOs) where their remuneration is typically based upon "honorariums" rather than salary structures that reflect their level of training and qualification.

As indicated by Mitchell et al. (2024), recent examples of other community health organizational structures provide a critical examination for similar patterns of "burnout" and how they can be transferred from one model to another. As reported by these researchers through the results from their prospective cross-sectional research study that included 313 community health (CH) workers trained in Madhya Pradesh, India, the primary motivation for community health work was "pride in work"; however, 33% of CH workers experienced personal burnout, primarily attributed to physical exhaustion and financial instability. The findings from this research study provide contextual evidence that addresses analytical models used to interpret the attitudes observed from the current study conducted in Delhi & NCR.

2.4 The CBR Matrix and the Problem of Role Strain

The WHO CBR Matrix (2010) has broadened the range of competencies required of CBR workers beyond those of a health worker. CBR workers now need to work in the areas of Livelihood (skills training, microfinance linkage) and Education (facilitating inclusive schooling), and in those areas, the CBR workers' function is to empower clients (e.g., by forming self-help groups or engaging in political advocacy). While this "polyvalent" structure makes CBR very efficient as an organization, it is an increasing source of individual stress for CBR workers due to a lack of support, either by way of adequate training or adequate compensation (Deepak et al., 2011).

For the CBR workforce, the concept of role strain (which refers to the psychological stress experienced when an individual cannot fulfil his or her professional identity or training as a CBR worker) is particularly relevant (Deepak et al., 2011). For example, a special educator may have undergone extensive training in structured pedagogy and curriculum development; when he or she is expected to facilitate micro-credit groups or negotiate with local bureaucrats concerning the provision of accessible infrastructure, he or she may feel incompetent as a CBR worker. Literature has shown that the mismatch between what CBR workers have been trained to do and what they are expected to do contributes significantly to the erosion of attitudes and the lack of support within the Indian CBR workforce.

2.5 Workforce Attitude as a Programme Health Indicator

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Historically, evaluating the outcomes of Community-Based Rehabilitation (CBR) programmmes has been exceedingly difficult due primarily to the qualitative nature of inclusion as an intended outcome and also due to the broad scope of the programme objectives (Mitchell, 1999). The attitudes of CBR personnel are used as proxy indicators for the health of these programs since workforce attitudes can be quantitatively measured in addition to being grounded in theory. The literature supports the correlation between positive workforce attitudes and improved rates of community mobilization and, therefore, increased levels of beneficiary satisfaction as well as increased levels of adaptive capacity when faced with barriers created by the context (Paterson, 1999; Hasan, H., & Aljunid, S. M., 2019). Although currently available literature does very little to offer standardized, context-specific, validated tools to measure attitudes within the context of urban India, thereby providing a methodological justification for developing an instrument to be utilized in this research.

3. Research Methodology

The study employed a quantitative exploratory survey design to map the attitudinal landscape of the CBR workforce in Delhi-NCR. Due to the lack of prior information regarding attitudes within this specific region, descriptive breadth was a priority and helped guide our study in creating and validating a context-specific measurement tool.

3.1 Objectives of this Study

The primary objective was to assess the attitude of CBR Workers towards the CBR programmes they implemented.

Secondary objectives of this study included (a) to develop and psychometrically validate an attitude scale specific to the urban CBR worker in India, and (b) to explore the influence of demographic variables, specifically gender, age, and educational qualification, on attitudinal outcomes

3.2 Population and Sampling Strategy

The target population was all NGOs operating CBR programs in the Delhi NCR area. It was difficult to access this population because there was no central and up-to-date registry of active CBR projects, and this is indicative of the fragmented nature of governance for disability services in urban India.

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The sampling procedure utilized a two-phase method, with the first phase using snowball sampling to locate organizations. The researcher began by using a limited number of state government websites (Department of Social Welfare, Delhi) and their professional network to build a limited list of organizations, which allowed the researcher to identify 12 active NGOs. Snowball sampling is a method of sampling that is well-suited to the sector where organizational connections are informal, and there is no means of creating a sampling frame (Bhattacherjee 2012). The researcher used purposive sampling for the second phase to choose 46 individuals from within these organizations, based on their role in working closely with people with disabilities at either the grassroots or middle levels of the field. People working in administrative roles or those without any field responsibility were not included.

Even though N=46 may seem like a small sample size when considered in absolute numbers, it is an appropriate number according to research constraints on specialized social work and pilot instrument validation studies (Bhattacherjee 2012). This sample size is adequate to determine general attitudinal trends; however, findings from this study cannot be generalized to a national level until further studies replicate or support these results.

3.3 Research Tool: Construction and Psychometric Properties

A Key contribution of this study is the development of the Attitude Scale for CBR Workers towards CBR Programme (ASCBR-P), as there was no standardized tool available to measure the attitudes of CBR Workers towards CBR in the urban Indian context. Therefore, it necessitated the construction of a new tool following established scale development procedures (Likert, 1932; DeVellis, 2016).

Based on a systematic review of relevant research literature, consultations with experts in special education (N = 5), and structured field observations conducted at the partner sites of the NGOs, an initial pool of 34 items was created. The panel of experts who reviewed the item pool for face and content validity (N = 8 experts) identified 27 items to be retained following their review and analysis. A pilot study with a sample of 30 CBR workers was conducted, resulting in the inclusion of 23 items in the final scale.

The final tool consists of 18 positively-worded items and 5 negatively worded items administered on a 5-point Likert scale response format ranging from Strongly Agree (5) to Strongly Disagree (1). The responses to the negatively worded items are reverse-scored, thereby making it possible for a higher total score on the scale to reflect a more positive attitude

towards CBR. The internal consistency reliability was determined by calculating Cronbach's alpha on the pilot sample of CBR workers, which was found to be $\alpha = .71$, which is considered acceptable (Nunnally, 1978; DeVellis, 2016).

3.4 Data Collection and Ethical Considerations

For data collection, the researcher personally visited the NGO and distributed the tool among CBR workers. The use of this methodology allowed for a high response rate, reduced the chance of misunderstanding by respondents, and allowed the researcher to establish rapport with the participants before administering the tool. The respondents were assured that their responses would remain confidential, and they were provided with informed consent before completing the tool, with participation being entirely voluntary. No identifying information was collected from the respondents.

3.5 Data Analysis

The software IBM SPSS Statistics was utilized for analysis. Descriptive statistics, including mean, standard deviation, and skewness, were computed to characterize the distribution of attitude scores. A norming procedure based on percentiles was used to classify raw scores into Positive, Neutral, and Negative categories. Chi-square (χ^2) tests of independence were conducted in order to examine the relationship between gender and attitude classification, with a significance threshold of $p < .05$.

4. Results: Mapping the Attitudinal Landscape

4.1 Demographic Profile of the Sample

The sample of 46 CBR workers drawn from 12 NGOs in Delhi–NCR revealed that the overwhelming majority of these employees are women and are relatively young in terms of experience in the field; furthermore, most respondents exceed the minimum educational requirements for their current position. Of the participants surveyed, 31 (67.4%) were female, and 15 (32.6%) were male; this distribution parallels the international trend of feminization of the workforce in the care economy (Hasan, H., & Aljunid, S. M., 2019). A large percentage of participants reported having less than five years of experience in their current jobs; this indicates a high level of turnover among employees working in emotionally demanding/financially low-reward sectors, consistent with the findings of Mitchell et all. (2024). Most respondents had received their degrees from universities/colleges in areas of

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special education (B.Ed.), MSW, and/or MA Psychology; this would indicate that they are formally trained, yet may not be effectively utilized in their roles.

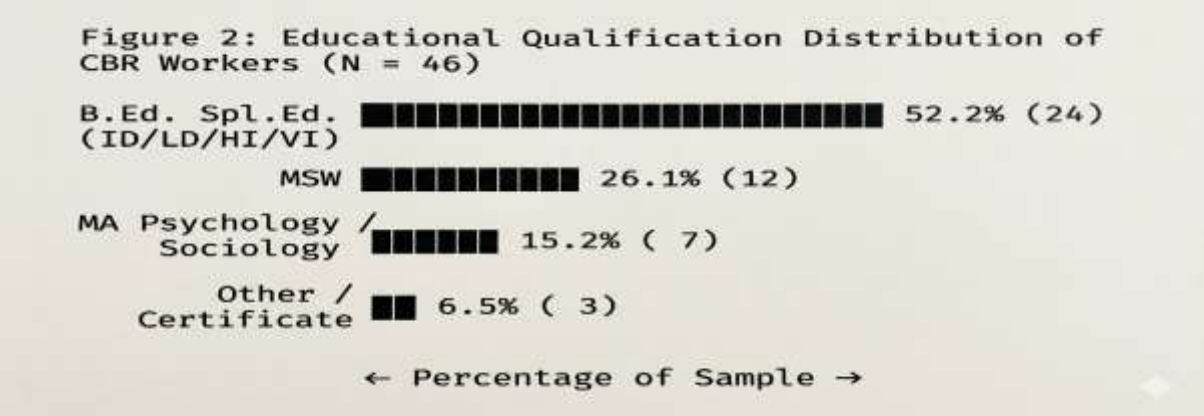

Figure 2. Educational qualification profile of the sample (N=46). Percentage values are approximate, derived from the raw dataset. B.Ed. Spl. Ed. =Bachelor of Education in Special Education; ID= Intellectual Disability; LD= Learning Disability; HI= Hearing Impairment; VI= Visual Impairment; MSW= Masters in Social Work.

4.2 Attitude Classification Norms

A percentile-based normative framework was developed to classify individual raw scores obtained on the ASCBR-P. The percentile norms in Table 1 are based on the distribution of scores within this sample, and they are meant to serve as a normative reference for future studies utilizing the ASCBR-P.

Table 1

Normative Framework for Interpretation of Attitude Scores on the ASCBR-P

CBR (Community-Based Rehabilitation) Model Engagement Scale

Percentile Range	Classification	Interpretation
95th and above	High Positive	Highly aligned with CBR philosophy; strongly motivated.
85th–94th	Neutral	Ambivalent; engaged but critical or experiencing stress.
84th and below	Negative	Dissatisfied; at risk of burnout or philosophical disagreement with the CBR model.

Note. ASCBR-P= Attitude Scale for CBR Workers towards CBR Programmes. Norms derived from the present sample (N=46) and intended for exploratory use only

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4.3 Overall Attitude Distribution

The primary finding of this study was the distribution of attitudes towards CBR programmes shown in the sample. Table 2 demonstrates that only 21.7% of the workforce demonstrated a clearly positive attitude towards the CBR programmes they implemented, while a significant majority (78.3%) were classified in the neutral or negative categories.

Table 2

Frequency Distribution of Attitude Classifications among CBR Workers (N=46)

CBR Worker Attitude Classification Summary

Attitude Classification	Frequency (N)	Percentage (%)	Rank
Positive Attitude	10	21.7	3rd
Neutral Attitude	21	45.7	1st
Negative Attitude	15	32.6	2nd
Total	46	100.0	—

Note. Classifications were derived from the percentile-based norms presented in Table 1

The most notable observation is the preeminence of the Neutral category (45.7%). A "Neutral" score in this instance does not suggest that an individual is neutral or indifferent to an issue; rather, this score indicates the co-existence of high levels of cognitive alignment between the CBR Values and the individual's cognitive evaluation of the organization and low levels of effective satisfaction with the individual's working environment. According to Mitchell et al., (2024), this supports the organizational psychology literature and provides evidence that ambivalent individuals exist in a "zone of indifference" prior to developing symptoms of burnout or becoming disengaged from the workplace (i.e., "quiet quitting"). The substantial proportion of Negative scores (32.6%) indicates the potential for considerable occupational distress and/or significant philosophical differences between employees with negative attitudes towards community-based models versus institutionalized care.

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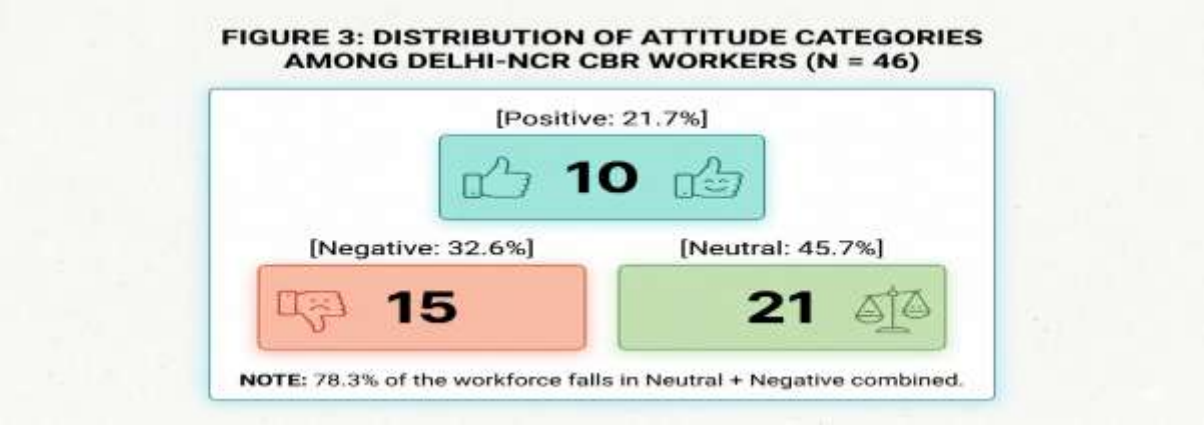

Figure 3. Proportional distribution of attitude categories (n=46). The combined Neutral and Negative categories represent 78.3% of the sampled workforce, indicating systematic attitudinal risk in the Delhi-NCR CBR sector.

4.4 Descriptive Statistics of Attitude Scores

Table 3 contains information regarding the continuous attitude score variable's descriptive statistics. The negative skewness value of -0.265 indicates that the distribution has a long tail toward lower scores, which further supports the fact that a higher proportion of individuals within this sample show very positive attitudes as outliers (not representative) as opposed to the average person's attitude in this sample setting.

Table 3

Descriptive Statistics for Attitude Scores (N = 46)

Mean	2.13
Standard Error of Mean	0.13
Standard Deviation	0.88
Skewness	−0.265
Range	2.00

4.5 Gender and Attitude: Chi-Square Analysis

The predominantly female composition of the sample allowed for testing whether gender is a statistically significant factor for classification of attitudes (using Chi-Square Test of Independence). Table 4 presents the results.

Table 4

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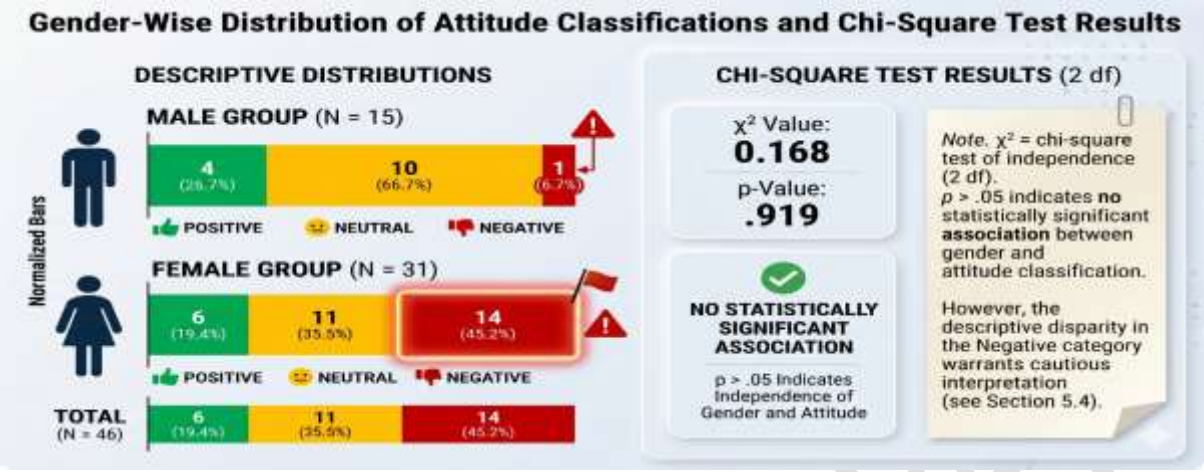

The results of the chi-square test showed no significant association between gender and attitude category (χ^2=0.168, p value=0.919), suggesting that this was not statistically significant. However, the descriptive statistics indicate a large discrepancy between males and females regarding their category of attitude. The percentage of females who fell into the Negative category was 45.2% compared to only 6.7% of males. The reason for this discrepancy was likely due to a lack of power to detect the relationship in the small sample size, which may have created a Type II error (Cohen, 1988). Therefore, this relationship warrants further investigation with a larger sample, and it is possible that females experience an "intersectional double burden" of occupational stress combined with domestic labour expectations.

5. Discussion

The quantitative results show an interesting contradiction in that although the workers' motivation is based on their commitment to the cause being served, the structure in which workers operate creates a barrier to their commitment through demotivating factors. This section of the report describes the mechanisms contributing to this contradiction across four main areas of interdependent activity.

5.1 Deconstructing the Neutral Score: High Meaning, Low Pay

The term "Neutral" when used to describe a large number of CBR workers (45.7%) suggests that these workers operate in a manner that reflects both intrinsic motivation (as evidenced by scale items identifying high levels of agreement to statements like "The CBR programme is meaningful to me", Item 21; and "My job has impact", Item 22) and extrinsic dissatisfaction (i.e. "The salary of CBR workers is acceptable", Item 18; and "The project did add additional burden to my job", Item 15). According to Hasan, H., & Aljunid, S. M. (2019) 95% of CBR Workers believed that their work was meaningful.

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The high level of agreement for the two intrinsic items ("meaningful work") and the low level of satisfaction with respect to the two extrinsic items ("acceptable salary") resulted in a mathematical average score of Neutral. This is not necessarily an indicator that this is a stable equilibrium; it may represent a changing dynamic where the intrinsic motivation may decrease (i.e. become less meaningful) through a combination of continued dissatisfaction related to business needs and personal burnout. Mitchell et al. (2024) found in Madhya Pradesh, that personal burnout must be viewed from both perspectives—i.e. the impact of job workload on perception versus the individual worker's expectations—of the degree of appreciation (financial/social) and importance of the work performed.

5.2 The Unique Challenges of Urban CBR in Delhi-NCR

Delhi-NCR has a unique ecology that exacerbates the structural stresses discussed above. While in rural areas "the community" is both a geographic and social construct that can be mobilized through traditional institutions (e.g., the Panchayat) and caste networks, the concept of "community" may be considered to be little more than administrative fiction in the peri-urban slums and resettlement colonies of Delhi. Rural populations are often migratory, while many peri-urban neighborhoods are considered transient. There is little to no shared social norms within these neighborhoods that could naturally compel people to assist those with disabilities, and those that do exist are likely to be very weak or thinly dispersed (Deepak et al., 2011).

In such an environment, a Community-Based Rehabilitation (CBR) worker must create community conditions to support this work; this is a physically and emotionally demanding, often seemingly futile, process for which CBR training has not yet sufficiently prepared workers. Urban stigma also operates differently in the metropolitan context; for example, the scale item Q7, "People around the centre feel uncomfortable with my clients" represents a uniquely urban issue: the Not In My Backyard (NIMBY) mentality of apathetic urban residents, who may lack the social accountability to support individuals with disabilities as part of a cohesive village community. Thus, the cumulative effect of workers encountering this hostility on a recurring basis is that they may begin to internalize their clients' experiences of stigma as evidence of their own professional incompetence, resulting in rapid depletion of their motivation and enthusiasm.

5.3 Qualification Mismatch and Professional Role Strain

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The mismatch between the qualifications of B.Ed. Special Education graduates and the scope of their duties as Community-Based Rehabilitation workers is a systemic issue that has not received adequate attention from the literature. The degree of education required to meet the qualification requirements for becoming a Special Educator, and thus to have sufficient knowledge of curriculum and pedagogy, means that individuals who possess this qualification are at risk of experiencing job-related stress as a result of being asked to do things outside of their formal training (Deepak et al., 2011). A qualified Special Educator is being asked to take on responsibilities that were never part of their training or development, or with which they have no experience, because of a lack of understanding by their employer of what the position entails and of what their skill set consists of.

These findings are consistent with the findings of the literature regarding the WHO CBR Matrix (WHO, 2010), indicating that Livelihood and Empowerment components are more likely to lead to role strain because they contract the Health and Education domains, which are where most CBR workers are qualified (Deepak et al., 2011).

5.4 The Sevak-to-Professional Identity Crisis and Gender Dimensions

While the RPWD Act transitioned from a Sevak (volunteer-servant) model to a rights-based professional accountability framework and subsequently changed the way CBR workers were compensated, it did not change the organizational status of CBR workers; therefore, it remains inconsistent with a professional accountability model due to the lack of pay parity. CBR workers are required to achieve many of the same outcomes that they were required to achieve in their volunteer era, such as quantifiable documentation of assessments, achieving specific target numbers of beneficiaries, and working in coordinated care across multiple sectors, while receiving only a small honorarium like they did during the volunteer era and no other forms of compensation. This discrepancy creates a clear structural inconsistency, which likely contributes to many CBR workers being categorized as displaying "Negative" attitude types.

A gender dimension of this finding is also very important to keep in mind. Descriptive data shows that female CBR workers in Delhi-NCR display Negative attitudes at a substantially higher rate than male CBR workers (45.2 % vs. 6.7 %, respectively) based on survey results (see Table 4) regardless of the fact that, because of the limited number of respondents, the difference is statistically insignificant; however, given the theoretical considerations of these findings there is a significant amount of potential. Globally, the feminization of care work has

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resulted in a diminished social value and depressed wages (Hasan, H., & Aljunid, S. M., 2019). Female CBR workers in Delhi-NCR face dual cultural and socio-economic barriers that create an intersectional stress level that male CBR workers do not encounter. Female CBR workers work in an undervalued profession and face disproportionate domestic labour commitments.

6. Implications and Recommendations

The finding that over three-fourths of CBR workers in the Delhi-NCR region are not attitudinally positive, representing a systemic risk to the implementation of the RPWD Act and achievement of SDG 10 (Reduced Inequalities), indicates the need very urgently for practices supported by empirical evidence to be implemented at three intervention levels.

6.1 Policy & Funding Level

A standardized remuneration framework for CBR workers is needed. Government ministries and funding sources must change the honorarium model to a structured salary scale that is comparable to salaries or pay scales of other government workers doing similar work (e.g., Special Educators of Kendriya Vidyalaya or State Government school systems) and be commensurate with the educational qualifications and RPWD Act requirements currently regulated within the sector. In addition, Urban CBR must be recognized as a uniquely resource-intensive variation of the model. Budget allocations must be made specifically for public awareness campaigns and the reduction of public stigma associated with disability so that the burden of addressing Social Exclusion is not solely the responsibility of individual Front Line Workers.

6.2 Organizational Level

Organizational Leaders of NGOs must evolve from a transactional management style to a transformational leadership style, moving from simply monitoring logs and numerical targets produced by the workers to connecting workers' day-to-day struggles with the two ethical components of the RPWD Act. Research conducted by Shiva and Suar (2012) has shown that transformational leadership promotes greater organizational effectiveness and reduces instances of burnout among CBR workers when employed by NGOs operating in resource-poor environments, such as India. In practical terms, the introduction of structured participatory Team Reviews on a regular basis, Peer Support structures for workers to provide one another with encouragement, and instituting Psychosocial Debriefing sessions for those workers who regularly experience the trauma and chaos of their clients are suggested.

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Furthermore, the unbundling of roles, or the purposeful assignment of specific types of tasks to workers with the educational qualifications necessary to perform those tasks effectively, is strongly suggested to alleviate role strain among workers. Special Educators should be responsible for activities and duties related to the Educational Domain, and MSW graduates should be assigned to lead Community Mobilization and the facilitation of Entitlements. When workers are assigned their highest and best usages of human capital, both workers' well-being, as well as the quality of services provided, will be improved.

6.3 Education and Training Level

Special education instructors and social workers should receive explicit instruction in urban community dynamics, personal attitudes toward their work, and burnout prevention as part of their initial training programs. The current training programme, which focuses on developing competencies such as providing therapeutic services and developing Individualized Education Plans (IEPs), needs to be supplemented by a training programme that provides values and resilience-building components that include maintaining our commitment to our profession despite systemic barriers and learning how to care for ourselves. In addition, it is recommended that an Accreditation of Prior Learning (APL) process be developed for experienced workers, as this would serve as a low-cost approach to creating a pathway for continued development and provide incentives to retain workers.

7. Limitations and Directions for Future Research

Several limitations of this study must be acknowledged. The first of these is the sample size, which is considered acceptable for exploratory research (N = 46), but it limits the statistical power for inferential analyses and prohibits the use of many types of multivariate modelling. The non-significant chi-square value for gender may be an example of a Type II error (Cohen, 1988) and should therefore be further studied with a larger sample size. The second limitation of the present study is it does not allow us to determine cause and effect relationships between work conditions and changes in attitude. While this study has identified the types and extent of attitudes associated with certain working conditions, we do not have definitive evidence that those particular conditions are the direct causes of changes in attitudes. The third limitation is that because respondents provided self-reported data in a work environment, their responses may have been affected by the potential for social desirability bias (Bhattacherjee, 2012) and

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moderated their responses in order to avoid possible negative consequences from their employer, creating potential over-representation of neutral responses.

Future directions for research include: (a) conducting large-scale, multi-city replications of this study to create norms across multiple urban centres in India; b) following individuals longitudinally to determine when their attitudes begin to reflect a tipping point for burnout; (c) conducting qualitative studies (e.g., interviews and focus groups) to better understand how respondents arrived at a neutral score; and (d) testing the effectiveness of attitudinal training and transformational leadership programs in the Indian CBR context.

8. Conclusion

This exploratory study of CBR workers in Delhi-NCR functions as a diagnostic signal for India's disability rehabilitation sector. The data challenge the romanticized image of the tireless, intrinsically satisfied social worker. They reveal, instead, a workforce that is professionally qualified yet structurally undervalued, one that arrives at work each day carrying strong moral conviction, only to have that conviction steadily eroded by inadequate pay, role confusion, and the particular adversity of urban community mobilization

The finding that 78.3% of the survey respondents were found to fall within the Neutral or Negative Attitude categories cannot be viewed as an indictment of individual workers; rather, it is an indictment of the ecosystem in which CBR workers operate. The RPWD Act of 2016 (The Ministry of Law and Justice 2016) calls for an India that includes all people. The WHO CBR Guidelines of 2010 provide the architectural framework. However, legislative intent and a theoretical framework do not replace the need for the long hours of motivation, respect for, and support of a driven and dedicated workforce on the front lines. The work performed by CBR workers is the engine that drives community-based inclusion. As shown in this study, the engine is at present stalling not because of a lack of commitment or intrinsic motivation, but because the engine has not been supplied with fuel. If the structural deficiencies of pay, role clarity, and organizational support do not get fixed, then it is not only going to be very hard to manage the human resources of this sector, but it will also not be possible to realize disability rights for urban India.

Ethical Considerations

The study was conducted according to the ethical principles of the Declaration of Helsinki. Consent was obtained from each participant (all participants in the study had to give informed

consent before their data were collected). Participation was voluntary; however, each respondent was assured of anonymity and confidentiality regarding their responses. Personal identifying information was not collected or maintained.

Conflict of Interest

The authors declare no conflict of interest with respect to the research, authorship, or publication of this article.

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