FMDB *Transactions on Sustainable Social Sciences Letters*

Occupational Health and Productivity among Rural Women: The Mediating Role of Work Stress

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Abstract: At present, to improve workplace productivity, occupational health acts as a critical determinant in the rural workplace environment. But uncertain conditions could cause stress among the rural working women. The main purpose of this study is to analyse the impact of occupational health and work stress on workplace productivity among rural working women. This study used a quantitative research approach. To test the hypotheses, 328 valid primary data points were collected from rural working women in Tamil Nadu using purposive sampling via a survey questionnaire. The study Findings revealed that occupational health has a significant effect on workplace productivity and work stress. Work stress negatively affects workplace productivity. The mediating analysis revealed that work stress plays a competitive mediating role in the relationship between occupational health and workplace productivity. The study concludes with theoretical and practical implications and future directions. The finding indicated that OH has a significant, direct positive effect on workplace productivity and work stress, suggesting that improved health conditions, access to healthcare, and a safer work environment contribute to higher productivity and reduced work stress. Conversely, work stress significantly reduces workplace productivity, suggesting that increased job demands and pressures associated with occupational conditions might elevate stress levels.

Keywords: Occupational Health; Work Stress; Workplace Productivity; Health Conditions; Physical Well-Being; Demanding Workloads; Time Restrictions; Job Instability; Role Conflicts.

Received on: 26/05/2025, **Revised on:** 31/08/2025, **Accepted on:** 26/10/2025, **Published on:** 16/07/2026

Journal Homepage: https://www.fmdbpub.com/user/journals/details/FTSSSL

DOI: https://doi.org/10.69888/FTSSSL.2026.000724

Cite as: C. Janaprabu and S. Kamaraj, "Occupational Health and Productivity among Rural Women: The Mediating Role of Work Stress," *FMDB Transactions on Sustainable Social Sciences Letters*, vol. 4, no. 3, pp. 100–108, 2026.

1. Introduction

Occupational health has become a crucial factor in determining job productivity and general well-being in today's changing socioeconomic climate. Rural working women in India constitute a sizable share of the unorganised labour force and make significant contributions to household income and regional economic growth [24]. Nearly 90% of Indian women work in the unorganised sector, where occupational health and safety laws are frequently insufficient or poorly implemented, according to the International Labour Organisation. According to data from the National Sample Survey Office, a higher percentage of rural working women labour in agriculture and related fields, often in hazardous, physically taxing environments. These facts demonstrate the urgent need to address occupational health as a major factor affecting the productivity of rural women workers

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[33]. According to the WHO (World Health Organisation), occupational health is a significant contributor to work-related health issues that decrease workplace productivity, particularly in low-resource rural areas where access to healthcare services remains limited. In rural areas, women worked in both organised and unorganised organisations. Inadequate occupational health conditions regularly hinder their substantial contributions and workplace productivity. Hence, these issues highlight the significant need to examine the relationship between occupational health and work outcomes. The challenging working conditions experienced by rural working women include physical strain, a lack of ergonomic support, exposure to workplace hazards, and limited access to medical services.

Their bodies and minds are under greater strain as they balance household responsibilities with earning a living. Workplace stress is a significant factor that must be addressed, even though occupational health encompasses social, mental, and physical well-being. Demanding workloads, time restrictions, job instability, and role conflicts can all contribute to work-related stress, which can negatively impact health and lower productivity [21]. Socioeconomic issues such as low income, low education, and lack of institutional support have a significant impact on the occupational health of rural women. They are vulnerable to health hazards since they frequently labour in uncontrolled settings with insufficient safety precautions [36]. This raises their stress levels and, over time, affects their productivity and financial stability by causing fatigue, absenteeism, and long-term health issues. Prior literature has focused on the direct relationship between occupational health and employee productivity by examining the causal mechanisms that drive these factors [7]. Particularly, the role of job stress as a mediator in this relationship is poorly understood among rural working women. To address this research gap, this study examines work stress as a key psychological mediating factor linking occupational health and workplace productivity. The current research aims to analyse the relationship between occupational health and workplace productivity among rural working women, by placing work stress as a mediator. Based on these research objectives, the study tries to answer the following research questions:

- Does occupational health affect workplace productivity and work stress?
- Does work stress mediate the relationship between occupational health and workplace productivity?

2. Literature Review

2.1. Occupational Health among Rural Women

To improve productivity, occupational health is more essential, particularly in labour-intensive and informal sectors. Occupational productivity consists of physical, mental, and social health in working environments. The World Health Organisation (WHO) highlights the need to ensure optimum productivity and avoid health risks at work [5]. Women in the working environment in various sectors like agriculture, manual labour and cottage industries often face unsafe conditions such as physical strain, environmental risks and ergonomic challenges, which lead to a higher incidence of health-related disorders, fatigue and chronic health issues [23]. Additionally, psychological mechanisms also significantly influence women's occupational health, with work-related stress, job insecurity and the struggle to balance work and household responsibilities, which contribute to mental strain and diminished productivity. Prior research shows that these factors primarily lead to higher stress levels among working women, which, in turn, affects their health and performance [22]. The unorganised employment prevalent among many women limits their access to health services, safety regulations, and social protection, and intensifies health risks [31]. Reports show that most women in developing countries are employed in unorganised environments, where safety standards are frequently lacking and poorly enforced, thereby reducing their capacity for sustainable productivity. Because the psychological, physical, and socioeconomic aspects are interconnected, occupational health is complex and requires an inclusive approach that considers the job environment, health practices, and external support systems [10]. According to studies, women's productivity and outcomes can be significantly enhanced by supportive workplace practices and increased health awareness [37].

2.2. Work Stress among Rural Women

According to the WHO, work-related stress arises when an individual encounters job demands that exceed their knowledge, coping abilities, and skills. This phenomenon is particularly severe among rural working women, those who regularly face a significant mismatch between high job demand and inadequate support systems [20]. Women working in various sectors, such as manual labour, the informal sector, and agriculture, often assume physically demanding tasks under challenging environmental conditions, which exacerbate their ability to cope effectively. The work stress experienced by rural women is worsened by the dual responsibilities of work and household duties [2]. Parashar et al. [26] highlight that stress arises from extreme demands that exceed an individual's capabilities, which is revealed in two ways: psychological strain and physical exhaustion. In rural workplace environments, women often face many issues, such as long working hours, job insecurity, sudden turnover, low wages, and improper healthcare access. These scenarios contribute to increased stress among them. The lack of proper workplace support, insufficient resources for skill development, and the absence of safety measures heighten their vulnerability to stress [34]. Most rural working women regularly work in unorganised conditions where job demands are

uncertain, which reduces their coping abilities. This current imbalance between work demands and resources not only establishes a sustained state of stress but also adversely affects their health and productivity.

2.3. Workplace Productivity among Rural Women

Productivity is widely recognised as a vital measure of efficiency in converting inputs, such as resources and labour, into outputs, particularly in the economic and organisational context [13]. According to the International Labour Organisation, productivity is an important indicator of economic performance, which is significantly influenced by workers' health, skills and working conditions. For rural women, productivity is not only an economic input; it also includes their ability to balance income generation with household responsibilities. Many factors affect the productivity of rural women, including psychological, environmental and physical influences [9]. Those involved in manual labour, agriculture, and many industries regularly face resource constraints, such as limited access to technology and healthcare, which hamper their efficiency. Dasgupta [6] indicated that poor working conditions and health-related encounters notably reduce labour productivity within the informal sector. Mental well-being plays an important role in productivity, as stress and excessive work can adversely affect focus and decision-making. Rural women often navigate socio-economic hurdles and role struggles, which further complicate their productivity levels [32]. In this study, Productivity is defined as the competence and effectiveness of rural employed women in transmitting work tasks, factoring in both the quantity and quality of outputs within occupational challenges. It highlights the effect of improved skills, health conditions, and stress on productivity and access to resources. So, a holistic approach that integrates health, well-being and workroom support is critical for forward productivity among rural women.

2.4. Hypotheses Development

Productivity fluctuations are a significant consequence of workplace uncertainty. International Labour Organisation [14] reported that poor occupational health conditions, such as exposure to hazards, inadequate ergonomic support, and physical strain, significantly reduce work productivity. The research reported that occupational health is positively correlated with productivity. There is a significant positive correlation between occupational health and productivity in rural areas [3]; [39]. Another study found that a positive occupational health status among rural women enhances their workplace productivity [12]; [4]. These findings provide support for the following hypothesis.

- **H1: Occupational Health Positively Affects the Workplace Productivity among Rural Women**

Lazarus and Folkman [18] conducted a study on the effect of occupational health on work stress. The relationship between occupational health and work stress has been widely analysed in labour and organisational studies. The study proved that when job demands exceed an individual's ability to cope, leading to psychological and physical strain, work stress arises [25]. As per Ganster and Schaubroeck [11], research has shown that poor occupational health conditions, including excessive workloads, limited access to healthcare, and unsafe work environments, are major contributors to elevated stress levels. Among rural employed women, these factors are widely intensified by adding socio-economic challenges and the double burden of managing work and household responsibilities. Studies have shown that prolonged exposure to physically demanding work, combined with limited social support, increases stress and negatively affects productivity [30]. Inadequate occupational health provisions created a cycle in which declining health intensifies stress, which, in turn, worsens health conditions [29]. These findings provide support for the following hypothesis.

- **H2: Occupational Health Positively Affects Work Stress among Rural Women**

Work stress is a well-established factor influencing employee productivity and performance. Jex [15] stated that high levels of stress impair cognitive functioning, increase the likelihood of errors, decrease work efficiency, and reduce concentration. As per Sonnentag and Frese [35], research indicates that stress also contributes to burnout, low job satisfaction, and absenteeism, all of which negatively impact productivity. In labour-intensive sectors, particularly in rural settings, work stress is mostly associated with job insecurity, time pressure, and physical exhaustion. LePine et al. [19] found that employees experiencing high levels of stress are more likely to experience turnover among rural women. Stress is compounded by financial instability and limited access to institutional support, further reducing their ability to maintain consistent productivity. Hence, work stress acts as a critical barrier to optimal performance. These findings provide support for the following hypothesis.

- **H3: Work Stress Affects the Workplace Productivity among Rural Women**

Prior research emphasised the importance of examining mediating mechanisms that explain the association between occupational health and productivity [28]. Work stress has been identified as a vital mediator that links workplace conditions to performance outcomes. Poor occupational health conditions increase stress levels, which in turn reduce productivity, indicating an indirect pathway of influence [16]. From a mediation perspective, the research provides a deeper understanding

of how and why occupational health affects productivity, suggesting that improvements in occupational health may not fully translate into higher productivity unless work stress is effectively managed. Prior research based on the Job-demand resources (JD-R) model supports this view, highlighting that excessive job demands, along with poor health conditions, lead to stress, which subsequently impairs performance [1]. These findings provide support for the following hypothesis.

- **H4: Work Stress Mediates the Relationship between Occupational Health and Workplace Productivity**

Figure 1 presents a conceptual framework that examines the relationships among Occupational Health, Work Stress, and Workplace Productivity.

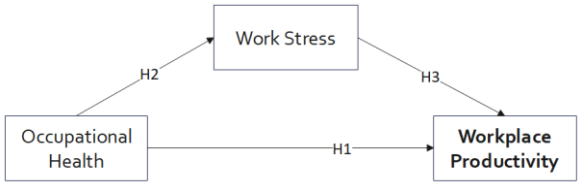

Figure 1: Proposed research model

It proposes that Occupational Health directly influences Workplace Productivity (H1) and affects employees' Work Stress (H2). Furthermore, Work Stress is hypothesised to mediate between Occupational Health and Workplace Productivity (H3). This framework highlights both the direct and indirect effects of Occupational Health on employee productivity.

3. Research Methodology

The study utilised an exploratory quantitative design to collect primary data to test the research hypotheses. The target population comprises all working women in rural areas and those working in any private or public organisations across Tamil Nadu. Tamil Nadu was selected as the study area due to its diverse rural landscape, varied occupational settings, and substantial participation of women in both the formal and informal employment sectors. Adapting this population enables an in-depth understanding of occupational health conditions and productivity across diverse employment contexts, thereby ensuring the broader applicability of the study's findings—data collected from public and private organisations such as hospitals, educational institutions and agriculture. To collect data, purposive sampling was used. This technique is more cost-effective, flexible, and efficient, allowing targeted selection and enabling careful consideration of the selected samples. The primary data collection tool for the study was a self-administered questionnaire. Fieldworkers distributed the questionnaire, which consisted of organised statements with predetermined response options. It was split into two sections: the first collected the respondents' demographic data, and the second recorded their thoughts on the study's observed constructs (Figure 2).

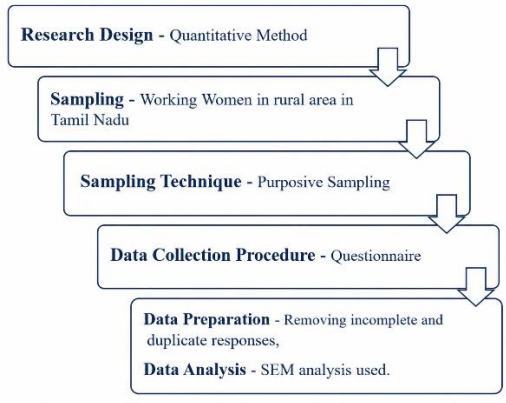

Figure 2: Data collection framework

The conceptual model's measurement scale was modified from previous empirical research. On a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), respondents were asked to score statements about each construct. The scale for assessing Occupational health consists of three dimensions, such as physical health, workplace safety, and access to healthcare,

which was based on the previous work of Biron et al. [8] and included 9 measurement items. Work stress was evaluated using an adapted scale developed by Parker and DeCotiis [27], comprising three dimensions (workload stress, emotional stress, and role conflict) and nine measurement items. Workplace Productivity was measured using a scale adapted from Koopmans et al. [17], comprising 9 items assessing work efficiency, work quality, and work consistency. After completing data collection, the final sample size for the study was determined to be 328, which was deemed valid for analysis. The collected data were cleaned, edited, and analysed using multivariate statistical techniques in SPSS. These techniques included descriptive statistics, reliability testing using Cronbach's alpha coefficient, confirmatory factor analysis (CFA), and structural equation modelling (SEM). Table 1 shows the socio-demographic characteristics of the research participants. Most respondents were in the 31-40 age group (28%), followed by supervisory-level employees (38.4%). The west zone (25.6%) and the education sector (25%) have the highest representation.

4. Results

Table 1 shows demographic characteristics of responders by age, designation level, zone and sector. The maximum percentage in designation levels is Supervisors (38.4%). The maximum age group is 31-40 years (28.0%). The West Zone has the largest representation (25.6%). The Education sector (25.0%) has the highest participation rate, followed by Agriculture (22.6%) and Medical (20.7%).

Table 1: Demographic statistics

Particulars	Categories	Frequency	(%)
Age	20 – 30	58	17.7
	31 – 40	92	28.0
	41 – 50	78	23.8
	51 – 60	64	19.5
	Above 60	36	11.0
Designation level	Labour (Operational)	108	32.9
	Supervisor (Supervisory)	126	38.4
	Officer (Managerial)	94	28.7
Zone	North Zone	56	17.1
	South Zone	70	21.3
	Coastal Zone	56	17.1
	West Zone	84	25.6
	Central Zone	62	18.9
Sector	Medical	68	20.7
	Education	82	25.0
	Agriculture	74	22.6
	Banking	58	17.7
	Others	46	14.0

Table 2 presents the reliability and validity results for the constructs used in this study. To assess internal consistency, Cronbach's alpha (CA) was computed. The Cronbach's alpha values range from 0.729 to 0.921, which exceed the acceptable threshold of 0.70. These results indicate that all constructs used in this study exhibit acceptable levels of reliability. The composite values range from o.782 to 0.899, which also meet the acceptable level of 0.70, confirming the construct reliability.

Table 2: Construct validity and reliability

Constructs	Cronbach's Alpha (CA)	Composite Reliability (CR)	Average-Variance-Extracted (AVE)
Occupational Health	0.824	0.813	0.561
Work Stress	0.729	0.782	0.620
Workplace Productivity	0.921	0.899	0.674

The average variance extracted (AVE) values range from 0.561 to 0.674, which exceed the acceptable threshold of 0.5, indicating adequate convergent validity. These results confirm that the measurement model demonstrated satisfactory reliability and convergent validity, suggesting that the indicator adequately represent their respective constructs: occupational health, work stress and workplace productivity. Table 3 presents a discriminant validity assessment using the Fornell-Larcker criterion, with the square root of the AVE shown on the diagonal.

Table 3: Discriminant validity

Constructs	OH	WS	PR
Occupational Health (OH)	0.749	-	-
Work Stress (WS)	0.542	0.787	-
Workplace Productivity (PR)	0.601	0.558	0.821

According to the criterion, the diagonal values should be greater than the correlations with other constructs to confirm discriminant validity. From the results, the diagonal values for occupation health (0.749), work stress (0.787), and workplace productivity (0.821) are all higher than their respective inter-construct correlations. This indicates that each construct accounts for more variance among its indicators than among indicators of other constructs in the model. Hence, the results confirm that the constructs of occupational health, work stress and productivity demonstrated adequate discriminant validity, indicating that each construct is distinct and measures different concepts within the model. The structural model results support all the proposed hypotheses (Table 4 and Figure 3).

Table 4: Path coefficient

Constructs Relationship	Path Coefficients
Occupational Health → Workplace Productivity	0.183
Occupational Health → Work Stress	0.518
Work stress → Workplace Productivity	-0.329

H1 posits that occupational health significantly influences productivity, and the results confirm this relationship (β = -0.250), indicating that occupational health conditions are associated with greater productivity among rural women. H2 proposed that poor occupational conditions influence work stress; findings support this hypothesis (β = 0.518), suggesting that individuals with poor occupational health are more affected by work stress. H3 suggests that work stress negatively influences workplace productivity. The path coefficient (β = -0.329) supports H3, suggesting that high work stress may decrease productivity.

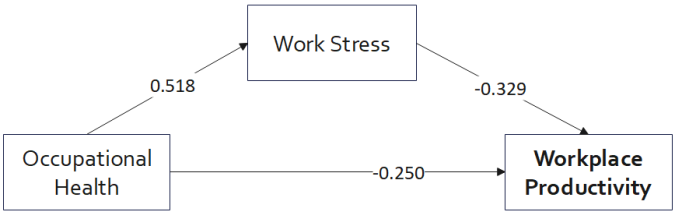

Figure 3: Structural model

Table 5 presents the mediation analysis of the indirect effect of Work Stress (WS) on the link between Occupational Health (OH) and Workplace Productivity (PR). The path coefficients indicate that Occupational Health has a positive impact on Work Stress (a = 0.518), Work Stress negatively affects Workplace Productivity (b = −0.329), and Occupational Health directly affects Workplace Productivity (c = 0.183). The overall indirect effect is −0.170, and the total effect is 0.013. These findings show competitive mediation, meaning the indirect and direct effects are in opposite directions.

Table 5: Mediation analysis

Paths	Path Coef.			Total Ind. Effect (a)*(b)	Total Effect (a*b+c)	Result
	(a)	(b)	(c)			
OH→WS→PR	0.518	-0.329	0.183	-0.170	0.013	Competitive Mediation

4.1. Discussion

This study examines the direct relationship between occupational health and workplace productivity, and the mediating effect of work stress. The productivity is positively influenced by occupational health and negatively influenced by work stress. These results confirm that OH plays a significant role in enhancing workplace productivity outcomes. The direct association between occupational health and productivity (H1) indicates that improved OH conditions suggestively enhance workplace productivity

among rural women. This finding aligns with prior research, Witt et al. [38], which suggests that better physical well-being, access to healthcare, and safer working environments could contribute to higher efficiency and work performance. Healthy workers can sustain job security, reduce turnover, and maintain consistent performance. Secondly, the results support the positive relationship between occupational health and work stress (H2), indicating that OH influences work stress levels. The path coefficient results suggest that, even as OH improves, somewhat job-related demands, such as workload intensity, role expectations, and increased responsibilities, might be stimulating stress levels. These results reflect the reality of rural working women's employment context, where improved work opportunities or conditions might come with additional pressure and expectations.

The relationship between work stress and productivity (H3) was negative, indicating that higher work stress negatively affects workplace productivity. These hypothesis testing confirmations align with prior research findings [25]. These results emphasise that high stress levels lead to lower participation, exhaustion, reduced concentration, and lower work efficiency. Among rural working women, those who balance occupational health with domestic responsibilities may experience sensitive stress, which can limit their productivity and overall well-being. The novel contribution of this research is a mediation analysis finding that work stress acts as a comparative or inconsistent mediator between OH and workplace productivity. These results align directly with the participants' practical experience. It revealed that working women with better occupational health conditions perform better in the workplace. Still, when good occupational health increases job demands, leading to high work stress, workplace productivity is indirectly reduced. These dual effects highlight the complexity of occupational dynamics in the contexts of rural working women, emphasising that improvements in occupational health conditions are not sufficient to achieve a high level of workplace productivity; work stress management initiatives are a must to achieve this among rural working women.

4.2. Theoretical and Practical Implications

From a theoretical perspective, the results contribute to the extensive body of knowledge on occupational health and workforce productivity by highlighting the important role r OH in productivity and the significant negative effect of work stress. This outcome supports behavioural and organisational theories that emphasise the vital roles of both physical and psychological factors as underlying mechanisms of individual performance. Secondly, the study extends existing frameworks by adding work stress as a mediator, revealing a competitive mediating effect. The mediation findings indicate that occupational health not only directly enhances productivity but also indirectly reduces it through increased work stress. This dual pathway provides a better understanding of how occupational conditions operate through both enabling and constraining mechanisms. These findings align with the Job Demands–Resources (JD-R) perspective, in which occupational health functions as a resource that promotes performance, while work stress represents a demand that can hinder productivity. Hence, the study underscores the importance of considering both direct and indirect effects when examining workforce outcomes, specifically in rural and resource-constrained contexts. In practical perspectives, the finding offers important implications for organisations, policymakers and rural development stakeholders. To enhance productivity among rural working women, which is important to improve occupational health conditions through the safer work environment provisions, access to healthcare services within the working environment, and awareness of health and safety practices.

Establishing better physical working conditions alone might not be enough to achieve high productivity performance. The findings clearly indicate that work stress plays a critical role in shaping productivity outcomes, and therefore, stress management practices should be integrated into occupational health initiatives. Government agencies and local institutions should design targeted programs which address both occupational health and psychological well-being. Initiatives such as regular medical check-ups, health camps, awareness programs and ergonomic training could significantly improve workers' physical health. Efforts should be made to reduce work-related stress by promoting balanced workloads, supportive systems, and flexible work arrangements that help women manage their dual responsibilities at work and home. Additionally, the results also emphasise the need for organisational and community-level interventions that foster a supportive work environment. Training programs should focus on stress management, time management, and coping strategies to empower rural women to better handle occupational pressures. Improving access to institutional support, including self-help groups, cooperatives and social networks, could reduce stress levels and enhance overall productivity. Simply improving working conditions without addressing stress-related factors might limit the overall effectiveness of such an intervention. So, investments in occupational health infrastructure, along with policies to reduce workplace stress, could lead to sustainable improvements in productivity and quality of life.

5. Conclusion

This study analysed the influence of occupational health on workplace productivity among rural working women. This study also analyses the mediating impact of work stress. The finding showed that OH has a significant, positive direct effect on workplace productivity and work stress, suggesting that improved health conditions, access to healthcare, and safer work environments contribute to higher productivity and reduced work stress. Conversely, work stress significantly reduces

workplace productivity, suggesting that increased job demands and pressures associated with occupational conditions may elevate stress levels. The study has certain limitations. The findings are based on data collected from working women in specific geographical areas, which may limit the generalizability of the results. The study used a cross-sectional research design, which limits the ability to establish a causal relationship among the variables. This research only focused on a few variables as mediators. To address this limitation, future researchers could follow the following directions for their research: they could add more variables, such as workplace policies, social support systems, economic conditions, and organisational support, as mediators or moderators. They could adopt a longitudinal research design to better capture causal relationships over time. To generalise the finding, future research could broaden its sample area at the country and world levels.

Acknowledgement: The authors sincerely acknowledge K.M.G College of Arts and Science for its valuable support, encouragement, and academic resources that contributed to the successful completion of this research.

Data Availability Statement: The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to applicable ethical and institutional requirements.

Funding Statement: No funding has been obtained to help prepare this manuscript and research work.

Conflicts of Interest Statement: No conflicts of interest have been declared by the authors. Citations and references are mentioned in the information used.

Ethics and Consent Statement: The consent was obtained from the organization and individual participants during data collection, and ethical approval and participant consent were received.

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