

From Health to Output: Examining the Mediating Effect of Job Satisfaction in Rural Women Workers

C. Janaprabu¹, S. Kamaraj^{2*}

^{1,2}Department of Commerce, Affiliated to Thiruvalluvar University, K.M.G. College of Arts and Science, Vellore, Tamil Nadu, India.

janaprabuc@gmail.com¹, kamarajkmg24@gmail.com²

Abstract: Occupational health is an important determinant of workplace outcomes in today's fast-paced world. Rural women workers are often exposed to challenging and unsafe working conditions. The present study explored the impact of occupational health on workplace well-being and the mediating role of job satisfaction. Researchers collected 328 valid primary responses from rural working women in Tamil Nadu to analyze these relationships. The results show that improved occupational health is an important factor that increases job satisfaction and general well-being at work. Rural women who enjoy access to better health care, safer working conditions and supportive labor policies tend to feel more secure and valued and are more satisfied with their jobs. In addition, job satisfaction improves their emotional and mental health, resulting in greater commitment and increased productivity at work. The study also finds that job satisfaction partially mediates the relationship between occupational health and workplace well-being. This suggests that occupational health affects well-being directly and indirectly through increased job satisfaction. Overall, the research highlights the need to reinforce occupational health initiatives to promote satisfaction and well-being of rural women workers.

Keywords: Occupational Health; Job Satisfaction; Workplace Well-Being; Working Women; Rural Women Workers; Mental Health; Sustainable Rural Development.

Received on: 06/03/2025, **Revised on:** 23/04/2025, **Accepted on:** 14/07/2025, **Published on:** 05/06/2026

Journal Homepage: <https://www.fmdbpublish.com/user/journals/details/FTSHS>

DOI: <https://doi.org/10.69888/FTSHS.2026.000760>

Cite as: C. Janaprabu and S. Kamaraj, "From Health to Output: Examining the Mediating Effect of Job Satisfaction in Rural Women Workers," *FMDB Transactions on Sustainable Humanities and Society*, vol. 3, no. 2, pp. 87–95, 2026.

Copyright © 2026 C. Janaprabu and S. Kamaraj, licensed to Fernando Martins De Bulhão (FMDB) Publishing Company. This is an open access article distributed under [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/), which permits copying, remixing, redistributing, transformation, and building upon the material in any medium so long as the original work is properly cited.

1. Introduction

The rapid growth of organizations' workplace development aims to optimize their Human resources effectively. Human resources are an organization's most valuable asset. Moreover, using them effectively will likely improve organizational performance. Most organizations agree, but some still do not recognize the importance of managing human resources. Managing human resources requires managers to ensure employees perform their roles and responsibilities within the organization, with good occupational health conditions that promote optimal performance, job satisfaction and workplace well-being [22]. In the present socioeconomic environment, Occupational health plays an important role in determining workplace well-being [6]. Specifically, it connects with rural working women in India, who constitute a substantial segment of the informal labor force and contribute significantly to household income and local economic development. In this view, many organizations'

*Corresponding author.

work environments are susceptible to occupational health issues due to high workloads, which increase health and mental health consequences and affect workplace well-being.

In many sectors, organizations aim to improve occupational health by encouraging employees to follow safety and health guidelines. Even researchers from the African continent stated that the rise of fatal accidents, injuries and casualties in firms caused many defects, such as property damage, loss of life and assets, which proved the unsafe conditions of the workplace environment. These incidents highlight the significant need for proper occupational health in the workplace [21]. Accidents and workplace incidents affect employees' job satisfaction and workplace well-being, impacting both workers and the organization. When workers feel safe in the workplace, accidents can be eliminated, ensuring their safety. Despite the well-established importance of appropriate safety and health practices, some organizations—particularly those in developing countries like India—continue to prioritize profitability over proper occupational health for working women and improving their workplace well-being [27]. Occupational health remains a key topic of discussion amid rising economic activity and the resulting increase in work-related accidents and exposure to hazardous substances.

Additionally, target accomplishment, noise, inadequate ventilation, and other unfavorable conditions are common workplace hazards that affect employees' health, job satisfaction, and well-being in India. Most research by Katsuro et al. [15] and Nnaji-Ihedinmah and Ugwu [22] has focused on direct links between occupational health and workplace well-being, overlooking the underlying mechanisms driving these effects. The mediating role of job satisfaction is poorly understood, particularly among rural working women. To address this gap, researchers consider job satisfaction a key psychological factor linking occupational health to workplace well-being. However, empirical research that integrates emotional and physical health issues and examines the link between occupational health and workplace well-being among rural women workers within our proposed framework remains limited. Our study fills this gap by analyzing the link between occupational health and workplace well-being among rural working women, while including job satisfaction as a key mediator. By improving workplace well-being, healthcare access, and stress support, these measures could boost rural women's well-being, economic resilience, and productivity, promoting sustainable rural development.

2. Literature Review

2.1. Occupational Health among Rural Women

Occupational Health refers to minimizing hazardous practices and maximizing safety. Among rural women, safety and health primarily focus on protecting employees and organizational stakeholders in the workplace, particularly those affected by hazards. The organization's OHMS (Occupational Health Management System) should include elements such as hazard prevention, safety training, Safety Monitoring, risk assessment, Hazard control, safety enforcement, and accident Investigation and reporting [10]. OHMS should be committed to implementing all health and safety policies. These practices support health and safety goals by protecting employees from the risk of accidents and injuries and meeting their safety needs [1]. In many developing countries, unorganized workplaces with poor health and safety standards reduce productivity among working women. In many sectors, such as agriculture, manual labor, and cottage industries, workers regularly face unsafe conditions, including physical strain, environmental risks, and ergonomic challenges, which lead to health issues, fatigue, and chronic problems [19]. Many psychological drivers play a significant role in work-related stress, job insecurity and work-life balance. These drivers contribute to mental strain and reduced productivity. Prior research shows that these factors increase stress levels among employed women in rural areas, impacting their health and performance [18]. Working women in unrecognized organizations regularly lack access to healthcare, safety regulations and social protection, which increases their health risks [24]. Occupational health is multifaceted, involving physical, psychological, and socioeconomic factors, and requires a holistic approach that addresses the work environment, health practices, and support systems. Supportive workplace practices and health awareness can boost women's productivity and outcomes [8]; [26].

2.2. Job Satisfaction (JS) among Rural Women

Job satisfaction is widely recognized as an important determinant of organizational effectiveness, reflecting the extent to which employees feel positively connected to their jobs. This connection influences their motivation, commitment and overall workplace performance. Past literature suggests that higher levels of JS are more strongly associated with improved work quality, reduced absenteeism, increased productivity and reduced turnover [9]. Ensuring job satisfaction is not only a human resources concern; it is also considered a strategic priority for developing organizational performance. Despite its significance, many businesses fail to provide a secure, supportive workplace that meets workers' basic safety needs, thereby lowering employee satisfaction [16]. In essence, JS is a mental state or attitude shaped by workers' experiences and views at work. It includes both emotive and cognitive aspects, such as how workers assess their working conditions and how they feel about their jobs [25]. In this regard, Armstrong [4] highlights the importance of people's attitudes and feelings toward their work. In contrast, Yusuf et al. [29] define job satisfaction as a positive mindset arising from pleasant working conditions. Additionally,

workplace factors such as the work environment, pay, interpersonal connections, and especially occupational health and safety affect job satisfaction. When employees believe their workplace is safe and supportive, they are more likely to see their work as more meaningful and valuable [12]. Accordingly, Aiken et al. [2] contend that effective health and safety management increases worker satisfaction and productivity while also protecting workers. Fassoulis and Alexopoulos [9] support this viewpoint by noting that better health and safety conditions lead to increased job satisfaction, which, in turn, improves organizational outcomes. Therefore, the relationship between workplace circumstances and employee productivity depends crucially on job satisfaction.

2.3. Workplace Well-Being among Rural Women

Workplace well-being refers to the overall quality of life and job satisfaction in the workplace. According to the International Labour Organization [14], workplace well-being is a key driver of economic performance, which is affected by workers' health, skills, and working conditions. Workplace well-being includes not only economic factors but also the ability to balance work and household responsibilities. Many factors affect rural women's workplace well-being, such as environmental, psychological and physical influences. Workers in manual labor, unorganized industries and agriculture regularly face resource inadequacies, such as limited access to healthcare and difficulty adapting to technology, which affect workplace well-being. Inadequate working conditions and health problems could decrease workplace well-being. Not only physical health but also mental health plays an important role in developing workplace well-being. Mental well-being, which can be affected by work overload and stress, can affect focus and decision-making. Specifically, working women from rural areas often face socioeconomic hurdles and role struggles that affect their workplace well-being. A holistic approach that integrates health and workplace support is especially needed to support rural women's workplace well-being. Workplace well-being includes providing access to healthcare and fostering a supportive work environment. Prioritizing workplace well-being can improve job satisfaction, increase job retention, and boost overall productivity.

2.4. Hypotheses Development

The objectives of the study are to examine the mediating Effect of job satisfaction on occupational health and workplace well-being among rural working women in India. Specifically, the study hypothesizes that occupational health improves workplace well-being. International Labour Organization [14] stated that poor occupational health environments affect employees' performance. Witt et al. [28] reported a significant positive correlation between occupational health and organizational outcomes in rural areas. Grossman [11] found that positive occupational health status among rural women enhances their productivity, thereby contributing to workplace well-being. These findings provide support for the following hypothesis:

- **H1:** Occupational health positively affects workplace well-being among rural women.

Prior research shows occupational health significantly impacts job satisfaction, especially in rural settings. A safe, healthy work environment boosts psychological comfort and the work experience. The International Labour Organization [14] notes that poor occupational health reduces performance and well-being, thereby lowering job satisfaction. Improved health and safety measures foster security and support, enhancing work attitudes. Studies link better occupational health to improved employee satisfaction [28]; [11]. In the rural workplace, women's occupational health matters because the work is physically demanding and healthcare access is limited. As per the above discussion, the following hypothesis is proposed:

- **H2:** Occupational health positively impacts job satisfaction among rural women.

Previous research indicates that job satisfaction increases workplace well-being, particularly in difficult work environments. More satisfied workers are more committed, engaged and motivated, leading to better performance [14]. Job dissatisfaction reduces efficiency and increases turnover. Prior literature has shown that job satisfaction directly affects the workplace environment and effectiveness [9]; [3]. According to Herzberg's [13] Two-Factor Theory, recognition and a supportive environment enhance workplace performance and well-being. Among rural women workers, job satisfaction is more important for achieving workplace well-being. As per the above discussion, the following hypothesis is proposed:

- **H3:** Job satisfaction impacts workplace well-being among rural women workers.

Past literature has shown that job satisfaction plays a key mediating role in the relationship between occupational health and workplace outcomes [23]; [5]. Favorable occupational health conditions increase workers' job satisfaction and well-being, leading to greater motivation, engagement and workplace productivity. For rural women workers, job satisfaction is crucial due to high occupational challenges and limited resources. Improved health conditions directly support work capacity and, indirectly, enhance productivity through increased satisfaction. Job satisfaction mediates the relationship between occupational

health and workplace productivity among rural women workers: Improved occupational health enhances job satisfaction, thereby increasing productivity (Figure 1). These findings provide support for the following hypothesis:

- **H4:** Job satisfaction mediates the relationship between Occupational health and workplace Productivity.

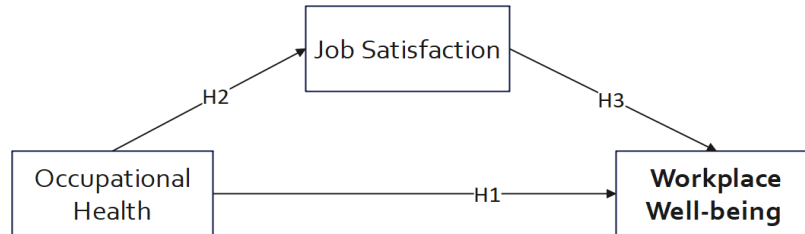


Figure 1: Proposed research model

3. Research Methodology

The research used an explanatory quantitative design to collect primary data to examine the proposed hypotheses. The target population comprised rural working women engaged in labor work, such as construction workers, hotel workers, garment workers and sanitary workers, across rural areas in Tamil Nadu. Because of the diverse rural landscape, the wide range of occupational settings, and women's substantial participation in these employment sectors, Tamil Nadu was selected as the sample area. This selection supports a better understanding of the proposed relationships across workplace environments and the generalizability of the findings. Data were collected from working women in sectors such as construction, hotels, sanitation and garments. The judgmental sampling technique was used to include participants with relevant characteristics. This method was chosen for its cost-effectiveness, flexibility and efficiency, allowing targeted participant selection and facilitating a more adequate understanding of the research variables. The Primary data collection instrument was a self-made structured questionnaire. Field investigators interviewed the participants and completed the questionnaire, which consisted of well-organized statements with predefined response options.

The instrument was divided into two sections: Demographic information and another section measuring perceptions related to the study variables. The measurement scales used in the conceptual model were adapted from established prior studies. All items were assessed using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale for assessing Occupational health consists of three dimensions, such as physical health, workplace safety, and access to healthcare, and was based on the previous work of DeJoy et al. [7] and included 9 measurement items. Job satisfaction was evaluated using an adapted scale from Morgan et al. [20], comprising five measurement items. Workplace well-being was measured with a scale adapted from Koopmans et al. [17] and comprised 9 items assessing work efficiency, work quality and work consistency. Following data collection, 328 valid responses were obtained and deemed suitable for analysis. The data were subsequently cleaned, coded, and analyzed using multivariate statistical techniques in SPSS. The analytical procedures included descriptive statistics, reliability analysis using Cronbach's alpha, confirmatory factor analysis (CFA), and structural equation modeling (SEM) to test the proposed relationships. The socio-demographic characteristics showed that most respondents were in the 31-40 age group (28%) and were supervisory-level employees (38.4%). The West Zone (25.6%) and the education sector (25%) had the highest representation.

4. Results

Table 1 shows the findings of the reliability and convergent validity assessment of the constructs. The findings indicate that the constructs used in this study demonstrate acceptable reliability and validity. The results show that Cronbach's alphas range from 0.759 to 0.872, exceeding the recommended threshold of 0.70 and confirming strong internal consistency among the measurement items for the research constructs.

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

Similarly, the composite reliability (CR) values range from 0.792 to 0.898 and meet the acceptable level of 0.70, confirming adequate construct reliability. Furthermore, the average variance extracted (AVE) values range from 0.561 to 0.721, all exceeding the recommended threshold of 0.50, indicating adequate convergent validity (Table 2).

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
Job Satisfaction	0.759	0.792	0.620
Workplace Well-being	0.872	0.898	0.721

These results confirm that the measurement model demonstrated satisfactory reliability and convergent validity, suggesting that the indicator adequately represent their respective constructs: Occupational health, job satisfaction and workplace well-being. 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	JS	WP
Occupational Health (OH)	0.749	-	-
Job Satisfaction (JS)	0.523	0.787	-
Workplace Productivity (WP)	0.132	0.324	0.849

According to the criterion, the diagonal values should be greater than the correlations with other constructs to confirm discriminant validity. The diagonal values for occupational health (0.749), Job satisfaction (0.787), and workplace well-being (0.849) 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 occupational health, job satisfaction and well-being demonstrated adequate discriminant validity, indicating that each construct is distinct and measures different concepts within the model (Table 4).

Table 4: Path coefficients

Constructs Relationship	Path Coefficients
Occupation Health → Workplace well-being	0.285
Occupation Health → Job satisfaction	0.492
Job satisfaction → Workplace well-being	0.372

The structural model results support all the proposed hypotheses. H1 posits that occupational health significantly influences workplace well-being, and the results confirm this relationship ($\beta = 0.285$), indicating that occupational health conditions are associated with greater productivity among rural women. H2 proposed that poor occupational health influences job satisfaction;

findings support this hypothesis ($\beta = 0.492$), implying that individuals with better occupational health conditions have higher job satisfaction. H3 suggests that job satisfaction positively influences workplace well-being. The path coefficient ($\beta = 0.372$) supports H3, suggesting that high job satisfaction may increase workplace well-being (Figure 2).

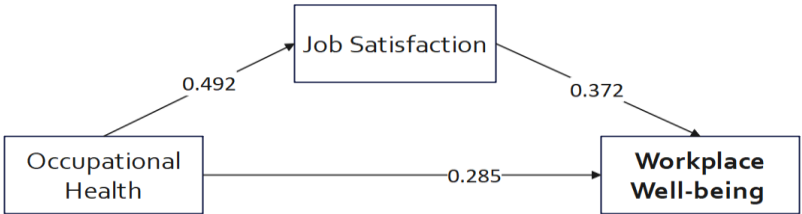


Figure 2: Structural model

The mediation analysis examined the mediating role of work stress in the relationship between occupational health and workplace well-being. The results indicate that the indirect Effect of OH→JS on WP is 0.183, suggesting that job satisfaction partially mediates the relationship between occupational health and workplace well-being (Table 5).

Table 5: Mediation analysis

Paths	Total Ind. Effect (a)*(b)	Total Effect (a*b+c)	VAF	Result
OH→JS→WP	0.183	0.468	39.1 %	Partial Mediation

While occupational health has a positive direct effect on WP ($\beta = 0.183$), its indirect Effect through Job satisfaction is negative ($\beta = -0.170$). This indicates that although better occupational health directly enhances productivity, it also increases job satisfaction, which, in turn, improves workplace well-being.

4.1. Discussion

The research examines the relationships among occupational health, job satisfaction and workplace well-being. Occupational health and job satisfaction positively influence workplace well-being. These results confirm that OH plays a significant role in enhancing workplace well-being outcomes. The direct association between occupational health and workplace well-being (H1) indicates that improved OH conditions suggestively enhance workplace well-being among rural women. This finding aligns with prior research suggesting that better physical well-being, access to healthcare, and safer working environments could contribute to higher efficiency and workplace well-being. Healthy workers are better able to maintain job security, reduce turnover and maintain consistent performance [28]. Second, the results support the positive relationship between occupational health and job satisfaction (H2), showing that OH influences job satisfaction levels. The path coefficient results suggest that, even as OH improves, it does not affect their physical and mental health. These results reflect the reality of rural working women's employment context, where improved occupational health positively affects job satisfaction. The positive relationship between job satisfaction and workplace well-being (H3) confirms that higher job satisfaction is associated with better workplace performance. These results align with prior literature, which emphasizes that high-level job satisfaction leads to concentration, job likelihood and job involvement. Among rural working women, who regularly balance occupational and job satisfaction, this could significantly limit their productivity and overall well-being. This study's main contribution is the mediating results, which show that job satisfaction partially mediates the relationship between OH and workplace well-being. When OH has a positive direct effect on workplace well-being, its indirect Effect through job satisfaction is also positive, indicating that OH influences PR in part. Hence, the results highlight the importance of occupational dynamics among rural working women, suggesting that improvements in occupational health conditions alone are insufficient to achieve high-level workplace well-being; job satisfaction is also necessary.

4.1.1. Theoretical and Practical Implications

From a theoretical perspective, the results contribute to the extensive body of knowledge on occupational health and workforce well-being by highlighting the importance of occupational health and job satisfaction as key driving factors of workplace well-being among rural employed women. The path coefficient results demonstrated that OH directly and positively affects workplace well-being, and that job satisfaction exerts a significant positive effect. This outcome supports behavioral and organizational theories, which emphasize the vital roles of both physical and psychological factors as underlying mechanisms

that influence individual performance. Secondly, the study extends existing frameworks by adding job satisfaction as a mediator, revealing a partial mediating effect. The mediation analysis indicates that OC affects workplace well-being and indirectly influences it through higher job satisfaction, which in turn increases workplace productivity. In practical terms, the results have vital implications for rural development stakeholders, organizations and policymakers. To improve workplace well-being among rural working women, it is more important to enhance occupational health by establishing safer work-environment provisions and promoting safety and health practices. Improving physical working conditions alone may not be enough to achieve high workplace well-being. The results clearly indicate that job satisfaction makes a critical contribution to shaping workplace well-being outcomes. By integrating better stress-management practices with occupational health initiatives, organizations can achieve better workplace well-being outcomes. Local institutions and government agencies should develop targeted programs, such as health camps, awareness campaigns, regular medical check-ups, and ergonomic training, to address both occupational and psychological well-being. By improving access to institutional support, including self-help groups, cooperatives and social networks, stress levels could be reduced and overall workplace well-being enhanced. Improving working conditions alone, without addressing job satisfaction-related factors, may limit the overall effectiveness of such an intervention. So, investments in occupational health infrastructure, along with policies to increase job satisfaction, could lead to sustainable improvements in well-being and quality of life.

5. Conclusion

This research analyzed the impact of occupational health on workplace well-being among rural employed women, examining the mediating role of job satisfaction. The results revealed that OH has a significant positive direct influence on workplace well-being and job satisfaction, indicating that improved health conditions, access to healthcare and safer work environments contribute positively to work performance outcomes and may also influence job satisfaction. Job satisfaction positively influences workplace well-being. The mediating analysis shows that JS partially mediates the relationship between occupational health and workplace well-being. While OH directly enhances workplace well-being, its indirect Effect through job satisfaction further increases it, suggesting that increased job involvement and participation associated with occupational conditions may raise satisfaction. The study has certain limitations. The results are based on data collected from rural employed women in a specific regional context, which may limit their generalizability. The study used a cross-sectional design, which limits its ability to establish causal relationships among variables. This study focuses on only a few variables; future research could include additional factors, such as organizational support, workplace policies, social support systems and economic conditions, that might influence occupational health and productivity. Future research could address these limitations by adopting a longitudinal research design to better capture causal relationships over time. Future studies could explore mediating and moderating variables, such as work-life balance and organizational support, to better understand productivity among rural women.

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

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

Funding Statement: The authors confirm that this research and manuscript preparation were completed without any external financial support, grants, or sponsorship.

Conflicts of Interest Statement: The authors declare that they have no financial, professional, personal, or competing interests related to the publication of this research paper.

Ethics and Consent Statement: The authors confirm that the study was conducted in accordance with established ethical guidelines, with informed consent obtained from all participants and appropriate measures taken to maintain confidentiality and privacy.

References

1. R. M. Agbola, "Impact of health and safety management on employee safety at the Ghana Ports and Harbour Authority," *Developing Country Studies*, vol. 2, no. 9, pp. 156–167, 2012.
2. L. H. Aiken, S. P. Clarke, D. M. Sloane, J. A. Sochalski, R. Busse, H. Clarke, P. Giovannetti, J. Hunt, A. M. Rafferty, and J. Shamian, "Nurses' reports on hospital care in five countries," *Health Affairs*, vol. 20, no. 3, pp. 43–53, 2001.
3. L. H. Aiken, C. Cerón, M. Simonetti, E. T. Lake, A. Galiano, A. Garbarini, P. Soto, D. Bravo, and H. L. Smith, "Hospital nurse staffing and patient outcomes," *Revista Médica Clínica Las Condes*, vol. 29, no. 3, pp. 322–327, 2018.

4. M. Armstrong, "Essential Human Resource Management Practice: A Guide to People Management," *Kogan Page Publishers*, London, United Kingdom, 2010.
5. A. B. Bakker and E. Demerouti, "The Job Demands–Resources model: State of the art," *Journal of Managerial Psychology*, vol. 22, no. 3, pp. 309–328, 2007.
6. P. Dasgupta, V. Dayal, R. Dasgupta, K. L. Ebi, C. Heaviside, W. Joe, R. K. Kolli, M. K. Mehra, A. Mishra, and P. Raghav, "Responding to heat-related health risks: The urgency of an equipoise between emergency and equity," *The Lancet Planetary Health*, vol. 8, no. 11, pp. e933–e936, 2024.
7. D. M. DeJoy, M. G. Wilson, R. J. Vandenberg, A. L. McGrath-Higgins, and C. S. Griffin-Blake, "Assessing the impact of healthy work organization intervention," *Journal of Occupational and Organizational Psychology*, vol. 83, no. 1, pp. 139–165, 2010.
8. A. M. Donoghue, "Occupational health hazards in mining: An overview," *Occupational Medicine*, vol. 54, no. 5, pp. 283–289, 2004.
9. K. Fassoulis and N. Alexopoulos, "The workplace as a factor of job satisfaction and productivity: A case study of administrative personnel at the University of Athens," *Journal of Facilities Management*, vol. 13, no. 4, pp. 332–349, 2015.
10. P. Gbadago, S. N. Amedome, and B. Q. Honyenuga, "The impact of occupational health and safety measures on employee performance at the South Tongu District Hospital," *Global Journal of Medical Research*, vol. 17, no. 5, pp. 13–19, 2017.
11. M. Grossman, "On the Concept of Health Capital and the Demand for Health," *Journal of Political Economy*, vol. 80, no. 2, pp. 223–255, 1972.
12. S. A. Gyekye, "Workers' perceptions of workplace safety and job satisfaction," *International Journal of Occupational Safety and Ergonomics*, vol. 11, no. 3, pp. 291–302, 2005.
13. F. Herzberg, "The Motivation to Work," *Routledge*, England, United Kingdom, 2017.
14. International Labour Office, "Safety and Health and the Use of Machinery," *International Labour Office*, Geneva, Switzerland, 2013.
15. P. Katsuro, C. T. Gadzirayi, M. Taruwona, and S. Mupararano, "Impact of occupational health and safety on worker productivity: A case of Zimbabwe food industry," *African Journal of Business Management*, vol. 4, no. 13, pp. 2644–2655, 2010.
16. R. Kaynak, A. T. Toklu, M. Elci, and I. T. Toklu, "Effects of occupational health and safety practices on organizational commitment, work alienation, and job performance: Using the PLS-SEM approach," *International Journal of Business and Management*, vol. 11, no. 5, pp. 146–166, 2016.
17. L. Koopmans, C. M. Bernaards, V. H. Hildebrandt, H. C. W. de Vet, and A. J. van der Beek, "Measuring individual work performance: Identifying and selecting indicators," *Work*, vol. 48, no. 2, pp. 229–238, 2014.
18. M. Malik, S. Padder, S. Kumari, and H. Burhanullah, "Mental health burden and burnout in correctional workers," in *Correctional Facilities and Correctional Treatment: International Perspectives*, *IntechOpen*, London, United Kingdom, 2023.
19. S. Mishra, D. Bhagat, and S. Borah, "Ergonomic studies on occupational health of women workers involved in agricultural industries: A systematic review," *Research on World Agricultural Economy*, vol. 5, no. 4, pp. 110–127, 2024.
20. M. O. Morgan, W. Emu, C. Amadi, E. E. Okon, and P. Njama, "The mediating effect of job satisfaction on health and safety policy management and employee productivity in manufacturing firms," *Problems and Perspectives in Management*, vol. 19, no. 2, pp. 104–117, 2021.
21. J. W. Mwangi and E. Waiganjo, "Influence of occupational health and safety on employees' performance in the flower industry in Kenya: A case study of Penta Flowers Limited, Thika Sub County," *The Strategic Journal of Business and Change Management*, vol. 4, no. 3, pp. 191–208, 2017.
22. N. Nnaji-Ihedinmah and K. E. Ugwu, "Evaluating occupational health and safety management in selected plastic manufacturing organisations in Awka Metropolis Nigeria," *Management Studies and Economic Systems*, vol. 3, no. 1, pp. 23–33, 2016.
23. D. Pramestuti and D. H. Perkasa, "The effect of work stress, work environment, and occupational health and safety on employee productivity," in *Proc. Int. Conf. Environmental and Technology of Law, Business and Education on Post Covid-19 (ICETLAWBE)*, Bandar Lampung, Indonesia, 2020.
24. A. Saint-Martin, H. Inanc, and C. Prinz, "Job Quality, Health and Productivity: An Evidence-Based Framework for Analysis," in *OECD Social, Employment and Migration Working Papers*, No. 221, *OECD Publishing*, Paris, France, 2018.
25. F. Sembe and A. Ayuo, "Effect of selected occupational health and safety management practices on job satisfaction of employees in university campuses in Nakuru Town, Kenya," *Journal of Human Resource Management*, vol. 5, no. 5, pp. 70–77, 2017.
26. I. G. Timofeiov-Tudose and C. Măirean, "Workplace humour, compassion, and professional quality of life among medical staff," *European Journal of Psychotraumatology*, vol. 14, no. 1, pp. 1–9, 2023.

27. J. K. Wachter and P. L. Yorio, "A system of safety management practices and worker engagement for reducing and preventing accidents: An empirical and theoretical investigation," *Accident Analysis and Prevention*, vol. 68, no. 7, pp. 117–130, 2014.
28. C. D. Witt, D. B. Reed, M. K. Rayens, and S. Hunsucker, "Predictors of job satisfaction in female farmers aged 50 and over: Implications for occupational health nurses," *Workplace Health & Safety*, vol. 68, no. 11, pp. 526–532, 2020.
29. R. M. Yusuf, A. Eliyana, and O. N. Sari, "The influence of occupational safety and health on performance with job satisfaction as intervening variables (Study on the production employees in PT. Mahakarya Rotanindo, Gresik)," *American Journal of Economics*, vol. 6, no. 1, pp. 136–140, 2012.

Publisher's Note: The publisher remains impartial concerning jurisdictional claims in published maps and institutional affiliations. Responsibility for the content rests entirely with the authors and does not necessarily reflect the publisher's perspectives.