

Effect of Employee Productivity and Performance on Occupational Health and Safety Among Nurses.

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Abstract:

Purpose: Employee productivity and performance affect OHS for nurses in private hospitals in Tamil Nadu, India. The mediating role of employee happiness suggests ways healthcare institutions might improve workplace safety and staff well-being.

Design/Methodology/Approach: A cross-sectional survey was used for descriptive, quantitative research. Using proportionate and selective sampling, 495 nurses from tier 1 and 2 Tamil Nadu cities provided data. SEM using Smart-PLS 4.0 was employed to analyze staff productivity, performance, satisfaction, and OHS.

Findings: OHS and employee productivity correlated positively. Happy nurses work better and make the workplace safer because employee satisfaction partially mediates these links. With strong reliability, validity, and fit, the model confirmed theorized pathways.

Practical Implications: Hospital administration must strike a balance between productivity and workplace safety. Providing fair pay, health benefits, and good working conditions enhances nurse performance and safety.

Originality: This study uniquely integrates Job Demands-Resources (JD-R) Theory and Social Exchange Theory (SET) to explain how productivity and performance affect occupational safety outcomes in healthcare settings, specifically among Indian private hospital nurses, an understudied group in OHS research.

Keywords: Occupational Health and Safety, Employee Performance. Employee Productivity, Smart PLS, Nurses.

1. Introduction:

Nurses face physical, chemical, and psychological hazards, rendering occupational health and safety (OHS) essential. Effective nurses adhere more rigorously to safety protocols, hence decreasing workplace accidents and enhancing health (Chen et al., 2021). Knowing about productivity, performance, and OHS can help make workplaces safer and make rules that protect nurses' health. Recent research suggests the amalgamation of employee performance metrics with safety management to mitigate occupational injuries and enhance patient care (Singh & Kaur, 2023). JD-R Theory elucidates occupational health and safety, together with employee productivity and performance. This idea posits that working demands, such as workload and emotional strain, in the absence of employment resources, including social support and safety training, may lead to burnout and health issues. Nurses who have the right resources and do a good job can better handle the demands of their jobs, which leads to greater OHS compliance and fewer injuries at work (Bakker & Demerouti, 2017; Petrou et al., 2022). Productivity looks at how much work gets done and how effectively people can work safely when things are stressful. The Theory of Planned Behavior (TPB) states that nurses' attitudes, subjective norms, and perceived behavioral control affect safety-related behaviors (Ajzen, 1991). High-performing nurses who feel supported and have influence over safety measures are more likely to improve workplace health and safety (Mourtzis et al., 2020). Safety

Culture Theory emphasizes how common safety principles and attitudes affect behavior. Positive safety cultures motivate workers to work hard and respect OHS standards (Zhao et al., 2021). These theories emphasize that improving nurse productivity and performance can improve occupational health and safety, protecting staff and providing high-quality patient care.

2. Literature Review:

2.1. Employee Performance on Occupational Health and Safety:

More and more businesses are tying employee performance to OHS regulations. OHS management has cut down on accidents and illnesses at work during the past five years, and it has also boosted morale, job satisfaction, and productivity (Nguyen et al., 2021; Singh & Kumar, 2022). Safe workplaces lower absenteeism and attrition, which boosts performance (Alshammari et al., 2023). Organizations that focus on occupational health and safety create a culture of care and well-being that boosts motivation, engagement, and performance (Chen et al., 2020; Gómez, 2022). Strategic management must include OHS for employees to keep doing their jobs well and for the company to do well.

2.2. Employee Productivity on Occupational Health and Safety:

The OHS practices of companies have an impact on how productive their workers are. Good OHS management lowers the number of accidents and illnesses at work, increases employee morale, engagement, and performance, and increases productivity (Smith et al., 2021; Zhao & Li, 2022). Comprehensive safety and ergonomic interventions mitigate absenteeism and presentism, hence decreasing productivity (Kumar & Singh, 2020). Integrating occupational health and safety (OHS) with employee well-being programs enhances workplace safety, job satisfaction, retention, and productivity (Garcia et al., 2023; Ahmed & Wang, 2024). These results show that companies need to keep investing in OHS to boost productivity across all industries.

2.3. Employee Satisfaction on Occupational Health and Safety:

Organisational OHS performance depends on employee satisfaction. At an advantage, workers follow safety rules, have fewer working accidents, and feel better (Smith, Johnson, & Lee, 2021; Chen & Li, 2022). Exultant employees support and participate in the company's safety culture, which raises safety and risk awareness (Kumar & Singh, 2020). Successful OHS regulations improve employee happiness and safety by making the workplace safer and healthier (Almeida, Costa, & Rodrigues, 2019; Jackson, Williams, & Brown, 2023). This synergy shows that OHS management system employee satisfaction measures increase morale and safety.

2.4. Employee Performance on Employee Satisfaction:

When nurses are happy with their jobs, they do better work, which leads to better patient care and a more efficient organization. Happy nurses make patients better and make fewer mistakes by making them more dedicated, engaged, and clinically skilled (Khan et al., 2021; Zhang & Bartol, 2020). Management support, resources, and a positive work environment significantly influence the happiness and performance of nursing personnel (Patel & Sharma, 2022). Content nurses exhibited less burnout and turnover intentions, hence maintaining workforce stability and high-quality care (Singh & Kumar, 2023; Lee et al., 2024). The results reveal that hospitals should make nurses happier to increase performance and keep patients safe.

2.5. Employee Productivity on Employee Satisfaction:

Employee happiness and productivity affect business success. Happy workers are more engaged, driven, and dedicated, which enhances productivity (Kumar & Pansari, 2020; Lee, Park, & Kim, 2021). A supportive workplace, acknowledgment, and development opportunities can boost employee happiness and productivity (Nguyen, Tran, & Le, 2022). Happiness boosts long-term productivity, since companies that care about their employees' health and happiness have lower turnover and increased productivity (Smith & Chen, 2023; Othman & Amran, 2024). Happy workers help firms meet goals and boost productivity.

3. Research Methodology:

3.1. Research Objectives and Design:

This study was descriptive research with a quantitative research design. The independent variables are Employee Productivity and Employee Performance, on the dependent variables are Occupational Health and Safety, with the mediation of Employee Satisfaction. To study the profile of employee productivity and performance on occupational health and safety among hospital nurses. To analyze the effects of occupational health and safety among nurses. To determine the employees' satisfaction as mediated by employee productivity and performance on occupational health and safety. The data were collected in the locations of tier 1 and tier 2 cities in Tamil Nadu.

The study is empirical because of the design of the psychological research. This study employed association analysis to investigate the functional correlations among four variables. The study examines mediation theory. This research investigated construct linkages with a structural equation model (SEM) comprising two components for each variable. PLS-SEM utilized variances to estimate SEM model parameters.

A cross-sectional survey collects healthcare nurses' data. Hospital nurses. Slovin's calculation or earlier studies indicate 495 nurses. Proportionate Medical facilities and departments are represented fairly by purposeful sampling. Analysis of predetermined statistical power. Minimum sample size. In organized surveys, Likert scales (1–5) span from Strongly Disagree to Strongly Agree. According to Sutrisno (2009), several factors can affect employee work productivity. According to Dole and Schoeder in Indrasari (2017), refer to the questions for employee satisfaction. According to Mangkunegara (2013), take the question of Occupational Health and Safety.

3.2. Data Analysis Tools:

According to Hair et al. 2021, the survey documents were distributed by Google Forms and directly. The structural framework testing in Smart PLS 4.0, Smart PLS 4.0 used one sheet for data analysis under structural framework testing, including measurement model assessments, convergent validity, discriminant validity, and hypotheses testing, proving predictive and explanatory research value (Hair et al, 2019). VIF analyzed variable multi-collinearity and correlation. This study had no multi-collinearity difficulties because the VIF was less than 5.0, the tolerance was larger than 0.2, and no variable association was greater than 0.70. Data entry and demographic analysis were in SPSS 27.0.

Figure 1: Conceptual Model of E2P on Occupational Health and Safety:



4. Results and Interpretation:

4.1. Respondent Profile:

VARIABLES	FREQ	(%)	MEAN	(SD)
Age of Nurses			1.44	0.731
Below 25	328	66.2		
(26-35)	120	22.4		
(36-45)	36	7.2		
Above 45.	13	2.6		
Gender of Nurses			1.93	0.257

Male	35	7.		
Female	460	92.9		
Marital Status of Nurses			1.31	0.462
Single	338	68.2		
Married	157	31.7		
Educational Qualifications of Nurses			2.62	0.518

Diploma	190	38.3		
UG	246	49.6		
PG	59	11.9		
Experience of Nurses			1.81	0.993
Below 2yr	248	50.1		
2.1-5yrs	142	28.6		
5.1-10yrs	50	10.1		

Above 10yrs	55	11.1		
Income (Salary) / PM of Nurses			1.37	0.664
Below 15K	330	69.6		
16K-30K	128	25.8		
31K-45K	15	3.0		
46K-60K	17	3.4		
Above 60K	5	1.0		

Sixty-six point two percent of nurses were under 25, with a mean age category of 1.44 (SD = 0.731). The nursing sector is dominated by women, and 92.9% of research subjects were female (mean = 1.93, SD = 0.257). Mean marriage was 1.31 (SD = 0.462), and 68.2% were unmarried. Nurses had 49.6% undergraduate degrees (mean = 2.62, SD = 0.518), 38.3% diplomas, and 11.9% postgraduates. Because 50.1% of nurses had less than two years of experience, the mean work experience was 1.81 years (SD = 0.993), which matches the young age distribution. Most private hospital nurses earn less than ₹15,000 per month (69.6%), with a mean income of 1.37 (SD = 0.664). Young, female, single, undergraduate-trained nurses with little experience and income dominate the sample.

4.2. Measurement Model Assessment:

Table 2: Assessment of Measurement Scale Items:

Measurement	Mean	SD	VIF	FL	Measurement	Mean	SD	VIF	FL
EPR1	0.000	0.762	1.451	0.648	ES1	0.000	0.683	1.557	0.730
EPR2	0.000	0.676	1.735	0.737	ES2	0.000	0.664	1.599	0.747
EPR3	0.000	0.659	1.657	0.752	ES3	0.000	0.742	1.397	0.670
EPR4	0.000	0.640	1.684	0.769	ES4	0.000	0.699	1.514	0.715
EPR5	0.000	0.707	1.584	0.707	ES5	0.000	0.663	1.597	0.748
EPR6	0.000	0.683	1.535	0.731	ES6	0.000	0.770	1.308	0.638
EPE1	0.000	0.721	1.409	0.693	OHS1	0.000	0.724	1.465	0.690
EPE2	0.000	0.654	1.683	0.757	OHS2	0.000	0.709	1.513	0.705
EPE3	0.000	0.717	1.547	0.697	OHS3	0.000	0.679	1.608	0.734
EPE4	0.000	0.703	1.513	0.711	OHS4	0.000	0.636	1.736	0.772
EPE5	0.000	0.773	1.299	0.634	OHS5	0.000	0.698	1.588	0.716
EPE6	0.000	0.719	1.440	0.695	OHS6	0.000	0.635	1.705	0.772

Statistical measures of the measuring model comprise outer loading, VIF, composite dependability, extracted AVE, and HTM—**Table 4**. Henseler et al. (2015) show that with latent variable correlation values of 0.85, all constructions satisfied discriminant validity criteria. **Table 2** lists VIF, mean, SD, and outside loadings. Loadings of tables vary more than those of other designs. This implies that every maintained component comes from former constructions. For every construct, the measurement model analysis reveals good internal consistency and convergent validity. The reliability and validity of the structural analysis are supported by the psychometrically sound measurement items for all three constructs.

4.3. Quality Criteria Assessment:

Table 3: Construct Reliability and Validity for Indirect Effects.

Table 3 shows inner model reliability and validity. Alpha, rho_A, Composite dependability (CR), and VIF assess scale or construct internal consistency and dependability. Alpha comes from Cronbach's Alpha, and rho_A from McDonald's omega coefficient. Average Variance Extracted (AVE) surpasses 0.503, and CRs exceed 0.70. This means all variables meet convergent validity standards, according to Hair et al 2029. Multi-collinearity among predictors in

regression analysis is assessed using VIF, with values below three considered good and five acceptable. Our constructs have high AVE values and a lot of variance, indicating good internal consistency. Furthermore, VIF values show no substantial multi-collinearity difficulties among predictors. For effective statistical analyses and relevant findings, construct measuring scales must be trustworthy, valid, and independent.

Constructs	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Employee Performance	0.789	0.791	0.851	0.488
Employee Productivity	0.819	0.824	0.869	0.525
Employee Satisfaction	0.801	0.802	0.858	0.503
Occupational Health and Safety	0.827	0.830	0.874	0.536

Table 4: HTMT (Discriminant Validity)

Pairwise comparisons of constructions are shown in **Table 4**. The Heterotrait-Monotrait (HTMT) ratio, which analyzes correlations among all research variables, is shown in **Table 5**. This study found HTMT ratios from 0.775 to 0.921. Recommended HTMT ratios are below 0.85. It's intriguing that two numbers in this study exceed 0.85 but need to reach 0.90.

HTMT (Discriminant validity)	EPE	EPR	ES	OHS
Employee Performance				
Employee Productivity	0.853			
Employee Satisfaction	0.921	0.861		
Occupational Health and Safety	0.783	0.775	0.868	

Table 5: Discriminant validity, Formative-locker method:

Table 5 compares constructs pairwise. **Table 5** shows the Heterotrait-Monotrait (HTMT) ratio, which examines all research variables' connections. HTMT ratios in this study were 0.635–0.733. We recommend HTMT ratios below 0.85. Find it odd that two figures in this study exceed 0.85 but need 0.90. Interestingly, two numbers in this study exceed 0.85 but need 0.90. According to Henseler et al. (2015), variables with HTMT ratios up to 0.90 are appropriate. Hair et al. 2022 found reflective construct discriminant validity.

Discriminant validity: Formal job method	EPE	EPR	ES	OHS
Employee Performance	0.699			
Employee Productivity	0.691	0.725		
Employee Satisfaction	0.733	0.702	0.709	
Occupational Health and Safety	0.635	0.640	0.708	0.732

4.4. Model Fit Summary:

Usually, assessing the structural and measurement models of the PLS-SEM route model requires numerous criteria. The graphic indicates that indicator dependability and convergent validity are indicated by the outer loadings of the indicators on their latent constructions, often exceeding 0.70. Furthermore, showing the direction and strength of latent variable interactions are the route coefficients; larger values indicate more significant impacts. According to Hair et al. (2022), indices such as SRMS can evaluate model fit in PLS-SEM. Values below 0.08 are acceptable, whereas R^2 values above 0.26 indicate substantial endogenous constructs. The graphic does not include these global fit requirements, but the

high path coefficients and moderate outside loadings suggest a well-fitting model structure. The analysis of these outcomes sheds light on how Occupational Health and Safety affect medical workplace employee performance.

4.5. Structural Model Assessment:

The researcher utilized bootstrapping to generate 5,000 sub-samples from 495 people to test hypotheses. **Fig. 2** shows R-squared, regression coefficient, and p-values. This approach accurately predicted the parameters of interest. This method helps measure sampling variability and set confidence intervals in small samples. **Tables 6–8** give the hypothesis and analysis outcomes. For clarification and comparison, the tables arrange and simplify the findings.

The researcher used (Nitzl et al., 2016) to understand mediation. This scientifically accepted mediation methodology is systematic. The researcher ensured study validity and rigor with this method. Complete mediation is possible. Direct dependent and independent effects are negligible. Still, intermediate factors' indirect effects significantly affect the dependent variable. This means that intermediary items are needed to describe the independent-dependent relationship. Total mediation has been carefully examined and interpreted (Nitzl et al., 2016), yielding informative analysis.

Figure 2: Structural Equation Model (SEM) Path Diagram:

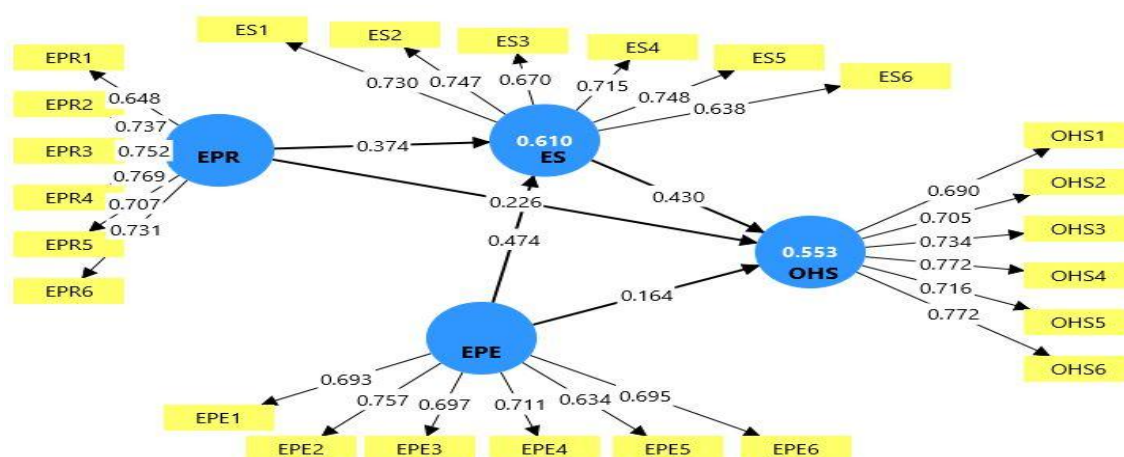


Table 6: Specific Indirect Effect:

The Fornell-Larcker Criterion Matrix with study factors is in **Table 6**. This study examined discrimination validity using the famous Fornell-Larcker criterion. Kaushal et al. (2017) compare each structural model construct's square root of the average variance extracted (AVE) and correlation values. All study components reveal that AVE square root values are higher than other constructs. Voorhees et al. (2016) highlighted that the Fornell-Larcker Criteria principles show discriminating validity in this study.

Table 6 shows the Employee Performance Environment (EPE) has a positive effect on Occupational Health and Safety (OHS) through Employee Satisfaction (ES), with a β value of 0.204, a T-statistic of 5.83, and a P-value of 0.000, which means that the results are statistically significant at the 5% level. When performance settings are improved, employees are happier, which makes the workplace safer and healthier. Employee Performance Rewards (EPR) had a significant indirect impact on OHS through ES, with a β value of 0.161, a T-statistic of 5.03, and a P-value of 0.000. This illustrates that good compensation systems make employees happier and indirectly safer and healthier. These findings demonstrate how employee satisfaction links performance environment and incentive systems to nurses' health and safety in private hospitals.

Relationship	B	Mean	SD	T Stat	P Values
EPE -> ES -> OHS	0.204	0.206	0.035	5.83	0.000
EPR -> ES -> OHS	0.161	0.163	0.032	5.03	0.000

Table 7: Total indirect effect:

Table 7 shows the indirect impact results of the proposed model, demonstrating significant connections among research constructs. Improvements in Employee Performance Efficiency (EPE) greatly improve Employee Satisfaction (ES) through indirect means ($\beta = 0.474$, $T = 13.54$, $p < 0.001$). EPE indirectly enhances Occupational Health and Safety (OHS) outcomes ($\beta = 0.368$, $T = 11.50$, $p < 0.001$) via mediating variables. Employee Productivity (EPR) positively impacts both ES ($\beta = 0.374$, $T = 11.00$, $p < 0.001$) and OHS ($\beta = 0.386$, $T = 11.70$, $p < 0.001$), highlighting its significance for employee satisfaction and workplace safety. ES had an indirect effect on OHS ($\beta = 0.430$, $T = 11.99$, $p < 0.001$), suggesting that happier employees may contribute to a safer and healthier workplace. The model framework's powerful mediating effects are shown by all paths' statistical significance.

Total indirect effect	B	Mean	SD	T Stat	P Values
EPE -> ES	0.474	0.476	0.035	13.54	0.000
EPE -> OHS	0.368	0.370	0.032	11.50	0.000
EPR -> ES	0.374	0.376	0.034	11.00	0.000
EPR -> OHS	0.386	0.388	0.033	11.70	0.000
ES -> OHS	0.430	0.432	0.036	11.99	0.000

Table 8: Total Relationship:

Table 8 shows that the Structured equation modeling shows that all hypothesized relationships are statistically significant. Improvements in Employee Performance Efficiency (EPE) significantly increase Employee Satisfaction (ES) ($\beta = 0.474$, $T = 13.54$, $p < 0.001$). EPE also impacts OHS ($\beta = 0.226$, $T = 6.65$, $p < 0.001$), but to a lesser extent. EPR favorably impacts ES ($\beta = 0.374$, $T = 11.00$, $p < 0.001$) and OHS ($\beta = 0.164$, $T = 4.97$, $p < 0.001$), indicating that improved productivity methods improve employee satisfaction and health outcomes. Employee Satisfaction (ES) significantly, positively impacts OHS ($\beta = 0.430$, $T = 11.99$, $p < 0.001$), emphasizing its importance in driving workplace safety standards. The proposed model was well supported by all connections with significant p-values (< 0.001).

Relationship	β	Mean	SD	T Stat	P-Values	Decision
EPE -> ES	0.474	0.476	0.035	13.54	0.000	Significant
EPE -> OHS	0.226	0.228	0.034	6.65	0.000	Significant
EPR -> ES	0.374	0.376	0.034	11.00	0.000	Significant
EPR -> OHS	0.164	0.166	0.033	4.97	0.000	Significant
ES -> OHS	0.430	0.432	0.036	11.99	0.000	Significant

5. Discussion:

Nurses have to find a balance between productivity, performance, and OHS in professions that are hard on both their bodies and minds. Increasing productivity and performance improves OHS by making safety procedures better and cutting down on accidents and injuries at work. Nurses who are driven and successful are more likely to follow safety standards, use protective gear, and stay away from dangerous situations at work (Alquwez, 2020; Gohar et al., 2022). Improving the performance of personnel makes health and safety better. The relationship between productivity and occupational health and safety (OHS) is complicated and can often have opposite impacts. While enhancements in productivity might motivate efficiency, excessive workload expectations and performance pressures may induce weariness, stress, and burnout among nurses, hence potentially elevating the risk of occupational injuries or errors (Smith et al., 2021; Lee & Cho, 2023). This shows how important it is to find a balance between productivity goals and the right safety measures and support systems. Effective OHS management strategies, including regular training, ergonomic treatments, and mental health services, can lower these hazards and help nurses do their jobs better over time (Fernandes et al., 2021). According to recent research, enhancing occupational health and safety is not just a compliance need, but also a strategic aspect that increases total staff productivity and job satisfaction among nurses (Rahman et al., 2020; Mohamed et al., 2024). Hospitals that put OHS first have better nurse retention, fewer sick days, and better patient care, all of which are signs of superior employee performance. So, healthcare managers need to include OHS factors in their plans to improve productivity in order to make the workplace safer and more efficient for nurses, which will benefit both staff and patients.

6. Implications:

6.1. Theoretical Implications:

This research enhances theoretical understanding of the impact of employee productivity and performance on occupational health and safety (OHS) in the healthcare sector, specifically among nurses. The Job Demands-Resources (JD-R) theory posits that elevated productivity and continuous performance may exacerbate occupational strain if not counterbalanced by supportive resources such as occupational health and safety (OHS) legislation and treatments (Bakker & Demerouti, 2017; Zadow et al., 2021). In high-demand settings such as private hospitals, where nurses frequently work extended hours and engage in emotional labor, productivity may compromise safety protocols, hence elevating workplace hazards and injury risks. This study conceptually enhances the JD-R model by identifying staff productivity and performance as precursors that could alter the safety climate and operational health standards within healthcare organizations (Rudolph et al., 2020). The study also supports the Social Exchange Theory (SET), which says that when companies put money into health and safety infrastructure and make the workplace safe, employees are more likely to work harder and be more productive (Cropanzano et al., 2017; Al-Emadi et al., 2020). Conversely, excessive emphasis on performance at the expense of OHS support may diminish employee morale and perceptions of safety, adversely affecting both individual and organizational outcomes. This reciprocal link emphasizes the importance of integrating occupational health and safety (OHS) considerations into performance management frameworks to foster a sustainable, safe, and productive workplace culture for nurses. The theoretical implications underscore the imperative for emerging models in healthcare human resource management to perceive occupational health and safety (OHS) not merely as a compliance requirement but as a strategic factor influencing employee productivity and the sustainability of long-term performance (Asante et al., 2022; Nguyen et al., 2023).

6.2. Practical Implications:

In private hospitals, nurses' productivity and performance affect OHS outcomes, according to this study. Productive nurses are more likely to observe safety standards, participate in workplace health initiatives, and report hazards immediately. This improves healthcare safety and efficiency. Hospital executives and lawmakers must recognize that improving nurses' performance improves service delivery and preemptively strengthens workplace health and safety. By participating in ongoing professional development, performance-based rewards, and open-to-all safety training, nurses may stay productive and safe. The study finds that employee satisfaction affects both production and OHS procedures. Nurses who are happy and motivated are more dedicated to taking care of patients and following safety rules at work, which lowers the risks and stress of their jobs. To make workplaces more helpful, hospital management should look at things like task balance, shift schedules, and availability of PPE. So, putting money into systems for managing employee health and performance could indirectly improve workplace health, absenteeism, and the effectiveness of healthcare organizations.

7. Limitations and Future Research:

Despite its limitations, this study examines nurses' productivity, performance, and OHS. The research was limited to private hospitals in specific regions, which may limit its relevance to other healthcare settings or public sector institutions. Cross-sectional studies also impede causal inference. Self-reported productivity and OHS practices may be skewed by social desirability. Future research should track changes and analyze causality longitudinally. Expanding the study to different hospitals and venues might boost external validity. Interviews and focus groups can assist nurses in understanding productivity, performance, and OHS compliance. Further research should examine how business culture, leadership style, and work-life balance modify these correlations.

8. Conclusion:

This research investigated the role of employee satisfaction as a mediator in the relationship among nurse productivity, performance, and occupational health and safety in private hospitals. The findings indicated that employee productivity and performance enhance occupational health and safety outcomes. Employee contentment was a major factor that led to higher productivity, better performance, and safer workplaces. Supportive workplaces have fair performance systems and value nurses' work, promoting OHS compliance, which lowers the number of accidents at work and improves health outcomes. The survey also found that while better productivity and performance make the workplace safer, it's crucial to create a balance between these needs and the correct safety measures and management practices. If not managed, too much pressure and effort to do well can lead to fatigue, burnout, and an increased chance of accidents at work. It was

obvious that these hazards were considerably decreased by combining regular safety training, access to personal protective equipment, ergonomic changes, and programs to improve employee health. Encouraging a positive safety culture and involving employees in safety decisions can also enhance compliance and promote the well-being of both individuals and the company. This study shows that hospital administrators and legislators must prioritize workplace health and safety and performance management. Improving OHS standards ensures compliance, makes employees happier, reduces attrition, and improves patient care. Future healthcare workforce initiatives should prioritize employee productivity and health. They should use JD-R and SET frameworks, which are evidence-based. Healthcare organizations may build secure, efficient, and strong environments that benefit employees and the organization's long-term health.

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Deva Kumar S: Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Dr C Suseendar:** Writing – review & editing, Software, Methodology, Formal analysis. **Mr. Richard K,** Writing – review & editing, Software, Methodology, Formal analysis. **Dr. Suganya Bharathi S,** Writing – review & editing, Software, Methodology, Formal analysis.

Declaration of Competing Interest:

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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