

LINKING DECENT WORK, SURVIVAL NEEDS AND WORKFORCE PHYSICAL HEALTH: A PSYCHOLOGY OF WORKING THEORY APPROACH

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Abstract Workers from the unorganised sector are found to suffer severely due to lack of sufficient health-hygiene-safety care. This violates decent working conditions and seems responsible for workers' health illbeing. The Psychology of Working Theory (PWT), in this context, explores the relationship between decent work and physical health outcomes grounded with general health, health symptoms and healthy behaviours. The present study makes a modest effort to examine the relationship between the satisfaction of survival needs achieved from decent work environment and physical health of the workforce where it takes brickfield for its in-depth analysis. The cross-sectional study randomly collected responses from 281 brickfield workers of 30 units across four districts of West Bengal, i.e., Bankura, Purulia, West Midnapore, and Hooghly. The districts were located on the banks of the Darakeswar River and were found significant for their contributions in this respect. In accordance with the PWT, the study examined the satisfaction of survival needs as a mediating factor between decent work environment and workers' physical health outcomes. The study used established scales to obtain its data, e.g., ILO-NIOSH WellBQ and used Structural Equation Modelling (SEM) with AMOS (Version 23). It was detected that a 1% difference in the satisfaction of survival needs would result a 29% change in the physical health of workers. By identifying the elements of decent work, physical health, and workers' survival needs, the study consequently validates the theory of PWT and supports its policy implications.

Keywords: Decent Work, Survival Needs, Physical Health, Brickfield Workers, PWT, SEM

INTRODUCTION

The concept of decent work was proposed by ILO (1999, 2013, 2015, 2020) where the organisation opined in favour of social protection (governance conventions to maintain fundamental principles and rights)¹ and social dialogue (raising 'workers voice' on any relevant issue) at workplace² under the scope of full accessibility and equal treatment in employment for all (Romero, 2019; Litchfield, 2021; Masdonati et al., 2021; Chari et al., 2022; Su & Chan, 2023).

Workplace decent work therefore applauds the concept of 'work-life balance' of workers admiring the complementary relationship between work and health in the way to access their well-being (Blustein et al., 2016; Romero, 2019; Litchfield, 2021). Decent work can, therefore, be the

precondition that a workplace should nurture in order to provide a conducive environment with regular working hours, workplace health-hygiene-safety and support. This can ensure physical health more effectively than that of workers exposed to an unsafe, unsecure and unhealthy indecent work atmosphere (Duffy et al., 2019; 2021).

Connecting with the 'work-health' theory, the Psychology of Working Theory (PWT) (Duffy et al., 2016) can be addressed. Besides uncovering the decent work variables like physical and interpersonal safety, reasonable working hours, workers' value, adequate compensation and access to health care, PWT explores the relationship between decent work and physical health outcomes as grounded with general health, health symptoms and healthy behaviours (Duffy et al., 2016 as cited in Duffy et al., 2021). As per

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¹ Labor Standards and Relations Statistics Division, Philippine Statistics Authority, <https://openstat.psa.gov.ph/>

² <https://www.theglobaldeal.com/>

the theory, decent work helps attaining general well-being comprising of the need for survival [access to food, shelter, and social capital (Blustein, 2006; Duffy et al., 2016)], social contribution [the ability of individuals to help others (Duffy, 2021)] and self-determination [individuals' perceptions of their workplace autonomy, competence, and relatedness (Autin et al., 2019; Duffy et al., 2016, 2019)]. It is thus structured by combining: (i) Workplace Policy and Culture (workplace culture, workplace respect, job recognition, employer trust, superior support, work values, earning satisfaction), (ii) Safety Measures (safety training, work safety resources, safety audit, safety equipment, safety climate) and (iii) Health and Hygiene Practices (safe drinking water, first aid, sanitisation viz. clean toilet and bathroom, clean basin and toilet soap and rest room) at the workplace. Hence, working environment is claimed to be decent depending on the scope of workers to practice non-work health promotion, e.g. ability to afford healthful food, feel safe to exercise outside or afford a gym membership, etc. (Schulz, Krieger & Galea, 2002 as cited in Duffy, 2021). This ultimately strengthens individuals' physical health well-being.

In this regard, though the work-health duo is managed efficiently in organised blue collar jobs, workers belonging to small unorganised sector are usually not familiar with adequate health, hygiene, and safety care which ultimately causes their occupational hazards and thus poor health (Ariza-Montes et al., 2019; Ribeiro et al., 2019; Rantanen et al., 2020; Rajan, 2022; Benavides et al., 2023). Amongst the unorganised sectors, the Brickfield manufacturing is found experiencing acute occupational hazards and work-related injuries mainly due to its inherent hazardous working environment, extreme workload, tough working schedule, heat stress, dust exposure, ergonomic issues, etc. (Pangtey et al., 2004; Das, 2019; Kumari, 2018; Bansal et al., 2022). This exposes the sectoral workers to face morbidity for headache, body aches, problems in vision, cough, breathlessness, hearing loss, stomach and throat cancer, stress, sadness, etc. (Vaidya et al., 2015; Kumari, 2018; Saha et al., 2020; Percy, 2021; Nanjunda & Venugopal, 2022). As per the recently published report of ILO (2023), every year, 2.3 million people around the world used to surrender to work-related accidents or diseases linking with over 6000 deaths every single day (WHO-ILO: WASH 2018–25 Agenda). In this regard, the developing countries are traced to bear more than 80% of the global burden of occupational disease and injury where India is found at high risk (WHO-World Bank, 2007; Das, 2020).

Now, despite having outcomes on the work-health link from the prior research studies (Douglass et al., 2017; Tokar & Kaut, 2018; Duffy et al., 2019; 2020; 2021; Ariza-Montes

et al., 2019; Ribeiro et al., 2019; Rantanen et al., 2020; England et al., 2020), the present study seeks to focus on a question like 'what type of workplace environment has a positive influence on the physical health of workers mainly those attached to the unorganised sector?'

Referring to the previous literature, several studies (Douglass et al., 2017; Duffy et al., 2019; 2020; 2021; England et al., 2020; Tokar & Kaut, 2018) have been found to focus on the predictors of decent work, while others (Pirani & Salvini, 2015; Hessels et al., 2017; Jones et al., 2019; Martins-Silva et al., 2020) have examined the relationship between decent work and the physical health of workers. Only a few studies (Autin et al., 2019; Duffy et al., 2019, 2021) have attempted to examine the outcomes of decent work using the PWT model, and a very limited number (Duffy, 2021) has attempted to find out the mediating effect of the PWT on the relationship between decent work and physical health. But no study, till reviewed, has undertaken its effort on the workers attached with any unorganised sector like brickfield which sometimes is found not to maintain decent work condition.

Keeping in mind the research question and knowledge gap, the study primarily aims at detecting the relationship between decent work and the physical health of workers of brickfield sector considering the mediating role of survival needs under the PWT. More specifically, the study takes its effort to find out the individual relationship between the three decent work components (Workplace Policy and Culture; Safety Measures; and Health and Hygiene Practices) and the fulfilment of survival needs of the brickfield workers.

The study has hence chosen brickfield manufacturing sector of West Bengal (6th largest in India) for an in-depth micro-empirical analysis where its four districts (Bankura, Purulia, West Midnapore and Hooghly) were selected considering sectoral importance.

In the background of the study, four more sections have been framed. In Section 2, it highlights the 'Theoretical Framework and Hypothesis Formation'. In Section 3, the 'Data Collection and Methodology' are addressed, while Section 4, the 'Results and Discussion' part is considered. Section 5 presents the 'Conclusion' of the present study.

THEORETICAL FRAMEWORK AND HYPOTHESIS FORMATION

A healthy and safe physical workplace environment under the purview of a decent work climate confirms a continuous collaboration within the workers and managers to protect and promote their health and well-being (WHO, 2010; Chari et al., 2022). This was firmly endorsed by the ILO when it

announced one of its flagship programmes, 'Safety + Health for All' along with the 'Vision Zero Fund (VZF)' in view to achieving zero fatal cases, injuries and diseases at workplace. Following this initiative, in 2015, the United Nations declared its 2030 Agenda for Sustainable Development Goals where workplace health and well-being of workers were strongly recommended by it with Goal 8 (decent work) [target 8.8 (safe working environment)].

Defining a decent workplace environment, WHO (2010) provides four key areas that influence a healthy workplace, namely: (i) The physical work environment, (ii) The psychosocial work environment, (iii) personal health resources and (iv) enterprise involvement in the community. Therefore, meaningful work with a set of favourable decent work environmental conditions (Workplace Policy and Culture, Safety Measures and Health and Hygiene Practices), positively influences people's holistic well-being including both physical and mental states (Su & Chan, 2023), living conditions, health-safety issues, social justice, equality, etc. (Hoobler et al., 2010; Tomei, 2011; Chant, 2013; Webster et al., 2016; Dich et al., 2019; Dery & Bisung, 2022). This is supported by the 'Psychology of Working Theory' where, through an intermediation of 'survival needs' (basic requirements for living e.g., food, shelter, utilities), an intimate relationship is found established within decent work environment and workers' physical health outcomes (including general physical health, health symptoms, and healthy behaviour) (Duffy, 2021).

In terms of physical health, general physical health is found to be self-reported (Melchior et al., 2003) where it traces 'social support in the workplace' and 'worker autonomy' in the same pace (Duffy, 2021), while 'high job demands', 'excessive work hours' and 'tight deadlines' as in opposite direction (Burdorf & Jansen, 2006; Leitjen et al., 2015). Hence, assurance of availing both the economic and psychological support can recognise a work as 'optimum' which is supposed to be far better than a work providing only a high 'pay scale', i.e., only economic support (Grzywacz & Dooley, 2003). Workers performing in indecent working environment under strict working schedules without ergonomic care have to bear with their health illbeing both mental and physical spheres in different forms (muscular pain, headache, fatigue, cardiovascular problems and insomnia, tiredness, headaches, and musculoskeletal complaints) (Parent-Thirion et al., 2007). Additionally, a stressful physical environment and extended working hours are linked with musculoskeletal disorders (Hakkanen et al., 2001; Duffy, 2021) and other

chronic diseases like blood pressure and cholesterol (Semmer & Meier, 2009), lower back pain (Hoogendoorn et al., 2001), and other physiological, and behavioural diabetes risk factors (Toker et al., 2012; Duffy, 2021). Decent work is found addressing workers' health-promoting behaviour with respect to their healthy eating habits and exercise. Reversely, a stressful working environment forces them to choose unhealthy packet food, skip meals, or to take the meals untimely (Wardle et al., 2000). Moreover, workers under inferior working condition in respect of hour, shift, schedules and job security cannot get themselves free to engage in any physical activity (Mausner-Dorsch & Eaton, 2000; Nomaguchi & Bianchi, 2004; Atkinson et al., 2008; Devine et al., 2009). As a result, they may ultimately suffer from obesity and weight gain (Geliebter et al., 2000, Duffy, 2021).

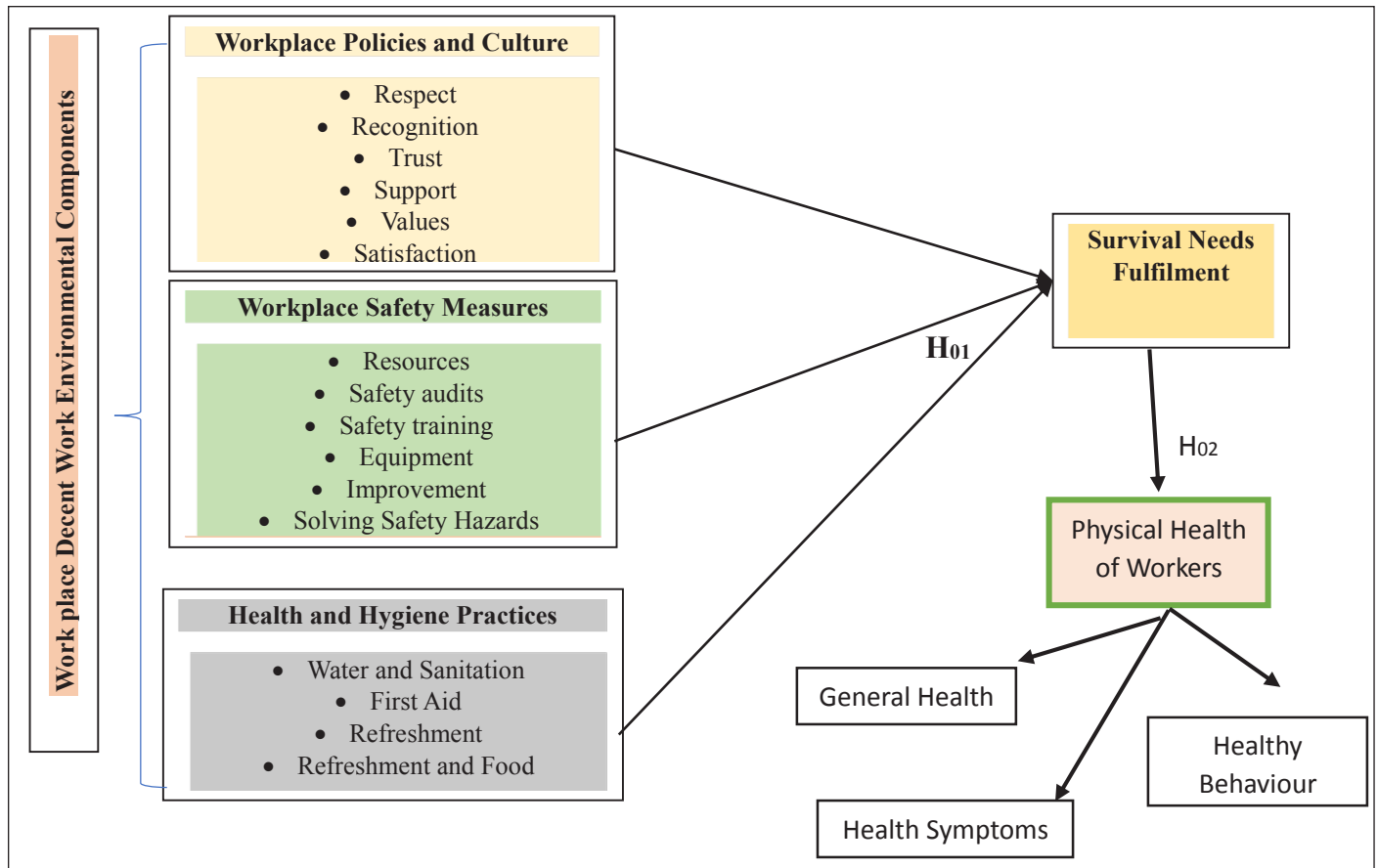
Decent work hence permits the workers to achieve physical well-being after fulfilling the basic requirements of their survival needs in relation to healthy food, safe shelter, etc. (Autin et al., 2019; Duffy, 2019; Duffy, 2021). Conversely, the fulfilment of survival needs (food sufficiency, shelter, social capital, etc.) influences physical health. This issue was firmly established by the Social Determinants of Health (SDOH) Model (Schulz et al., 2002) and later on by other literature (Vozoris & Tarasuk, 2003; Yip et al., 2007; Seligman et al., 2010; Robaina & Martin, 2013; Desmond & Kimbro, 2015). Hence, endorsing PWT, the fulfilment of survival needs is claimed to play a mediating role between decent work and physical health of workers (Duffy, 2019, 2021). Workers enjoying decent work environment can have physical health promotion because of meeting survival needs.

Considering the abovementioned fact, the following hypotheses can be framed.

H₀₁: There is no significant relationship between the decent work environmental components ('Workplace policies and culture', 'Workplace safety measures' and 'Workplace health and hygiene practices') and workers' survival needs fulfilment.

H₀₂: There is no significant relationship between decent work-linked survival needs fulfilment and workers' physical health.

Fig. 1 demonstrates the theoretical framework on the relationship amongst decent work, survival need fulfilment and physical health following PWT framework.



Source: Author's elaboration.

Fig. 1: Decent Work, Survival Needs Fulfilment and Workers' Physical Health

DATA COLLECTION AND METHODOLOGY

Data Collection

The present cross-sectional study used both primary and secondary sources of information in its analysis. For the primary source, it selected four districts of West Bengal situated at its western part like Bankura, Purulia, West Midnapore, and Hooghly and collected data during the period of September to October, 2023. It also made a pilot survey on 50 respondents of Bankura district in August 2023 to finalise the questionnaire before the main survey. For secondary sources, it took Government Reports (Ministry of Law and Justice), Reports from International Organisations (ILO, WHO, etc.), newspapers, and unpublished dissertations, etc.

Methodology

• Sampling and Sample

The four districts of West Bengal (Bankura, Purulia, West Midnapore, and Hooghly), situated on the bank of Darakeswar River, were found to contain 70% of the state's brick kilns (Ghosh, 2024). The study selected the districts purposively where from it chosen conveniently five blocks viz. Kotulpur and Joypour (Bankura); Hura (Purulia); Garhbeta-1 (West Midnapore); and Arambagh (Hooghly). From the five blocks, it randomly selected 30 units (6 units from Joypur, 4 units from each of Hura and Garhbeta-1, 9 units from Kotulpur, and 7 units from Arambagh)³ from 49 total units there. From the units, total 281 sample workers (121 women and 160 men) were selected out of 1,083 population (DICs of the four districts)⁴.

³<https://www.wallstreetmojo.com/sample-size-formula/>

⁴Where n = sample size N = Population (found as 1083), z = Critical value of the normal distribution at the required confidence level (at 95% confidence interval 1.96), p = sample proportion taken as 0.05, e = margin of error taken as 5%. (<https://www.wallstreetmojo.com/sample-size-formula>)

Fig. 2 shows the flow chart of the data collection and Table 1 shows the number of samples collected from the five blocks in four districts of West Bengal.

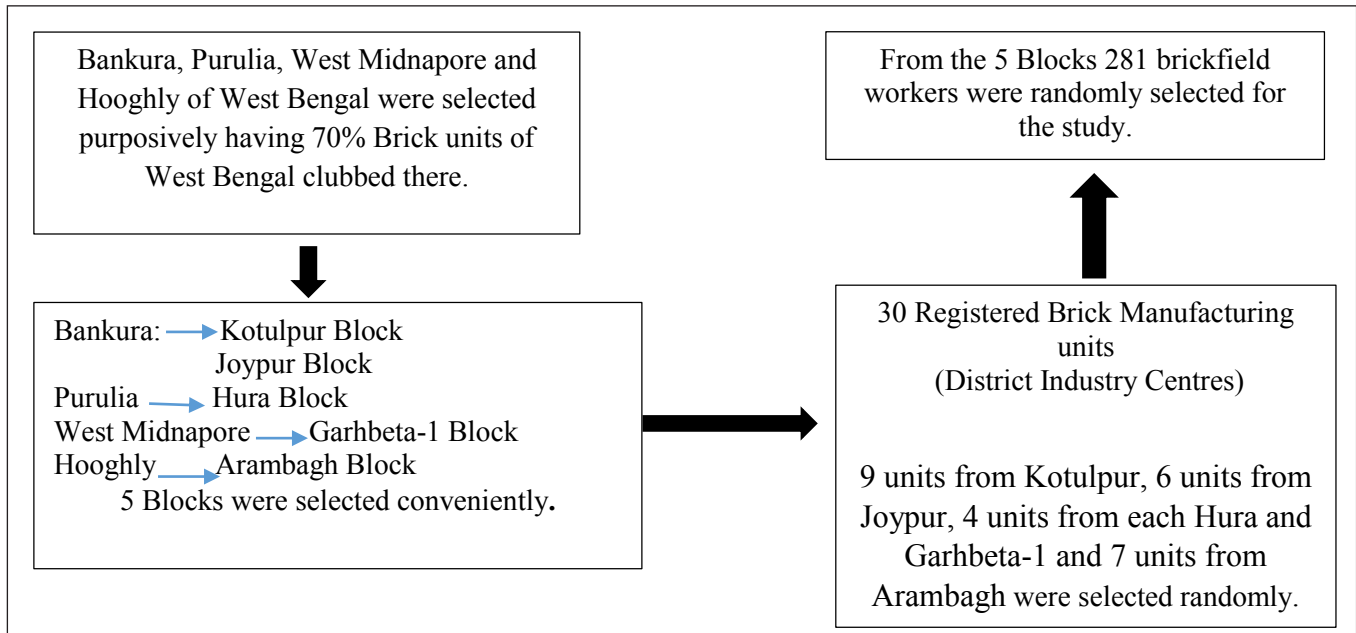


Fig. 2: Flow Chart on the Collection of the Surveyed Sample

Table 1: Block-Wise Sample Collected

Particulars	Kotulpur	Joypur	Hura	Garhbeta-1	Arambagh
Brick Units	9	6	4	4	7
Population	220	120	40	45	78
Sample	130	90	20	20	21
Total: 281					

Source: Primary Survey (September 2023 to October 2023).

● Tools for Data Collection

A structured questionnaire was used to gather primary data from 281 brickfield workers in the corresponding blocks (Joypur, Kotulpur, Hura, Garhbeta-1 and Arambagh) between September and October, 2023.

- *Decent Work-Related Scale:* The study collected data on the three components of decent work viz. workplace policy and culture, workplace safety measures, workplace health and hygiene practices following the established scale of National Institute for Occupational Safety and Health Worker Well-Being Questionnaire (NIOSH WellBQ, 2021)⁵. In this scale, a total of 18 items were included like ‘How do you respond in favour of the degree of support you get from your superior? (workplace policy and culture), ‘How does employer react quickly to solve a problem when they

are informed about safety hazards?’ (workplace safety measures), ‘How do you respond on your degree of satisfaction on safe drinking water provided by your organisation?’ (workplace health and hygiene practices), etc. The responses were recorded on a five-point rating scale like Highly Dissatisfied/Strongly Disagree (1), Dissatisfied/Disagree (2), Neutral (3), Satisfied/Agree (4), Highly Satisfied/Strongly Agree (5).

● Physical Health-Related Scale

Scale Used in General Health: The items of general physical health were developed by Frone (2007, 2018), which were connected with the self-reported health items in public health and epidemiological research for individual assessment and population health monitoring (Hays et al., 2015). The study collected data with the questions such as (i) “what do you think about your physical health?” and (ii) “what do you think about your physical health in comparison with

⁵<https://www.cdc.gov/>

that of others of the same age?" The responses of the respondents were collected through five-point rating scales - poor/much worse, fair/somewhat worse, good/about the same, very good/somewhat better, excellent/much better.

Scale used in Health Symptoms: The respondents experienced several health symptoms connected with their excessive workload at brickfield, such as back pain, shortness of breath, and Chest pain, etc. The scale related to the dimension hence was linked with Patient Health Questionnaire—Somatic Symptom Scale (PHQ-15; Kroenke et al., 2002) where ultimately 12 items (Constipation, loose bowels, or diarrhea; Nausea, gas, or indigestion; Stomach pain; Feeling tired or having low energy; Trouble sleeping; Back pain; Feeling your heart pound or race; Chest pain; Shortness of breath) (Duffy et al., 2021) were considered. The data were collected using a five-point rating scale (highly bothered, bothered, somewhat bothered, bothered low, not bothered at all).

Scale Used in Health Behaviour: This was taken from the Food and Physical Activity Questionnaire (FPAQ) (Murray et al., 2017) where the eating and physical activity habits of individuals were considered. The respondents were asked some questions such as: (i) how frequently do you eat fruits in a day? (ii) how frequently do you exercise for at least 30 minutes in a day during the past week? The answers hence were recorded in five-point rating scale (not at all, seldom, sometimes, often, regularly).

In the present study, the mean score of the three components of physical health was taken for simplification.

Scale Used in Survival Needs: The scale originated from the Work Need Satisfaction Scale (WNSS) (Autin et al., 2019, as cited in Dufffy, 2021) and from Porter-Lawler Motivation Model. The concerned scale dealt with the PWT where the respondents responded on five-point scale from strongly disagree to strongly agree, to questions such as: (i) Does the work allow you to arrange nutritious meals for yourself and for your family members? (ii) Does the work allow you to pay for water, electricity, etc.?

- Strategy of the Analysis

The Confirmatory Factor Analysis (CFA) and path analysis were used to reduce the total number of observed variables into latent factors based on commonalities within the data and to assess the construct validity of the model (Atkinson et al., 2011). The structural relationship between measured variables and latent constructs (path analysis) was analysed

using the Structural Equation Modelling (SEM) method (Fan et al., 2016). To determine the causal relationship between variables, a path diagram was created using path analysis (Lleras, 2005; Fan et al., 2016).

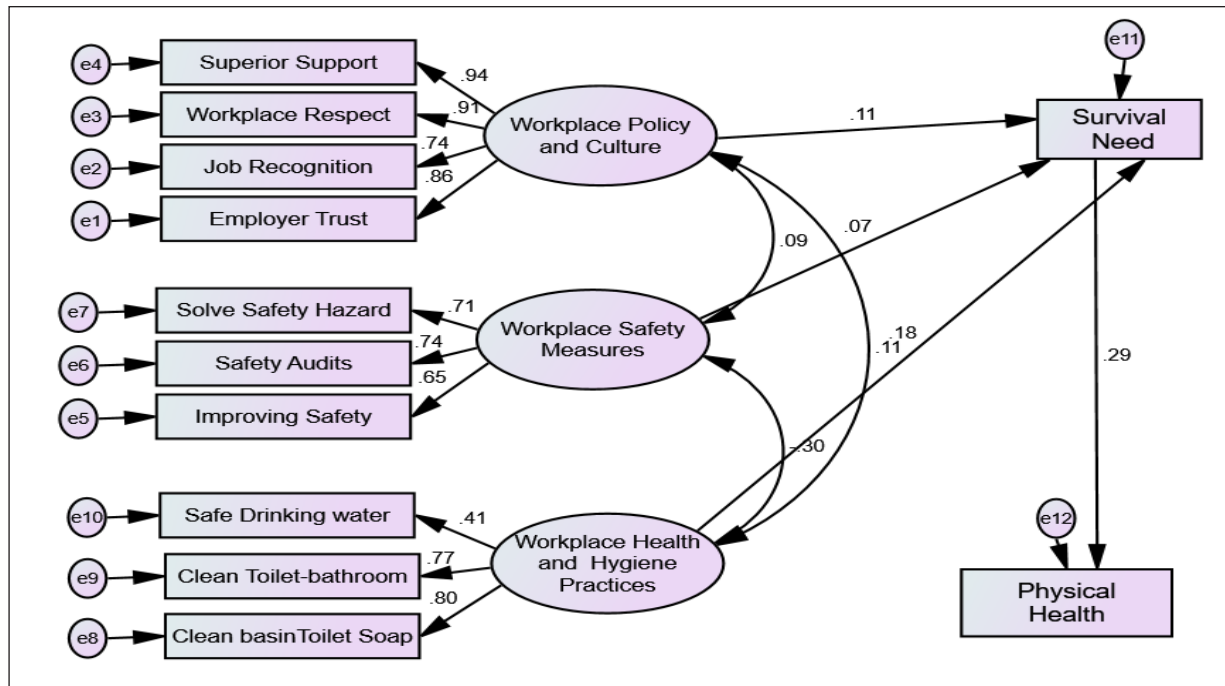
The study thus used it to explore the consequences of the hypothesised model and the relationship between decent work-induced survival needs fulfilment and physical health of workers. At first, the model took 'survival needs fulfilment' of workers as the dependent variable and 'decent work environmental components' ('workplace policies and culture', 'workplace safety measures' and 'workplace health and hygiene practices') as independent variables. In the next step, the 'decent work-linked survival needs fulfilment' was taken as independent variable and the physical health (mean score of general health, health symptom and health behaviour) was considered as dependent one. 'Survival needs fulfilment' played a mediating role between decent work environmental components and physical health of workers. The study took AMOS (version 23) for Structural Equation Modelling.

RESULTS AND DISCUSSION

Reliability and Validity of the Scale

The reliability of the scale is measured through Cronbach's alpha value (>0.7). The study shows the result as 0.792 which confirms its reliability.

The validity of the study is tested through CFA. Here, the 18 observed variables measure the 3 latent constructs like F_1 : Workplace Policy and Culture (workplace respect, superior support, employer trust, job recognition, earning satisfaction, work values); F_2 : Safety Measures (safety training, work resources, safety audit, safety equipment, improve safety, solve safety hazards) and F_3 : Health and Hygiene Practices (safe drinking water, first aid, clean toilets and bathroom, clean basins and toilet soap, tiffin room, rest room). From Factor 1, i.e., Workplace Policy and Culture, 2 items (earning satisfaction and work values), from Factor 2, i.e., Safety Measures, 3 items (work resources, safety training and safety equipment) and from Factor 3, i.e., Health and Hygiene Practices, 3 items (first aid, tiffin room, rest room) were removed for the model fitness of the study. Hence, the study pursues with 10 variables out of 18. Fig. 3 shows the Measurement model mediating role of survival needs in between decent work and physical health. Table 2 shows the results of model fitness test of the measurement model and Table 3 demonstrates the convergent and discriminant validity of the model.



Minimum was achieved
 Chi-square = 113.785
 Degrees of freedom = 49
 Probability level = .000

Fig. 3: Decent Work-Induced Survival Needs Fulfilment and Physical Health

Model Fitness

According to Gaskin and Lim (2016), several fit indices are used as measurement indicators to evaluate the overall model fit. In the model fitness values, the Comparative Fit Index (CFI) (a model comparison between the proposed model and a baseline model) is 0.951 (excellent), and Root Mean Square Error of Approximation (RMSEA) (a quantification of error of the approximate fit) is 0.069 (acceptable) (Goretzko et al., 2024). The Standardised Root Mean Square Estimation (SRMR) is a “badness of fit” which is quantified as the average square difference between each bivariate empirical correlation and the respective model-implied counterpart (Goretzko et al., 2024). Hence, the lower the value, the better the fitness of the model. In the present study, the SRMR is found as 0.061 which is absolutely found excellent. Further, the CMIN/DF (Minimum discrepancy of confirmatory factor analysis/degrees of freedom) is found as 2.322 (between 1 and 3) and thus is accepted as excellent and Probability of Close fit (PClose) is also traced is 0.029, which is considered acceptable as per standard. All these indicate that the structural model is fit for the study. Table 2 measures the Model Fit Measures.

Table 2: Model Fit Measures

Measure	Estimate	Threshold	Interpretation
CMIN	113.785	--	--
DF	49	--	--
CMIN/DF	2.322	Between 1 and 3	Excellent
CFI	0.951	>0.95	Excellent
SRMR	0.061	<0.08	Excellent
RMSEA	0.069	<0.06	Acceptable
PClose	0.029	>0.05	Acceptable

Source: Author’s calculation based on Primary Survey (September 2023 to October 2023).

Convergent and Discriminant Validity

Convergent validity is the degree to which the same aspect of a single phenomenon or construct can be assessed and quantified by different models. As Hair et al. (2009) state, that convergent validity is proven if (i) all individual items load significantly on their constructs, (ii) construct reliability (CR), a measure of internal consistency in a construct, is found to be greater than 0.7, and (iii) the average variances extracted (AVE) which indicates the percentage of variances

in a latent construct, is greater than 0.5. In the present study, CR for the constructs ranged from 0.865 to 0.732, indicating good overall internal consistency of the scale. Thus, the present study has acceptable convergent validity for further analysis. Discriminant validity is established when correlations between different constructs are weaker than those within each construct. One method to assess discriminant validity is to compare the AVE to the squared correlation (r) between two constructs, ensuring that the AVE should be greater than the squared correlations (Hair et al., 2009). Here, AVEs are greater than. Therefore, the construct satisfied validity measurement indicators (Gaskin & Lim, 2016), as shown in Table 3.

Table 3: Model Validity Measurement Indicators

	CR	AVE	MSV	MaxR(H)	F1	F2	F3
F1	0.865	0.601	0.008	0.943	0.775		
F2	0.729	0.550	0.091	0.732	0.087	0.591	
F3	0.732	0.549	0.091	0.764	0.084	-0.304**	0.591

Source: Author's calculation based on Primary Survey (September 2023 to October 2023).

Note: CR: Composite Reliability; AVE: Average Variance Extracted; MSV: Maximum Shared Variance; MaxR(H) Maximum Reliability; F1: Factor 1(Policy and Culture); F2: Factor 2 (Safety Measures); F3: Factor 3 (Health and Hygiene Practice).

The values show that decent work induced survival needs fulfilment has a positive and significant relationship with workers' physical health at workplace. The Path analysis results indicate that a 1% change in survival needs fulfilment generates a 29% change in workers' physical health in the brickfield manufacturing sector.

DISCUSSION

The decent work environmental factors, i.e., 'policy and culture', 'safety measures' and 'health and hygiene practices' are considered responsible for achieving the basic requirements of the survival needs of the workforce in the workplace (Mastroianni & Torberg-Walker, 2014; Coduti et al., 2015; Zivich et al., 2018; Iavicoli et al., 2020; WHO-Alam et al., 2022; Ongonge & Ngeno, 2022; Monteiro & Joseph, 2023; Johnson & Fujishiro, 2023). The unorganised workforce, i.e., the brickfield workers, in this issue, are not lucky enough to enjoy the flavour of the decent work environmental condition at workplace which are mainly due to the long duration of work, ergonomic health issues, dust exposure, heat-related diseases, musculoskeletal disorders, etc. This fact thus affects their survival needs and physical health well-being as well. Hence, substantiating with other previous studies (Vozoris & Tarasuk, 2003; Yip et al., 2007; Seligman et al., 2010; Robaina & Martin, 2013; Desmond & Kimbro, 2015), the present study reveals that the improvement of the survival needs of workforce plays

a vital role in attaining their physical health well-being. Hence, workers' survival needs (access to food, shelter, and social capital) are found to establish a mediating role between decent work and physical health well-being following the theme of PWT (Autin et al., 2019; Duffy, 2019; Duffy, 2021), which generally becomes obstructed due to some discriminations based on marginalisation and socio-economic constraints (Duffy et al., 2016). PWT considers the decent work components responsible for physical well-being of workforce where amongst the three, workplace policies and culture and health and hygiene practices at work are found more responsible (Laraia, 2007; Messer, 2007; Evenson & Kaufman, 2007; Siahpush & Van Dyck, 2008; Lawman & Wilson, 2012; Singh, 2019; Kogan, 2019; Duffy, 2019; Kim et al., 2019).

CONCLUSION

PWT confirmed the negative impact of indecent working conditions on workers' accessibility of basic survival needs. This therefore directly impact on workers' overall physical health, healthy behaviour, and physical health symptoms. This uneasiness in maintaining decent work component hence was found rigorous for the unorganised sector, like brickfield, where the workers suffered primarily due to poor work policy and culture and unhealthy hygiene practices. Therefore, the sector must assess and monitor workplace policy and culture (supportive behaviour, respect, recognition, and trust) on a regular basis in order to improve the decent work environment. The workplace hygiene practices with safe drinking water, clean toilets and bathrooms, clean basins, and toilet soap, etc. should meet their health and hygiene requirement which will be considered less likely to suffer in accessing survival needs. Further, the units should recruit occupational health-safety inspectors to take care of the maintenance of decent work environment and workers' health. This can ensure positive intention of the unit to promote and protect workers' physical health in the workplace by fulfilling workers' survival needs and awareness programmes on health-maintenance issues.

Policy Implication

The study may help in identifying, preventing and reducing an indecent work environment for better accessibility to survival needs, which are associated with workers' physical health improvement at the workplace. It also provides proper insight into the major components of decent work and workers' physical health. Although it is based on the theory of Psychology of Working Theory, the application of micro empirical analysis makes the study more significant in policy making. Hence, it proves its significance before policymakers, lawmakers, entrepreneurs, and academicians.

LIMITATIONS AND SCOPE FOR FURTHER RESEARCH

Like other studies, this study also has subjective biases because of the employer's excessive involvement during the field survey. This was attempted to be managed with the interviewer's expertise. Additionally, it was believed that the participants' low or no literacy level obstructed in the path of their question understanding. Time and resource constraints may cause the sample measurements to deviate from the study's universality, even though the size is meant to be sufficiently representative.

The study, therefore, can be opted for other sectors (Mines, Construction, etc.) and can also be carried to other dimensions of health-related well-being of individuals at the workplace, such as physical well-being or a combination of physical and mental.

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Ethical Approval: The study was accomplished in accordance with the principles of the Declaration of Helsinki.

Consent to Participate: Consent was obtained from the participants who agreed to complete the survey questionnaires to provide their perceptions for this study.

Data Availability: Data used in the article will be used in other studies. Therefore, data used in the current study may not be openly available.

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