Natural Resources for Human Health
eISSN: 2583-1194

Original Research

Received 28 May 2026
Revised 24 June 2026
Accepted 20 July 2026

Natural Resources for Human Health 2026, Vol. 6 (10s): 256–263

KEYWORDS:
Safety leadership; safety climate; compensation; job satisfaction; life satisfaction; healthcare workers.

The Effect of Safety Leadership and Safety Climate on Healthcare Workers' Life Satisfaction: The Mediating Roles of Compensation and Job Satisfaction

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ABSTRACT: This study examines the effects of safety leadership and safety climate on healthcare workers' life satisfaction and evaluates compensation and job satisfaction as mediating mechanisms at RSUD Bahteramas, Southeast Sulawesi, Indonesia. A quantitative cross-sectional survey was conducted among 250 healthcare workers selected from a population of 666 employees. Data were collected using a structured five-point Likert questionnaire and analyzed with partial least squares structural equation modeling (PLS-SEM) using SmartPLS 4.1.1.6. The measurement model demonstrated strong reliability and convergent validity, with factor loadings ranging from 0.886 to 0.986, Cronbach's alpha from 0.965 to 0.989, composite reliability from 0.971 to 0.991, and average variance extracted from 0.850 to 0.949. Safety leadership did not directly affect life satisfaction ($\beta = 0.048$, $p = 0.226$), but positively affected compensation ($\beta = 0.577$, $p < 0.001$) and negatively affected job satisfaction ($\beta = -0.217$, $p = 0.001$). Safety climate also had no direct effect on life satisfaction ($\beta = 0.052$, $p = 0.290$), while positively affecting compensation ($\beta = 0.464$, $p < 0.001$) and negatively affected job satisfaction ($\beta = -0.381$, $p < 0.001$). Compensation strongly predicted life satisfaction ($\beta = 0.782$, $p < 0.001$), whereas job satisfaction did not ($\beta = -0.059$, $p = 0.146$). Compensation fully mediated the effects of both safety leadership ($\beta = 0.452$, $p < 0.001$) and safety climate ($\beta = 0.363$, $p < 0.001$) on life satisfaction; job satisfaction did not mediate either relationship. These findings identify compensation as the principal mechanism linking workplace safety conditions with healthcare workers' overall life satisfaction.

1. INTRODUCTION

Hospitals are complex service organizations in which healthcare workers are continuously exposed to multiple physical, biological, ergonomic, and psychological risks while performing their professional responsibilities. Exposure to infectious agents, demanding work shifts, high workloads, emotionally intense patient care, and responsibility for maintaining patient safety can affect not only occupational performance but also employees' psychological health and broader well-being. These demanding conditions make workplace safety an essential organizational priority, particularly in healthcare institutions where errors and unsafe practices may have serious consequences for both employees and patients. For this reason, safety management should be considered not merely a regulatory or compliance function but also an integral component of human resource management and employee welfare. A strong safety environment, supported by clear policies, effective communication, adequate resources, and consistent managerial commitment, can provide healthcare workers with a greater sense of protection, organizational support, confidence, and predictability when performing high-risk tasks. Such conditions may ultimately contribute to more positive employee experiences and broader perceptions of well-being (Ningsih & Marlina, 2020; Sijabat & Lita, 2025). This perspective is consistent with research emphasizing occupational health and safety implementation, job

demands and resources, and safety culture as important determinants of employee functioning in healthcare and other high-risk work settings (Cahyani & Ida, 2022; Suhardoyo et al., 2023; Amoadu et al., 2025).

Safety leadership represents the visible commitment of leaders to directing, motivating, supervising, and supporting safe work practices. Leaders shape employees' interpretation of organizational priorities through role modeling, communication, coaching, monitoring, and reinforcement. In high-risk organizations, consistent leadership attention to safety can strengthen trust and reduce uncertainty. Safety climate, in turn, reflects employees' shared perceptions of the priority that management gives to safety through policies, practices, communication, training, and employee participation. Previous research has linked safety leadership and safety climate to safety behavior and occupational outcomes, but their implications for broader life satisfaction remain less established, particularly among healthcare workers in Indonesian public hospitals (Satoto, 2020; Rosyada & Wahyuningsih, 2022). Empirical work further shows that leadership behavior is closely associated with safety climate, employee engagement, burnout, and other dimensions of healthcare worker well-being (Tawfik et al., 2023; Huang et al., 2024).

Life satisfaction is a cognitive evaluation of an individual's overall quality of life and represents an essential component of subjective well-being. For healthcare workers, life satisfaction may be strongly influenced by experiences and conditions encountered in the workplace, as employment occupies a substantial proportion of daily life and contributes to financial security, social identity, professional meaning, interpersonal relationships, and psychological resources. A supportive and safe working environment may therefore contribute not only to occupational outcomes but also to employees' broader perceptions of their lives. Recent empirical evidence indicates that safety climate may extend beyond immediate workplace safety outcomes and influence life satisfaction through various work-related psychological and organizational mechanisms. Özkan and Başol (2025), for example, demonstrated that job-related experiences can mediate the relationship between safety climate and life satisfaction. These findings highlight the importance of examining mechanisms through which workplace safety conditions ultimately shape the broader well-being and life satisfaction of healthcare professionals. Life satisfaction is also shaped by subjective evaluations across work, health, social, and economic domains, making occupational experiences relevant to broader well-being (López-Ortega et al., 2016; Wolfram, 2023; Zakaria et al., 2018).

Two potential mechanisms are especially relevant in explaining how workplace conditions may influence employees' life satisfaction: compensation and job satisfaction. Compensation provides essential material and economic resources that enable employees to meet their basic needs, maintain financial security, reduce financial pressure, and evaluate the fairness of their exchange relationship with the organization. Adequate and equitable compensation may consequently contribute to employees' broader perceptions of well-being and quality of life. Income and economic security have been associated with individuals' life evaluations, although this relationship is not unlimited and may vary across income levels and circumstances (Kahneman & Deaton, 2010). Job satisfaction, meanwhile, reflects employees' affective and evaluative responses to various aspects of their work, including the job itself, supervision, coworkers, rewards, professional development opportunities, and working conditions. Research in hospital settings has further emphasized the importance of supportive work resources and job satisfaction in promoting nurses' occupational well-being and broader psychological outcomes (Ayalew et al., 2021; Broetje et al., 2020; Medeni et al., 2025). From a work-design perspective, adequate organizational resources and rewards may help offset demanding working conditions, whereas insufficient resources can contribute to strain and poorer employee outcomes (Broetje et al., 2020; Suhardoyo et al., 2023).

RSUD Bahteramas is a major referral hospital in Southeast Sulawesi, Indonesia, providing healthcare services to patients with diverse and complex medical needs. Its healthcare workforce operates in a demanding environment where patient safety, occupational safety, service intensity, organizational effectiveness, and employee welfare must be managed simultaneously. The dissertation data underlying this study indicate fluctuations in hospital service indicators, reflecting changing service demands and potential pressures experienced by healthcare workers. These conditions emphasize the managerial importance of effective safety leadership, a supportive safety climate, fair compensation practices, and sustained attention to employee well-being. Although workplace safety has traditionally been associated with accident prevention and safety performance, its implications may extend to employees' broader evaluations of their quality of life. However, it remains unclear whether safety leadership and safety climate directly enhance healthcare workers' life satisfaction or whether these relationships primarily operate through organizational and psychological mechanisms, particularly employees' perceptions of compensation and job satisfaction within the hospital work environment.

This study therefore analyzes the effects of safety leadership and safety climate on healthcare workers' life satisfaction and tests compensation and job satisfaction as parallel mediators. The study contributes by integrating safety management with employee well-being and compensation perspectives in a public hospital context. It also provides evidence on whether the organizational benefits of safety-oriented leadership and climate are transmitted through financial and work-attitudinal mechanisms.

2. MATERIALS AND METHODS

2.1 Study design and setting

A quantitative cross-sectional survey design was used. The study was conducted at RSUD Bahteramas, a provincial public referral hospital located in Kendari, Southeast Sulawesi, Indonesia. The unit of analysis was individual healthcare workers employed at the hospital.

2.2 Population and sample

The study population consisted of 666 healthcare workers. The required sample was calculated using the Slovin formula with a 5% margin of error, resulting in a final sample of 250 respondents. The sample included healthcare professionals from the hospital workforce. Among the 250 respondents, 176 (70.4%) were women and 74 (29.6%) were men. Most respondents were 31–40 years old (46.4%), followed by 41–50 years (39.2%) and 25–30 years (14.4%). A total of 143 respondents (57.2%) had worked for 10 years or less, while 107 (42.8%) had more than 10 years of service.

2.3 Measures and data collection

Primary data were collected through a structured questionnaire using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Safety leadership was operationalized through safety caring, safety coaching, safety controlling, safety communication, and safety motivation. Safety climate comprised management commitment to safety, safety communication, employee participation, safety training, and productivity pressure. Job satisfaction included satisfaction with the work itself, supervision, coworkers, pay and recognition, development opportunities, and working conditions and safety. Compensation covered basic salary, incentives and service remuneration, allowances and facilities, fairness and adequacy of compensation, and payment timeliness. Life satisfaction covered overall life satisfaction, self-acceptance, work–life balance, positive social relationships, psychological well-being, and satisfaction with work. Data collection also involved observation, documentation, and literature review as supporting techniques. The operationalization followed the conceptual and empirical literature used in the dissertation, including safety leadership and safety climate research as well as established work-attitude and life-satisfaction perspectives (Clarke, 2010; Satoto, 2020; Rosyada & Wahyuningsih, 2022; López-Ortega et al., 2016).

2.4 Statistical analysis

Data were analyzed using partial least squares structural equation modeling (PLS-SEM) with SmartPLS version 4.1.1.6. Measurement-model assessment examined factor loadings, Cronbach's alpha, composite reliability (CR), average variance extracted (AVE), and discriminant validity using the heterotrait–monotrait ratio (HTMT). The structural model was assessed using path coefficients, p-values, R^2, and Q^2. Direct and indirect effects were evaluated to determine hypothesis support and mediation. A p-value below 0.05 was used as the criterion for statistical significance.

3. RESULTS AND DISCUSSION

3.1 Measurement model

The measurement model demonstrated high internal consistency and convergent validity across all constructs. Indicator loadings ranged from 0.886 to 0.986. Cronbach's alpha values ranged from 0.965 to 0.989, composite reliability ranged from 0.971 to 0.991, and AVE values ranged from 0.850 to 0.949. All values exceeded commonly used PLS-SEM thresholds. HTMT values ranged from 0.034 to 0.867 and remained below 0.90, supporting discriminant validity.

Construct	Loading range	Cronbach α	CR	AVE
Safety leadership	0.967–0.975	0.985	0.988	0.943
Safety climate	0.957–0.978	0.984	0.988	0.941

Job satisfaction	0.886–0.944	0.965	0.971	0.850
Compensation	0.947–0.975	0.979	0.983	0.922
Life satisfaction	0.961–0.986	0.989	0.991	0.949

Table 1. Measurement-model reliability and convergent validity.

3.2 Structural model and hypothesis testing

The structural model explained 53.2% of the variance in compensation ($R^2 = 0.532$), 73.5% of the variance in life satisfaction ($R^2 = 0.735$), and 18.7% of the variance in job satisfaction ($R^2 = 0.187$). Q^2 values were 0.528, 0.731, and 0.181, respectively, indicating predictive relevance for all endogenous constructs.

Relationship	**β**	**p-value**	**Decision**
Safety leadership → Life satisfaction	0.048	0.226	Not supported
Safety leadership → Job satisfaction	−0.217	0.001	Supported
Safety leadership → Compensation	0.577	<0.001	Supported
Safety climate → Life satisfaction	0.052	0.290	Not supported
Safety climate → Compensation	0.464	<0.001	Supported
Safety climate → Job satisfaction	−0.381	<0.001	Supported
Job satisfaction → Life satisfaction	−0.059	0.146	Not supported
Compensation → Life satisfaction	0.782	<0.001	Supported

Table 2. Direct effects in the structural model.

3.3 Mediation analysis

The indirect-effect analysis reveals a clear contrast between the two proposed mediators. Job satisfaction did not significantly transmit the effect of safety leadership or safety climate to life satisfaction. In contrast, compensation significantly mediated both relationships. Because the corresponding direct effects of safety leadership and safety climate on life satisfaction were nonsignificant, while their indirect effects through compensation were significant, the dissertation classified these relationships as full mediation.

Indirect relationship	**β**	**p-value**	**Mediation**
Safety leadership → Job satisfaction → Life satisfaction	0.013	0.193	No mediation
Safety leadership → Compensation → Life satisfaction	0.452	<0.001	Full mediation
Safety climate → Job satisfaction → Life satisfaction	0.023	0.171	No mediation
Safety climate → Compensation → Life satisfaction	0.363	<0.001	Full mediation

Table 3. Indirect effects and mediation results.

3.4 Discussion

The first important finding is that safety leadership and safety climate did not directly predict healthcare workers' life satisfaction. This indicates that employees may distinguish between the safety characteristics of their workplace and their broader evaluation of life. Safety leadership and climate can improve perceptions of organizational protection, but life satisfaction is a more distal outcome influenced by financial, family, social, and personal conditions. The nonsignificant direct paths therefore suggest that workplace safety conditions require an intervening mechanism before they are translated into overall life evaluation. This interpretation is compatible with subjective well-being research showing that life satisfaction reflects

a broad cognitive judgment influenced by multiple life domains rather than by a single workplace condition (López-Ortega et al., 2016; Wolfram, 2023).

Safety leadership showed a strong positive relationship with compensation. Leaders who demonstrate concern, communicate expectations, supervise safety, and recognize safe behavior may also be perceived as more attentive to the fairness and adequacy of organizational rewards. In a hospital context, where healthcare workers face occupational hazards and demanding service responsibilities, compensation can represent organizational recognition of workload and risk. This interpretation is consistent with the broader view that employee rewards are an important organizational resource and with evidence that financial conditions contribute to cognitive evaluations of life (Kahneman & Deaton, 2010). It also aligns with evidence that leadership practices in healthcare are associated with safety culture, engagement, and worker well-being, indicating that leadership may operate through organizational resources rather than only through distal well-being outcomes (Tawfik et al., 2023; Huang et al., 2024).

Safety climate also positively predicted compensation. A workplace in which management visibly prioritizes safety, provides training, encourages participation, and maintains open safety communication may signal that the organization values its employees. Such a climate can shape how workers evaluate not only physical protection but also whether organizational exchanges are fair. The result expands the conventional safety-climate literature by showing that safety perceptions may be connected to reward perceptions, not only to safety behavior or accident prevention. Prior safety-climate research similarly links organizational safety perceptions with work attitudes and individual outcomes, supporting the view that safety climate can function as an organizational resource (Clarke, 2010; Harahap, 2019; Amoadu et al., 2025).

Unexpectedly, safety leadership and safety climate were negatively associated with job satisfaction, and job satisfaction itself did not significantly predict life satisfaction. These findings differ from the generally positive relationship expected between supportive work resources and employee attitudes and should be interpreted within the specific organizational context. One possible explanation is that stronger safety controls, monitoring, procedural requirements, and productivity constraints may be experienced as additional demands when staffing, workload, or reward expectations are not simultaneously addressed. The result does not imply that safety leadership is undesirable; rather, it suggests that safety initiatives can coexist with dissatisfaction if employees perceive operational burdens or unmet expectations in other aspects of employment. This interpretation warrants further testing rather than causal inference because the study used cross-sectional self-report data. Hospital studies have repeatedly identified workload, job resources, occupational safety, and organizational support as important correlates of nurses' work attitudes and well-being (Ayalew et al., 2021; Broetje et al., 2020; Tari et al., 2025).

The strongest direct predictor of life satisfaction was compensation ($\beta = 0.782$). More importantly, compensation fully mediated the relationships of both safety leadership and safety climate with life satisfaction. This is the central contribution of the study. It suggests that safety-oriented organizational conditions become meaningful for broader employee well-being when they are accompanied by tangible and fair rewards. For healthcare workers, compensation may reduce economic pressure, signal recognition of occupational risk and responsibility, and strengthen perceptions that organizational concern for safety is matched by concern for employee welfare. This mechanism is also theoretically plausible because compensation and economic security provide resources for meeting needs and can influence global evaluations of life quality (Kahneman & Deaton, 2010; Zakaria et al., 2018).

These findings complement Özkan and Başol (2025), who highlighted mediating mechanisms between safety climate and life satisfaction, but the present study identifies compensation rather than job satisfaction as the dominant pathway in this Indonesian hospital sample. The difference may reflect institutional, labor-market, remuneration, and organizational characteristics. It reinforces the need to test well-being mechanisms across different healthcare systems rather than assuming that the same mediator will operate uniformly across contexts. Recent healthcare evidence also indicates that psychosocial safety conditions are connected with working conditions, well-being, and safety outcomes, reinforcing the importance of examining multiple mediating pathways (Amoadu et al., 2025; Huang et al., 2024).

From a managerial perspective, hospital leaders should integrate safety management and reward management. Strengthening safety leadership should include clear guidance, routine supervision, role modeling, and open communication, but these actions should be supported by transparent and equitable compensation. Management should periodically evaluate basic pay, service incentives, allowances, facilities, reward fairness, and payment timeliness relative to workload and occupational risk. Non-

financial recognition, career development, and performance-based appreciation may also complement financial compensation. Safety policies are more likely to support employees' overall well-being when workers perceive that organizational protection and organizational rewards are mutually consistent. These recommendations are consistent with evidence emphasizing leadership, safety culture, occupational safety systems, and employee resources as complementary elements of healthcare management (Febriyanti et al., 2024; Tawfik et al., 2023; Amoadu et al., 2025).

4. CONCLUSION

This study demonstrates that compensation is a critical mechanism linking workplace safety conditions to healthcare workers' life satisfaction at RSUD Bahteramas. Safety leadership and safety climate did not directly influence life satisfaction, but both significantly increased compensation perceptions. Compensation, in turn, had a strong positive effect on life satisfaction and fully mediated the effects of safety leadership and safety climate. Job satisfaction did not predict life satisfaction and did not function as a mediator. These results suggest that hospitals seeking to improve employee well-being should align safety-oriented leadership and climate with fair, transparent, adequate, and timely reward systems. The findings are limited by the single-hospital, cross-sectional, self-report design and therefore should not be generalized without caution. Future studies should use multi-hospital samples, longitudinal designs, and additional variables such as workload, job stress, burnout, organizational support, and work–life balance.

ACKNOWLEDGEMENTS

The authors acknowledge the management and healthcare workers of RSUD Bahteramas, Southeast Sulawesi, for their support and participation in the research.

AUTHOR CONTRIBUTIONS

Candra Kirana: Conceptualization, methodology, investigation, data curation, formal analysis, and writing—original draft. Samdin: Supervision, conceptualization, and writing—review and editing. Patwayati: Supervision, methodology, and writing—review and editing. Nursaban Rommy Suleman: Supervision, validation, and writing—review and editing.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ETHICS STATEMENT

This study used a non-interventional questionnaire survey of healthcare workers.

DATA AVAILABILITY STATEMENT

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to institutional and participant confidentiality requirements.

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