EBERHARD KARLS
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Wirtschafts- und Sozialwissenschaftliche Fakultät

FB Wirtschaftswissenschaft
Lehrstuhl für Personal & Organisation
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Master Seminar

„Managing Physical & Mental Health in Organizations"

Managing Physical Health in Organizations

1. Workplace Accidents & Occupational Injuries

Workplace accidents and occupational injuries represent key outcomes of employees' physical health and are increasingly understood as the result of organizational, psychosocial, and contextual factors rather than purely individual failings. KIRSCHENBAUM/OIGENBLICK/GOLDBERG (2000) identify organizational, emotional, and personal factors as key determinants of accident proneness among employees, with repeat injuries more likely among subcontracted and higher-paid workers and those in poor housing conditions. Large family households help reduce stress and accident risk, while the predictive model strongly links employment type, income, job danger, emotional distress, and housing to work injuries. DODOO/AL-SAMARRAIE (2021) review 70 empirical studies to uncover the main contributors to unsafe workplace behaviors, including insufficient safety knowledge, rule violations, work pressure, stress, and lack of protective equipment.

Kirschenbaum, Alan; Ludmilla Oigenblick; Albert I. Goldberg (2000): Well being, work environment and work accidents. *Social Science & Medicine* 50(2000)5: 631-639.

Dodoo, Joana Eva; Hosam Al-Samarraie (2019): Factors leading to unsafe behavior in the twenty first century workplace: a review. *Management Review Quarterly* 69(2019)4: 391-414.

2. Workplace Activity Programs

Workplace health promotion programs aimed at increasing physical activity have become an important organizational tool to counteract sedentary work, rising stress levels, and declining physical employee health. ZHANG et al. (2025) examine physical activity-led workplace health interventions and report that such programs consistently improve physical activity levels, reduce psychological stress, and foster healthier behaviors among employees. The effectiveness is highest in multimodal interventions. VOIT (2001) finds that employee health and fitness programs can positively impact both physical and mental health, as well as work performance and employer satisfaction. Programs offering diverse activities, health education, and individualized counseling are most effective, especially when targeting at-risk employees.

Zhang, Shichao et al. (2025): Effectiveness of Physical Activity-Led Workplace Health Promotion Interventions: A Systematic Review. *Healthcare* 13(2025)11: 1292.

Voit, Susan (2001): Work-site health and fitness programs: Impact on the employee and employer. *Work* 16(2001)3: 273-286.

3. Reintegration into the Workplace

A successful return to work after occupational injury is crucial for both individual recovery and organizational productivity, making it essential to understand the key factors and interventions that support sustained employment and prevent reinjury. SEARS et al. (2021) show that organizational and psychosocial workplace factors such as safety climate, supervisor and coworker support, and communication, significantly influence both return-to-work interruption and reinjury among workers with permanent impairment. Their findings suggest workplace interventions targeting these modifiable factors can help sustain return to work and prevent reinjury, regardless of the degree of impairment. AWANG et al. (2017) analyze which factors facilitate a successful return to work following participation in a multidisciplinary rehabilitation program. The results indicate that structured interventions, as well as type of accident, nature of injury, motivation, employer support, age, and gender, significantly increase the likelihood of returning to employment.

Sears, Jeanne M et al. (2021): Workplace organizational and psychosocial factors associated with return-to-work interruption and reinjury among workers with permanent impairment. *Annals of Work Exposures and Health* 65(2021)5: 566-580.

Awang, H. et al. (2017): Factors related to successful return to work following multidisciplinary rehabilitation. *Journal of Rehabilitation Medicine* 49(2017)6: 520-520.

Managing Mental Health in Organizations

4. Workplace Harassment and Mental Health

Workplace harassment, such as sexual harassment, remains a pervasive issue that significantly impacts employee mental health. WILLNESS et al. (2007) conduct a meta-analysis of 41 studies with nearly 70,000 respondents, revealing that workplace sexual harassment is strongly linked to negative outcomes such as reduced job satisfaction, organizational commitment, mental health issues. They further show that organizational climate plays a key role in the occurrence of sexual harassment. ROSANDER/HETLANG/EINARSEN (2023) examine the risks of workplace bullying and mental health outcomes for men and women when working as a gender minority compared to gender-balanced or majority environments. The findings reveal that men in gender minority positions are at higher risk of being bullied and increased mental health problems, while women do not experience similar risks.

Willness, Chelsea R.; Piers Steel; Kibeom Lee (2007): A meta-analysis of the antecedents and consequences of workplace sexual harassment. *Personnel Psychology* 60(2007)1: 127-162.

Rosander, Michael; Jørn Hetland; Ståle Valvatne Einarsen (2023): Workplace bullying and mental health problems in balanced and gender-dominated workplaces. *Work & Stress* 37(2023)3: 325-344.

5. Performance Pay and Mental health

Pay-for-performance compensation schemes are commonly used, and recent research highlights their potential negative impact on employee health and well-being, including increased substance use and heightened risk for mental health problems. ARTZ et al. (2021) use US panel data and multiple fixed effects models to show that workers receiving performance pay are significantly more likely to use alcohol and drugs, suggesting that increased stress drive substance use as a coping mechanism. Their findings remain robust even after controlling risk factors, ability, personality, and worker-job match characteristics. DAHL/PIERCE (2020) analyze data from over 318,000 Danish employees and find that pay-for-performance schemes lead to an increase in the use of antidepressant and antianxiety medication, particularly among low performers and older workers. The study also reveals that performance-based pay influences turnover, with employees – especially women with mental health concerns – leaving firms following pay-for-performance adoption.

Artz, Benjamin; Colin P. Green; John S. Heywood (2021): Does performance pay increase alcohol and drug use? *Journal of Population Economics* 34(2021)3: 969-1002.

Dahl, Michael S.; Lamar Pierce (2020): Pay-for-performance and employee mental health: Large sample evidence using employee prescription drug usage. *Academy of Management Discoveries* 6(2020)1: 12-38.

6. Protecting and Promoting Mental Health

Supporting mental health in the workplace is essential for employee well-being, job performance, and organizational success. DAVENPORT et al. (2016) identify strategies, endorsed by both experts and practitioners, that organizations can implement – ranging from leadership style and communication to job design and work-life balance. Further, team-based interventions can effectively reduce burnout among oncology staff, as demonstrated by LE BLANC et al. (2007) in a quasi-experimental study across 29 wards: participants in the intervention group experienced less emotional exhaustion and depersonalization compared to controls. The study further finds that decreases in burnout were closely linked to positive changes in perceived job characteristics over time.

Davenport, Lauren J. et al. (2016): How can organisations help employees thrive? The development of guidelines for promoting positive mental health at work. *International Journal of Workplace Health Management* 9(2016)4: 411-427.

Le Blanc, Pascal M. et al. (2007): Take care! The evaluation of a team-based burnout intervention program for oncology care providers. *Journal of Applied Psychology* 92(2007)1: 213.