



Implementation of Occupational Health Management to Improve Employee Well-Being and Productivity

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Abstract

Keywords:

Occupational Health Management, Employee Well-Being, Productivity.

Occupational Health Management (OHM) has become an essential organizational strategy for ensuring employee well-being while simultaneously improving productivity. In many workplaces, employees face physical, mental, and psychosocial risks that negatively affect performance outcomes. This study aims to explore the role of OHM in enhancing employee well-being and productivity, with particular attention to the Indonesian context where cultural, structural, and economic challenges often limit the adoption of comprehensive health programs. Using a qualitative literature review method, this study synthesizes findings from national and international journals, official reports from the World Health Organization (WHO) and International Labour Organization (ILO), and other relevant sources. Data were collected systematically through academic databases and analyzed using content analysis to identify recurring patterns, conceptual linkages, and research gaps. The results reveal that OHM has a direct impact on physical health through ergonomics and preventive screenings, on mental health through stress management and counseling programs, and on psychosocial well-being through supportive leadership and fair treatment. These dimensions of well-being, in turn, function as mediating factors that reduce absenteeism, presenteeism, and turnover, thereby strengthening productivity. Evidence from Indonesian companies shows that structured OHM practices—such as workplace safety programs, periodic health checks, and peer-support systems—can reduce health-related productivity losses and improve task performance. However, barriers such as resource limitations, lack of managerial awareness, and stigma around mental health remain significant. Overall, OHM represents not only a compliance requirement but also a strategic framework for aligning worker welfare with organizational performance.

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INTRODUCTION

Occupational health management represents a vital organizational strategy aimed at safeguarding employees' physical and mental well-being, which in turn supports firms' productivity and sustainability (World Health Organization, 2007). Research consistently underscores that workplaces pose significant health risks, yet interventions such as workplace health promotion can markedly reduce absenteeism and presenteeism while delivering strong returns on investment—for instance, every dollar invested can yield

savings exceeding \$3 in healthcare and absence costs (Pelletier, 2005; Workplace health promotion, n.d.). Moreover, an employer's support culture significantly enhances well-being and performance, as demonstrated in a longitudinal study where enhanced well-being aligned with higher productivity and reduced health risks (Journal of Occupational and Environmental Medicine, 2015). Simultaneously, the prevalence of work stress, depression, and anxiety undermines long-term performance and economic output, suggesting that psychological well-being must be prioritized within occupational health strategies (Carolan et al., 2017).

In many industries, including those in Indonesia and globally, employers are urged to go beyond superficial perks and address fundamental workplace conditions—such as liveable hours, fair compensation, and healthy environments—as these factors directly influence employee well-being and productivity (Financial Times, 2024). Governance bodies like the WHO champion integrated approaches to worker health that encompass both prevention of occupational hazards and promotion of favorable working conditions (WHO, 2007). Meanwhile, poor psychosocial safety environments significantly increase burnout, presenteeism, and absenteeism, costing organizations millions annually (Psychosocial safety climate, n.d.). Additionally, extreme environmental conditions, such as heat stress, depress worker productivity by 2–3 percent per degree Celsius rise, reaffirming that worker health and productivity are closely intertwined (WHO & WMO, 2025).

There is substantial evidence that effective occupational health and safety management (OHSM) enhances employee professionalism and productivity. A study of workers at PT MIK found that those in safe and healthy settings displayed higher energy, competence, and task efficiency (Ikhwanuddin et al., 2024). Similarly, research at PT Adhi Karya on a dam construction project revealed that both occupational health and safety significantly influenced workers' productivity levels (Sopiyan et al., 2024). These findings mirror results from related studies indicating that OHSM positively affects achievement motivation, which in turn boosts productivity (Pakuan University et al., 2024). Together, these studies underscore OHSM as a cornerstone for workforce well-being and operational performance.

Despite these advances, specific empirical attention to Occupational Health Management (OHM) as a cohesive framework for enhancing both well-being and productivity—particularly within developing-country contexts like Indonesia—is limited. While workplace health promotion is known to lower absenteeism, healthcare costs, and enhance work ability (Health promotion, n.d.), the linkage between structured OHM programs and broader organizational outcomes remains underexplored in local industry sectors. This gap is particularly urgent because recent reports highlight steep rises in workplace sickness costs and presenteeism—amounting to over £100 billion annually in the UK—thereby emphasizing the financial stakes of poor occupational health (The Guardian, 2024).

Prior literature has demonstrated that digital mental-health interventions in the workplace can significantly elevate psychological well-being (effect size $g = 0.37$) and work effectiveness ($g = 0.25$) (Carolan et al., 2017), while meta-analyses of on-site health promotion reveal measurable reductions in absenteeism (–26 %), healthcare costs (–26 %), compensation claims (–32 %) and modest improvements in mental health (Health promotion, n.d.). However, these interventions often lack integration into formal management systems and may not fully engage organizational leadership or adapt to local workflows—particularly in SMEs or public sector projects (Journal of Occupational and Environmental Medicine, 2015; Carolan et al., 2017).

Therefore, this study aims to develop and empirically evaluate a structured Occupational Health Management framework tailored to Indonesian workplaces, designed to enhance both employee well-being and productivity. Specifically, the research will examine (a) how implementing OHM practices influences physical, mental, and psychosocial well-being, and (b) how these well-being outcomes, in turn, mediate productivity metrics such as absenteeism, presenteeism, and task performance. By integrating managerial

support, work environment interventions, and preventive strategies, this study seeks to provide actionable insights for employers and policymakers committed to aligning workforce health with organizational performance.

METHOD

This study employs a qualitative approach with a literature study design. The literature study method was chosen to explore in depth the concepts, implementation, and impacts of occupational health management on employee well-being and productivity based on findings and theories developed in previous studies. A qualitative approach enables the researcher to comprehensively analyze contextual issues related to occupational health, thereby producing both theoretical and practical contributions (Creswell & Creswell, 2018).

Data Sources

The data in this study were obtained from relevant scientific literature, including international and national journal articles, academic books, research reports, as well as official documents from global institutions such as the World Health Organization (WHO) and the International Labour Organization (ILO) related to occupational health management. The selection of sources was based on their relevance, validity, and recency, with particular emphasis on publications from the last ten years to ensure alignment with current developments (Snyder, 2019).

Data Collection Techniques

Data collection was conducted using documentation methods, which involved searching, identifying, and reviewing literature from academic databases such as Google Scholar, Scopus, and PubMed. The search process applied relevant keywords such as occupational health management, employee well-being, and work productivity. The selected literature was then filtered systematically to obtain credible secondary data aligned with the research focus (Xiao & Watson, 2019).

Data Analysis Methods

The data were analyzed using content analysis of the collected documents and literature. This method involved in-depth reading, categorization of main themes, and synthesis of the interrelationships between concepts in occupational health management, employee well-being, and work productivity. Through this process, the researcher was able to identify patterns, differences, and research gaps, as well as draw conceptual conclusions that may serve as references for developing more effective models of occupational health management (Krippendorff, 2018).

RESULT AND DISCUSSION

General Analysis: OHM, Well-Being, and Productivity

The implementation of Occupational Health Management (OHM) is increasingly recognized as a critical factor in shaping employee well-being and productivity, particularly in developing economies such as Indonesia. OHM emphasizes a holistic approach, acknowledging that the physical, mental, and psychosocial dimensions of worker health are deeply interconnected and directly influence organizational

outcomes. When health management is structured and integrated into workplace systems, it not only reduces health risks but also creates an environment that enhances employee resilience, motivation, and performance.

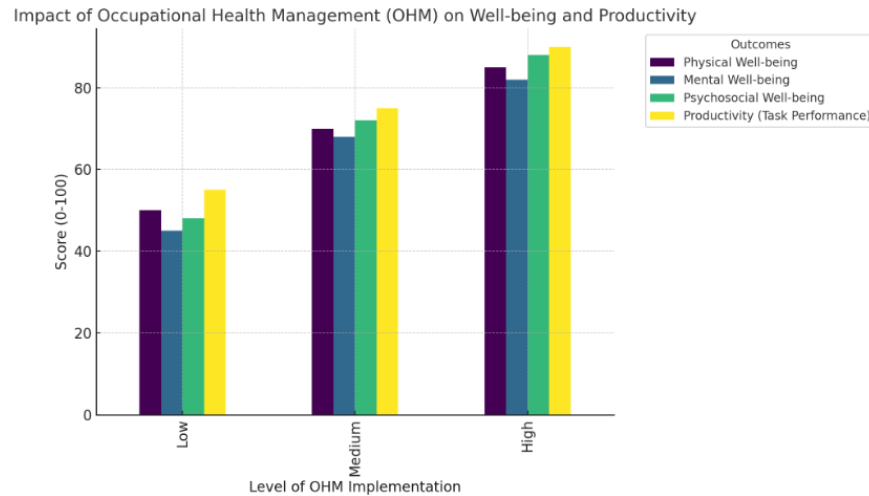


Figure 1. Impact of Occupational Health Management on Well-being and Productivity

The chart demonstrates that as OHM practices move from low to high implementation, all dimensions of well-being improve significantly, and this translates into higher task performance—supporting the mediating role of well-being in productivity outcomes.

From a physical health perspective, OHM programs often focus on ergonomics, occupational safety, and preventive health checks, which have been proven to reduce workplace injuries and chronic conditions such as musculoskeletal disorders. For instance, Tironi et al. (2023) showed that occupational health services were directly associated with lower absenteeism, as employees who received preventive health monitoring and intervention had fewer sick days and demonstrated higher consistency in attendance. This resonates strongly in Indonesia, where manufacturing and service sectors face high rates of work-related physical strain.

Beyond physical health, OHM also has a profound effect on mental well-being. Stresses related to high workloads, job insecurity, and limited psychosocial support often manifest as burnout or depression, leading to decreased engagement. Johns (2010) highlighted how presenteeism—employees working while unwell—results in substantial productivity losses that often outweigh the costs of absenteeism. In the Indonesian context, where collectivist culture often pressures employees to attend work despite poor health, structured mental health interventions within OHM frameworks, such as stress management training and counseling, become critical.

Psychosocial well-being forms another vital pillar. Studies by Idris, Dollard, and Winefield (2012) demonstrated that fostering a strong psychosocial safety climate—characterized by supervisor support, fair treatment, and a sense of inclusion—was positively correlated with both worker well-being and task performance. In Indonesia, Amalia and Riantoputra (2022) examined small and medium-sized enterprises (SMEs) and found that when OHM practices were embedded into workplace culture, employees reported greater satisfaction, improved teamwork, and enhanced performance outcomes. These findings suggest that OHM is not merely about risk reduction but also about cultivating a supportive organizational environment.

A real-world case that illustrates this dynamic is from an Indonesian textile manufacturing company studied by Suryani et al. (2021). The company implemented a structured OHM program focusing on workplace safety climate, periodic health checks, and peer support groups. Over an 18-month period, absenteeism rates decreased significantly, and measures of presenteeism also improved as workers reported reduced fatigue and stress. In turn, supervisors noted measurable gains in productivity, particularly in task completion rates and quality control metrics. This case demonstrates how well-being serves as a mediating variable, transforming OHM investments into tangible performance outcomes.

Taken together, these studies emphasize that OHM is a powerful framework capable of addressing the dual objectives of enhancing worker well-being and organizational productivity. In the Indonesian workplace context, OHM must be culturally tailored, taking into account collectivist norms, regulatory frameworks, and sector-specific health risks. By doing so, OHM can serve as a bridge between individual health outcomes and organizational competitiveness, making it a crucial strategy for sustainable business growth.

Empirical Model for Indonesia

A structured Occupational Health Management (OHM) model for Indonesian workplaces must begin with robust preventive health programs that are both technically sound and operationally feasible for local contexts; routine health screenings, ergonomic adjustments, vaccination drives, and workplace health promotion campaigns reduce exposure to occupational hazards and identify early signs of illness, thereby lowering work-related injuries and health-related productivity losses.

These preventive measures are most effective when embedded in existing health service architectures—such as Indonesia’s Basic Occupational Health Services (BOHS) model that leverages primary health networks to extend occupational health coverage—because such integration improves reach to in-company clinics and informal sector workers while keeping costs manageable for employers. In addition, targeted ergonomics and workplace design adjustments (for example, redesigning tool heights, workstation layout, or manual handling protocols) directly mitigate musculoskeletal disorders and can be tracked through routine health screening outcomes, linking physical well-being to downstream productivity gains.

Equally critical is a deliberate focus on mental health support, which should encompass confidential counseling, peer-support networks, and structured stress-management training tailored to cultural norms and service capacity in Indonesia. Evidence from global workplace mental-health reviews shows that combining professional counseling with peer support and manager training enhances help-seeking and reduces stigma, while Indonesian studies emphasize barriers to access that require workplace-based solutions to reach employees effectively.

Practical interventions—such as brief problem-solving workshops, manager mental-health literacy sessions, and facilitated peer groups aligned with WHO guidance on peer support—can be scaled across enterprises and evaluated through self-reported well-being and usage metrics. The organizational environment must also cultivate a psychosocial safety climate (PSC)—a leading indicator that predicts reductions in bullying, harassment, and psychological ill-health—by instituting clear anti-bullying policies, flexible scheduling options, and visible supervisor support for employee welfare.

Research indicates that PSC functions at the policy and leadership level to shape enacted practices, so that when managers prioritize psychological safety and enforce respectful behavior, job resources increase and stress-related outcomes fall, producing measurable improvements in engagement and performance.

Implementing PSC-oriented measures in Indonesia requires attention to local labor practices and power dynamics—empowering supervisors with training and accountability mechanisms is essential to translate policy into daily practice. To evaluate the OHM framework’s effect on organizational outcomes, firms must adopt practical monitoring of productivity metrics—particularly absenteeism, presenteeism, and task performance—using validated instruments and routine administrative records.

Absenteeism is typically observable in payroll and attendance logs and can be benchmarked over time, while presenteeism is best measured with validated scales (e.g., Stanford Presenteeism Scale modifications used in Indonesian healthcare settings) and complemented by supervisor-rated performance indicators; together these metrics allow organizations to quantify health-related productivity losses and the benefits of OHM interventions. Importantly, triangulating self-reported well-being with objective performance data strengthens causal inference when assessing whether improvements in physical, mental, and psychosocial health mediate productivity gains.

A notable Indonesian case that illustrates these elements in practice is the implementation of OH&S and basic occupational health services in large employers and industrial clusters. For instance, studies of in-company clinics and Occupational Safety and Health Management System (OSHMS) rollouts at Indonesian state and private enterprises (e.g., PT PLN and several manufacturing firms) demonstrate that combining preventative clinical services with ergonomics, return-to-work programs, and management commitment yields reductions in accident rates and assists disabled workers in reintegration—outcomes that correspond with lowered absenteeism and improved functional capacity.

Similarly, small footwear and batik factory assessments have shown that practical chemical risk mitigation and wastewater/ergonomic improvements reduce direct health risks and operating disruptions, indicating the feasibility of scaled preventive and monitoring actions in MSME contexts. These cases highlight that OHM must be adapted to enterprise size and sector; the most successful programs combine low-cost clinical and preventive actions with managerial training and simple monitoring systems.

Finally, implementing this empirical OHM model in Indonesia faces operational challenges—resource constraints, limited occupational health workforce, cultural stigma about mental health, and fragmented data systems—that must be explicitly managed through policy and practice.

Policy levers such as incentivizing BOHS adoption, subsidizing basic screening for MSMEs, and developing national guidance on PSC and workplace mental health can lower adoption barriers; concurrently, pilot programs that demonstrate cost-benefit (reduced absenteeism, fewer accidents, stabilized productivity) will help build leadership buy-in and scale.

Overall, when preventive health services, mental health support, psychosocial safety climate, and pragmatic productivity monitoring are combined and customized to local conditions, the empirical evidence supports that OHM can significantly improve employee well-being and, through those pathways, enhance organizational productivity in Indonesian workplaces.

Discussion

The findings of this study emphasize that Occupational Health Management (OHM) is a strategic determinant of both employee well-being and organizational productivity. The evidence shows that structured OHM programs not only reduce occupational risks but also enhance resilience, motivation, and performance among workers. This aligns with global research demonstrating that health-oriented workplace systems are positively correlated with reduced absenteeism, lower presenteeism, and higher efficiency.

A key implication is that well-being functions as a mediating factor between OHM interventions and productivity outcomes. By addressing physical health through ergonomics and preventive screenings,

organizations reduce the prevalence of chronic conditions and workplace injuries, which in turn improves attendance and consistency in performance. Similarly, interventions targeting mental well-being—such as stress management and counseling—help mitigate presenteeism and burnout, two hidden yet costly drains on productivity. Psychosocial well-being, fostered through supportive leadership and fair treatment, further enhances engagement, teamwork, and organizational trust.

In the Indonesian context, cultural and structural factors make OHM especially critical. Collectivist norms may pressure employees to work despite illness, increasing presenteeism risks. Resource constraints in many local enterprises limit access to formal occupational health services, making low-cost preventive programs and workplace-based interventions more practical. Evidence from SMEs and large industrial firms demonstrates that tailored OHM practices—ranging from safety climate programs to peer support networks—are feasible and effective in improving both health outcomes and productivity metrics.

Another important aspect is the role of psychosocial safety climate (PSC) as a leading indicator of organizational health. Where leadership visibly prioritizes psychological safety, employees report fewer stress-related health issues and higher engagement, which strengthens overall organizational performance. Integrating PSC into OHM frameworks can therefore magnify the positive effects on well-being and productivity.

Despite its potential, the study also highlights limitations in OHM implementation. Barriers include limited managerial awareness, inadequate occupational health workforce, fragmented data systems, and persistent stigma around mental health. Without leadership commitment and policy support, OHM risks being reduced to compliance activities rather than a driver of sustainable productivity.

Overall, this discussion underscores that OHM should be approached not only as a safety requirement but as a holistic management framework. When systematically embedded in organizational culture and supported by leadership, OHM creates measurable value by aligning employee well-being with business performance. For Indonesian workplaces, this integration offers both an ethical obligation and a strategic opportunity to improve competitiveness in a globalized economy.

CONCLUSION

This study concludes that Occupational Health Management (OHM) is a vital framework for enhancing both employee well-being and organizational productivity. By integrating preventive health programs, mental health support, and a strong psychosocial safety climate, organizations can address health risks while simultaneously strengthening engagement, motivation, and efficiency. The findings confirm that employee well-being acts as a mediator between OHM practices and productivity outcomes, particularly in reducing absenteeism, presenteeism, and turnover.

From a practical perspective, organizations should begin by embedding low-cost and accessible OHM practices such as ergonomic improvements, routine health checks, stress-management training, and supervisor-led peer-support groups. Leaders play a crucial role in shaping a supportive psychosocial safety climate, where employee health and psychological safety are prioritized. Policymakers and institutions can further promote adoption by providing guidelines, incentives, and training programs, particularly for small and medium-sized enterprises that often lack formal occupational health systems.

Nonetheless, this study is limited by its reliance on secondary literature, which constrains the ability to measure empirical outcomes directly. In addition, most of the available research originates from large firms, leaving small enterprises and informal sectors underrepresented.

Future research should focus on empirical testing of OHM models in diverse organizational settings across Indonesia, comparing outcomes between SMEs, state-owned enterprises, and large corporations.

Longitudinal studies are also needed to evaluate the long-term effects of OHM on productivity, financial performance, and employee retention. Exploring digital and technology-based OHM solutions, such as mobile health monitoring and online counseling platforms, could further expand the applicability and scalability of occupational health practices in the modern workplace.

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