

# Interfaces of Occupational Health Management and Corporate Social Responsibility: A multi-Centre Qualitative Study from Germany

Eva Kuhn (✉ [eva.kuhn@tum.de](mailto:eva.kuhn@tum.de))

Technische Universität München Fakultät für Medizin <https://orcid.org/0000-0002-8337-9639>

**Sebastian Müller**

Christian-Albrechts-Universität zu Kiel

**Christoph-Daniel Teusch**

Verbraucher Initiative e.V. (Bundesverband)

**Grit Tanner**

Universität Hamburg

**Marlies Schümann**

Universität Hamburg

**Carolin Baur**

Zeppelin Universität gGmbH

**Eva Bamberg**

Universität Hamburg

**Ludger Heidbrink**

Christian-Albrechts-Universität zu Kiel

**Stuart McLennan**

Technische Universität München Fakultät für Medizin

**Alena Buyx**

Technische Universität München Fakultät für Medizin

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## Research article

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# Abstract

**Background:** The workplace has been identified as a priority setting for health promotion. There are potential advantages of systematically integrating Occupational Health Management (OHM) and Corporate Social Responsibility (CSR). However, OHM and CSR are usually overseen by different management branches with different sets of values, and there is a lack of empirical research regarding interfaces between OHM and CSR. Germany offers a particularly useful setting due to legislation requiring health to be promoted in the workplace. This study aims to examine key stakeholders' views and experiences regarding interfaces between OHM and CSR in German companies.

**Methods:** Individual semi-structured qualitative interviews were conducted with a sample of 77 German stakeholders from three different groups: experts in occupational health and corporate social responsibility from various companies (n=35), business partners (n=19) and various non-business partners (n=23). Transcripts were analysed using qualitative content analysis.

**Results:** Participants identified several areas in which OHM and CSR are already interacting at strategic, structural and cultural levels, but has also highlighted several barriers that undermine a more meaningful interaction. Participants reported difficulties in articulating the underlying ethical values that are relevant to both OHM and CSR at the strategic level. Several structural barriers were also highlighted, including a lack of resources (both financial and knowledge), and OHM and CSR departments not being fully developed or being undertaken at entirely different operational levels. Finally, the missing practical implementation of corporate philosophy was identified as a key cultural barrier to interfaces between OHM and CSR, with existing guidelines and companies' philosophies that already connect OHM and CSR not being embraced by employees and managers.

**Conclusions:** There is already significant overlap in the focus of OHM and CSR, at the structural, strategic and cultural levels in many German companies. The potential is there, both in theory and practice, for the systematic combination of OHM and CSR. The insights from this study will be useful to ensure that closer integration between both management branches are set up in a socially sustainable and ethical manner.

## Background

The World Health Organization (WHO) has identified the workplace as a priority setting for health promotion, as it "directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society" [1]. Workplace health promotion (WHP) is understood to constitute "the combined efforts of employers, employees and society to improve the health and well-being of people at work" [2] and often converges in "multi-faceted initiatives to improve health in the workplace based on comprehensive health promotion programs" [2]. WHP and particularly behaviour-based prevention such as physical activity [3, 4] is one significant part of Occupational Health Management (OHM). Although no universally accepted definition of OHM exists, it typically includes

legally mandated occupational health and safety, behaviour-oriented measures aimed at promoting well-being and health by encouraging individual employees to change their behaviour, and system-oriented measures aimed at improving working conditions and thereby contributing to a healthy workplace for all employees [5, 6].

A potentially relevant management framework for OHM is Corporate Social Responsibility (CSR), which “...is essentially a concept whereby companies decide voluntarily to contribute to a better society and a cleaner environment. [...] This responsibility is expressed towards employees and more generally towards all the stakeholders affected by business and which in turn can influence its success” [7]. Generally speaking, CSR provides reasons for engaging in activities that transcend a company’s core financial goals. Although employee health and safety were not traditionally a central element of CSR, this view is increasingly being reconsidered on both the political and scientific levels. The European Agency for Safety and Health at Work published a report in 2004 on “Corporate social responsibility and safety and health at work” [8], and the “EU strategy 2011–14 for Corporate Social Responsibility” suggested linking the topics of CSR and health together, referring to “employee health and well-being” as an aside in its conceptualisation of CSR [7]. In the scientific literature, Zink has suggested that “the promotion of the positive image of health and motivation in a framework of corporate social responsibility [...] is required” [9]. Kuhn and Gensch have also referred to the responsibility debate within CSR as providing an orientation for the topic of health promotion at work [10].

The legal framework in Germany regarding WHP provides an interesting example of the increasing overlap between OHM and CSR. With the enactment of the Prevention Act (*Präventionsgesetz*) in 2015, WHP became part of German social legislation. Health insurance providers are now required to promote health in the workplace, in addition to their previous duties under the statutory accident insurance and the Occupational Safety Act (*Arbeitssicherheitsgesetz*). This has led German companies to invest greater effort in voluntary forms of OH that appear, at least at first glance, to overlap with CSR. Such activities include offering fitness courses, mindful leadership seminars, or an ergonomic adjustment of workplaces in the interest of prevention. Recent research has reported that these individual-oriented interventions are already offered by three in ten German companies [11]. To assist the implementation of this new legislation, German health care insurers offer consultation services on how to design and implement OH measures for companies, various health promotion and prevention packages for direct implementation and financial support to companies [12]. Independent of the new Prevention Act, other direct financial incentives for companies are in place, for example, expenses on certain preventative health measures are income tax-free (up to 500 € per employee per year, § 3 Nr. 34 Income Tax Law/*Einkommensteuergesetz*). Since January 2019, companies are required to certify behaviour-based prevention services to maintain these tax benefits (§ 20 paras 2 & 5, Social Code Book/*Sozialgesetzbuch V*). Alongside these recent legislative changes, research suggests that in-house personnel from various departments (including human resources, strategy, sustainability, public relations, CSR etc.) are increasingly engaging in OHM activities (e.g., [13]) More and more, industry and trade associations are also developing guidance for companies on WHP and OHM, in addition to their more traditional role of enforcing existing health and safety regulations [14]. Other public institutions and organisations that specialise in occupational

medicine, public health, occupational psychology etc., are also providing empirical data on health promotion in the workplace, and often develop freely available material, such as staff surveys based on empirical data or theoretical models for a wide range of OH interventions (e.g., the German 'Initiative Health and Work' (iga)). Moreover, it is common in large enterprises for employees to organise themselves in so-called health circles (not to be confused with the legally required in-house industrial safety committees). These circles tend to cover OHM topics such as smoking cessation and work-life-balance. They serve as an important intersection between management and employees, and can be established in a more or less bottom-up fashion [15]. By contrast, small and medium-sized enterprises rarely have their own in-house OHM systems, but can and do receive external support from public institutions or private providers [16].

Beyond regulatory compliance, several advantages to systematically linking OHM and CSR have been noted in the literature. It has been speculated that merging health promotion activities with CSR structures may potentially have several competitive advantages for companies [10, 17, 18]. In addition to benefiting from reputational gains and savings due to intra-organisational synergy, companies that merge their activities may be more successful in facing future challenges (such as demographic changes) [19]. Well-established OHM may also help companies to realise their key CSR goals, such as high employer attractiveness and in-house social commitment, as well as an enhanced corporate image and reputation among their consumers and business partners. In the long term, this has the potential to ultimately strengthen a company's market position [20, 21]. In addition to improving employee health, OHM measures may also have social or ethical benefits, if they address organisational, communal or global justice issues [22, 23]. Addressing OHM and CSR jointly, therefore, may not only give companies a competitive edge [24], but could also facilitate the implementation of health promotion programmes as part of furthering social responsibility and promoting good business culture.

CSR and OHM, however, are usually overseen by different management branches and based on different sets of values [25]. Matten and Moon's concept of implicit and explicit CSR is illuminating when considering the interplay between OHM and CSR [26]. Explicit CSR is conceptualised as deliberate and voluntary "corporate policies that assume and articulate responsibility for some societal interests", while implicit CSR is regarded as "corporations' roles within the wider *formal and informal institutions* for society's interests and concerns", reacting to their environment [26]. This approach takes into account the institutional impacts on a company. It also understands 'institutions' sociologically, i.e., not merely as organisations, but also as social norms, rules and values.

Following Matten and Moon, activities such as those based on Germany's Prevention Act would thus fall under the concept of implicit CSR, while OHM activities that exceed legal requirements align with their concept of explicit CSR, if they are offered at the company's own discretion (e.g., a regular free health check for every employee). The concept of implicit and explicit CSR is thus one of the established accounts of CSR that is well-suited to theoretically underpin the integration of OHM and CSR within a joint management framework. However, there is a lack of empirical research regarding the interfaces between OHM and CSR in companies and how the integration of the two management branches are

perceived. Germany's system offers a particularly useful model for examining the existing and potential interfaces between OHM and CSR due to the enactment of legislation requiring health to be promoted in the workplace. The aim of this study, therefore, is to examine key stakeholders' views and experience regarding interfaces between OHM and CSR in German companies. A comprehensive overview of these issues will help identify the key facilitators and barriers to implementing a more systematic approach to synthesising OHM and CSR.

## Methods

The methods used in the study are presented below, in accordance with the 'Consolidated criteria for reporting qualitative research' (COREQ) [27]. Ethics approval was waived by the Local Ethics Committee of the Faculty of Psychology and Human Movement Science at the University of Hamburg.

## Research team and reflexivity

Interviews were conducted by the authors [EK, SM, CT, GT and CB], who all had previous training and experience in qualitative research. No relationship was established between the interviewers and the participants prior to the study, and participants received limited information about the researchers. No hierarchical relationship existed between the researchers and the study participants.

## Study design

The theoretical framework employed in this study was qualitative content analysis [28, 29]. Qualitative content analysis is generally used with a study design whose aim is to describe a phenomenon, in this case the views and experiences of stakeholders regarding the relationship between OHM and CSR in German companies. Participants were primarily experts selected through purposive sampling, to ensure sample diversity according to predetermined factors (e.g., industry representation, company size, established reputation regarding OHM and/or CSR, etc.). To garner sufficiently informative qualitative data, the authors first approached enterprises with demonstrably excellent OHM. Therefore, all companies holding one of the following awards were contacted throughout October till December 2016: 'Corporate Health Award', 'Deutscher BGM-Förderpreis', 'Deutscher Unternehmenspreis Gesundheit', 'Die Goldene Hand' or the 'Zertifizierung Gesundes Unternehmen' by the health insurer AOK Bayern. To ensure cross-industry representation and to include companies of different sizes, also conducted cold calls were conducted. Participants were contacted by e-mail, and suitable interview dates were determined for those willing to participate. They were sent the consent form as well as a data protection declaration beforehand. The document was signed by the researcher and the participant before starting the interview. Seventy-seven participants agreed to participate in the study and were recruited from three different groups (see Table 1): OHM and/or CSR experts from various companies (n = 35), business partners (n = 19) and various non-business partners (n = 23). Interviews were held between November 2016 to September 2017. Fifty-six interviews were conducted in person at a venue of the participants' choosing, while the remaining 21 interviews were conducted via telephone. Seventy-six interviews were conducted in German, and one interview was conducted in English. Only the participant and the researcher were

present during the interview. Semi-structured interview guides (OHM and CSR) were developed for the present study. As the overall aim of the interviews was a comprehensive inventory of OHM and CSR in Germany, first three in-depth and very detailed interview guides were developed (see 'companies – long version', 'business partners – long version' and 'non-business partners – long version' in Additional File 1). They particularly pay attention to ethical aspects. In order to also offer shorter interviews of an hour or less and, hence, widen the inventory by asking in the breadth, they were complemented by three condensed interview guides (see 'companies – short version', 'business partners – short version' and 'non-business partners – short version' in Additional File 1). The short interview guides have a main focus on working conditions and stakeholders as they were simultaneously used for research in the field of inter-organisational OHM [reference by the authors]. All six interview guides had not been used and published prior to the present study. Therefore, each interview guide was pre-tested at least twice, and the guides were discussed among all researchers in the consortium to minimise the risk of personal preconceptions [30]. Research questions concerning the relationship between OHM and CSR included: Are the topics of health promotion and social responsibility addressed jointly in your company/ in companies of your industry sector? If they are addressed jointly, how is this achieved? What are the reasons? Is there a strategy in your company/in companies to integrate these two areas? (and covered by the long version:) If they are addressed separately, do you think there are good reasons to address OHM and CSR jointly?

Table 1  
Overview of the experts interviewed

Category	Interview guide	Interviews
Companies	OH	18
	CSR	10
	both	7
Business partners	OH	5
	CSR	3
	both	11
Non-business partners	OH	5 health/ social insurances
		1 public institution
		3 employee representations (works council or trade unions)
		3 Other (NGOs, employers' associations, etc.)
CSR	0	
both	both	2 health/ social insurances
		7 public institutions
		2 employee representations (works council or trade unions)

No repeat interviews were carried out. Only one participant did not consent to the interview being audio recorded. To minimise as far as possible the risk of a social desirability response bias, participants were informed before the interview began that the interviews would be immediately pseudonymised and later fully anonymised [31]. Field notes were taken after the interview that had not been audio recorded. After 77 interviews, the issue of data saturation arose, and the research team concluded that saturation had been reached with regard to the content and attitudes expressed by the participants. Transcripts of the interviews were returned to participants for approval.

## Analysis and findings

The interview transcripts were analysed in their original language using qualitative content analysis [28, 29] by at least two coders with the assistance of the qualitative software MAXQDA. Face validity [32] was used to evaluate the coding frame and was also checked by all authors. Coders discussed their results, focusing particularly on differences in coding, to establish intercoder reliability [33]. Analysis revealed that the themes the experts identified could be further categorised under the three ordering moments of The New St. Gallen Management Model: strategy, structure and culture [34]. Finally, a communicative

validation [29] was conducted during an expert workshop in which ten interview participants and seven other experts participated. The workshop participants were permitted to remain anonymous so that they could comfortably share their experiences of 'worst practices' and critical moments regarding OHM. The potential results of a relationship between OHM and CSR were discussed and slightly adjusted afterwards, without the need to edit the coding frame. All interviews but one were conducted in German. Quotes were translated separately by two of the authors and results were compared to maximise intercoder reliability. Following the method of van Nes and colleagues, validity was ensured through the use of translations that adhered closely to the original sentence structure and by focusing on the quantity as well as the type of words used by the participants; therefore, grammatical and other errors have not been corrected [35].

## Results

A total of 13 distinct sub-categories regarding the relationship between OHM and CSR in German companies were identified, consisting of seven existing or planned interfaces and six barriers to or reasons against interfaces between the two. Table 2 gives a full and detailed account of issues identified, along with example quotes. The definitions and coding rules used in the coding framework are presented in the Appendix.

Table 2

Result of the Qualitative Content Analysis for OHM-CSR interfaces and concerns mentioned

Node	Main Category	Subcategory	Text example (direct quotes)
<b>Existing interfaces &amp; Interfaces that should be established</b>	Structural	Joint actions	[...] a corporate run and kilometres. Then, the business gives something for social projects (CB213, organisation, department director).
		Overlap of responsibilities	The person responsible for OHM reports to my colleague who is responsible for 'sustainability' in the other business unit. (VU04, company, head of Corporate Responsibility (CR) and Sustainability)
		a) in the same department b) for the same person	
	Strategic	Extension of the health circle or CSR-board	Sure, someone from human resources also takes part in our task force 'sustainability'. (VU08, company, responsible person for sustainability management).
		Standards and certification	[...] the sustainability codex [...] says that we [...] have a global, holistic Health Management (HU08, company, OHM representative)
		In general	[...] if one wants to have the external image of an absolutely 'clean', superb company, then Occupational Health Management in my view belongs right at the front. (CS22, business partner, human resource manager)
		Corporate philosophy	However, in any case a company's or company manager's catalogue of values has an influence on health again and again [...] (CB212c, institution, representative of a statutory health insurance)
Cultural	Health as part of the leading principle 'social responsibility'	If there is any opportunity at all to sensitise large groups [in that case: millions of employees in Germany] for the subject of 'health', then only in the workplace (HU40, company, OHM representative; cf. HB41, business partner, not specified).	
<b>Open concerns &amp; Reasons for no existing/planned interface</b>	Structural	Lack of resources	[CSR and OHM] are different communities and there one has to establish a platform, and this costs money. I mean, time is money. (CB210, government institution, occupational safety)
		No appropriate internal structures and/or knowledge in the company	So, for us in a first step it actually is about [...] creating structures by means of which we also can systematically take care of the health issues of our employees in the future. (HU39, company, OHM representative)

Node	Main Category	Subcategory	Text example (direct quotes)
		Location of OHM and CSR at different operational levels	CSR is managed from the United States [WHP is based in Germany]. (CS25, business partner, head of human resources)
	Strategic	Lack of overlapping stakeholders	Health Management and Promotion often concerns the own employees and their families, but CSR addresses a larger group. (VB07, organisation, responsible person for Social Security)
		OHM not primarily a company task	[Such an interface] must be implemented on a macrosocial level. [...] A frame must be provided that enables companies [to take up responsibility in CSR and OHM]. (VB07, organisation, responsible person for Social Security)
	Cultural	No practical implementation of the corporate philosophy	[OHM] is part of the CR-strategy: employees. Does it reach me in everyday life if I ground it now just on how the CR-representative approaches me or the other way round? Then, I have to say: felt not at all. (CU210, company, employee of the human resources department with responsibility for OHM)

## Strategic issues in the interface between OHM and CSR

Participants reported that a long-term corporate strategy regarding the interface between OHM and CSR has yet to be established in the majority of companies, but many expressed a desire that a plan of action implementing such an alignment should be set up. At present, however, participants reported that the connection between OHM and CSR is limited at the strategic level, and primarily achieved via current internal standards and/or a company's code of conduct.

Participants reported, however, that a key challenge to the closer interface of OHM and CSR at the strategic level was the current difficulties in articulating the underlying ethical values that are relevant to both OHM and CSR. This was regarded as a problem for intra-corporation communication, and participants expressed the desire that these issues should be examined more often and more clearly in scholarship. The current divergent focus of OHM and CSR was also noted. Company representatives in particular emphasised that health activities were exclusively aimed at their own employees, whereas CSR encompassed a wider group of stakeholders outside the corporation. Furthermore, participants felt that health issues as well as social issues, such as sustainability and environmental protection, needed to be addressed and promoted by society as a whole and not by individual companies. Nevertheless, participants called for a framework that would enable companies to fulfil their social, environmental and health responsibilities—which participants endorsed despite their concerns—without being severely economically damaged. How this framework should look like and whether it would best be implemented

through mandatory rules and regulations or by voluntary commitments and participation in networks that provide a certain infrastructure was considered open for discussion.

## **Structural issues in the interface of OHM and CSR**

Participants reported several ways in which companies currently structurally facilitate the interface between OHM and CSR. It was noted that the responsibility for managing OHM and CSR is often held by the same person or department in many companies. Even in companies that allocated the responsibility for OHM and CSR to different departments, participants described increasing collaboration between the two activities, for example, through the one-off or permanent participation of a representative from one department on the other department's committee. Participants emphasised that this collaboration went in both directions and was often initiated for practical reasons, such as to gain a better understanding of the other department's concerns and targets, to facilitate more fluent communication within the company and to provide more comprehensive information for the public. Participants also noted that this structural overlapping of OHM and CSR sometimes manifested in joint activities, such as the combination of corporate sports activities (e.g., a company run) with CSR projects (e.g., donation to a charitable project).

However, participants also identified several structural barriers that currently inhibit the interface between OHM and CSR in many companies. Participants repeatedly emphasised that companies frequently lack the resources (both financial and knowledge) to support such interfaces, and that potential interactions depend on the company's current economic situation. Furthermore, participants identified some deeper structural challenges that currently impede meaningful interaction between OHM and CSR. In some companies, such interfaces are currently not feasible because either their OHM or CSR department has yet to be fully developed. In other companies, OHM and CSR are undertaken at entirely different operational levels. For example, it was reported that OHM, due to its close link to legislation and the national social system, was often organised locally or regionally, while CSR is managed by a central department for all of the group's companies.

## **Cultural issues in the interface of OHM and CSR**

Participants highlighted the important role that a company's philosophy, values and corporate culture plays in health promotion, and noted that cultural factors could affect employees and their health positively or negatively. Participants felt that health promotion not only must take into account a company's philosophy and culture, but can only be as successful as the corporate culture allows it to be. OHM was typically perceived by participants as falling under the broad definition of 'social responsibility' simply because health issues *are* a company's social responsibility. Participants noted that acknowledgement that health is part of a company's social responsibility is evident in discussions around work-life-balance, personal development opportunities and also in traditional occupational health and safety. It was reported that in circumstances where a 'split' is present between the corporate culture and the employee's own values, employees may experience psychological strain and moral distress—for example, when employees disagree with the aims and practices of their company (e.g., selling insurance or subscriptions to vulnerable people in an aggressive way), or where diligent employees are forced to

rush their work due to measures that the company has implemented in a bid to maximise output. Participants reported that the practical implementation of corporate philosophy is a key cultural barrier to interfaces between OHM and CSR. Although existing guidelines and companies' philosophies often already connect OHM and CSR with each other, these are currently not embraced—or 'lived'—by the employees and managers.

## Discussion

To our knowledge, this is the first study to examine key stakeholders' views and experiences regarding the interfaces between OHM and CSR in German companies. This study has identified several areas in which OHM and CSR are already interacting at the strategic, structural and cultural level, but has also highlighted several barriers that undermine a more meaningful interaction.

Although the design and depth of any existing interface between OHM and CSR varied significantly among companies, certain common approaches were observed. These approaches included an overlap of responsibilities or joint activities, or a shared approach to OHM and CSR via social responsibility and a company's corporate culture. At the same time, however, our findings support the view of Monachino and Moreira that "CSR health-related activities are generally pictured as punctual activities" [17]. At present, companies either extend their health circles or allow the responsibilities of individual managers to overlap, but few combine OHM and CSR systematically, across divisions or as part of a company-wide strategy.

## The interface between OHM and CSR

This study has identified a number of existing, overlapping values in OHM and CSR. First and foremost was the attribution of responsibility for health in the company context [36], that provide strong incentives for better integration between the two managerial branches. Moreover, the study also revealed and confirmed other ethical values that could potentially overlap, including voluntariness and autonomy, privacy, distributive justice as well as issues around stigmatisation and discrimination (for the theoretical underpinning of ethical issues in WHP and OHM see: [37]). Overall, therefore, there is the potential for an improved joint, systematic consideration of ethical values within an enterprise. For example, a look at the company's OHM activities may reveal that these mainly promote unsustainable activities, such as motor-biking or diving trips. In such cases, CSR and one of its core values—responsibility for the environment—could function as a corrective for OHM [38, 39]. CSR could also incorporate health actions, such as 'bike to work' or e-bike leasing schemes for employees, into its ecological/environmental dimension and its sustainability strategy where applicable. Suggestions in this direction can be found, e.g., in the ISO 26 000 [40].

Interestingly, all participants in our study perceived OHM as subordinate to CSR when considering overlapping values and interactions, rather than the other way around. This outcome is perhaps unsurprising since OHM covers a much narrower field. Owing to its traditional connection to rules and

regulations, OHM is rather attributed to 'implicit' CSR [26]. Nevertheless, it has been recommended that in circumstances where CSR only vaguely or marginally covers health concerns, OHM may help to fill important gaps and improve companies' social impact and 'explicit' CSR 'performance' [41]. However, with many participants regarding CSR as the broader concept, it may be challenging to establish interfaces between OHM and CSR, both in theory and practice, in which OHM is maintained as a proper management system and not demoted to a structural component of CSR's social dimension. Nevertheless, it is recommended that OHM and CSR are synthesised in the future to utilise the synergy between initiatives and goals, and to reap the benefits of considering social responsibility and health as two sides of the same coin.

## Implications for future practice and research

Regarding the structural and strategic interfaces between OHM and CSR, the findings indicate that two aspects of a company's structure are particularly important. First, staff working in OHM and CSR are often located in the same department and/or report to the same manager. More research is necessary to examine the implications that may ensue from integrating WHP into one managerial branch as opposed to activities being split across different operational levels. Second, OHM and CSR stakeholders cannot be as clearly distinguished as some participants appeared to assume. A company's own employees, as well as the employees of their supply chain, are the beneficiaries of OHM and CSR. Codes of conduct regarding health and safety standards along the supply chain are one of the more obvious areas in which the stakeholders of both management branches overlap [42]. Future research should investigate how companies may be encouraged to see 'the big picture' regarding their health-related activities and decisions and how they might collaborate with business partners and non-business institutions to improve employees' health. Finally, the frequent lack of appropriate internal company structures and gaps in knowledge indicate that both OHM (and sometimes even legally mandated occupational health and safety) and CSR are neglected in some companies [16]. From a legal perspective, this amounts to a call for improved monitoring and enforcement standards. Regarding voluntary OHM and CSR activities, the development of programmes and initiatives targeted towards companies' specific needs is important, in addition to achieving better awareness of behaviour- and system-oriented prevention and a shared responsibility for health. These findings should thus be taken into account for future studies and for designing future measures to improve health in the company context and beyond.

## Limitations

This qualitative interview study has several limitations that should be taken into account in interpreting the results. It was not the aim to collect statistically representative data. However, the in-depth interviews provided rich, contextual data to elucidate the overlaps between OHM and CSR, and the fact that a wide range of experts, who have experience with OHM and CSR in Germany, were included makes it likely that this study has captured key aspects of the reality as it is viewed from different stakeholders' perspectives. However, it is possible that some key stakeholder groups were not sufficiently represented in the study. In

addition, the latest amendment to German legislation that requires certifications of certain health-promoting services to maintain tax benefits might influence companies' willingness to offer these services in the future. Furthermore, while many companies in the sample operate across Europe or worldwide, the main perspective came from German companies, their industrial partners and other institutions, as well as organisations. Therefore, the results may not adequately reflect the circumstances and conditions in other industrialised nations. Furthermore, it was surprising that no key distinctions could be identified in our study regarding diverse business sectors. Consequently, the results of this project may have relevance for companies in all sectors. However, further research is necessary to investigate the differences between sectors regarding the overlaps and possible interaction between OHM and CSR. The quantitative research that is currently available only covers the correlation between CSR and a company's size or its industry sector (e.g., [43, 44]).

Finally, the study focused on in-house operations. Future research is necessary to determine the roles and responsibilities that companies could or should have in the traditionally state-dominated sphere of health promotion and health literacy in society at large [45, 46].

## Conclusion

There already appears to be significant overlap in the focus of OHM and CSR, at the structural, strategic and cultural levels in many German companies. The potential is there, both in theory and in practice, to bring OHM and CSR closer together and to start considering systematic approaches to make use of this overlap. Indeed, several examples were reported that showed that setting up interfaces takes surprisingly little effort, and for most participants, the envisioned synergies between the two fields outweighed any costs. However, while many participants sympathised with the idea of an interface, they also saw themselves confronted with organisational barriers on all three ordering moments. The obstacles and concerns identified reflect the current state of corporate practice back to policymakers. Resolving them – or at least giving guidance to resolve them – will have an important impact on efforts to prioritise health promotion in the workplace. Regarding future systematic approaches, CSR could be utilised as a corrective to OHM, which might focus too narrowly on certain groups or conditions or disregard the social context of health. Additionally, OHM could serve to deepen and extend (explicit) CSR commitments that companies have chosen to honour by adding or widening health-focussed activities. To support joint approaches, it would be helpful to develop a catalogue of criteria that companies can use for self-assessment or the assessment of potential industrial partners regarding CSR, OHM and their potential interfaces. Another direction would be to set up an international (e.g., European-wide) 'health seal' that labels a company's occupational, social and environmental activities for both its employees', its consumers' and third-parties' health.

## List Of Abbreviations

Corporate Social Responsibility (CSR)

Occupational Health Management (OHM)

Workplace health promotion (WHP)

## **Declarations**

### **Ethics approval and consent to participate**

The study was submitted by the head of the research consortium and of the present interview study, EB, to the 'Lokale Ethikkommission der Fakultät für Psychologie und Bewegungswissenschaft der Universität Hamburg' ('Local Ethics Committee of the Faculty of Psychology and Human Movement Science at the University of Hamburg'). Ethics approval for this study was waived (AZ: 2017\_126; 19 December 2017).

Written consent including a data protection declaration was obtained from all participants prior to the interview. Furthermore, they were sent the anonymised interview transcript for approval.

### **Consent for publication**

Not applicable

### **Availability of data and materials**

The datasets used and analysed during the current study are available from the corresponding author on reasonable request.

### **Competing interests**

The authors declare that they have no competing interests.

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### **Authors' contributions**

EK, SM, CT, GT and CB conducted and transcribed the interviews. Together with MS they developed the coding frame and analysed the data accordingly. The interpretation of the data was realized by EK, SM, LH and AB. The work was conceptualised by EK and substantively revised and developed further by EB and SMcL. All authors read and approved the final manuscript.

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Not applicable.

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## Appendix

### Coding Frame

Node	Main Category	Subcategory	Definition	Coding Rules
Existing interfaces & Interfaces that should be established	Operational	Joint actions	Example(s) for actions are given where OHM/ WHP and CSR are actively involved.	Punctual activities/ actions in contrast to a long-term strategy  Excluding joint work on standards and certification
		Overlap of responsibilities	a) In the organisation chart (formal or informal), OHM/ WHP and CSR are attributed to the same department, but not the same person.  b) One person is responsible for OHM/ WHP and CSR.	a) Explicit reference to one department responsible  b) explicit reference to one single person responsible
		a) in the same department		
		b) for the same person		
	Strategic	Standards and certification	At least one person of the other department is part of the health circle or CSR-board respectively.  CSR and OHM/ WHP both contribute to standards and certifications.	Health circle or CSR-board are mentioned explicitly.  Standards and/ or certifications are mentioned explicitly.  Contribution can be everything from a constant collaboration to punctual data interchange.

Node	Main Category	Subcategory	Definition	Coding Rules
		In general	Long-term corporate alignment of CSR and OHM/ WHP, with or without a written plan of action	<p>Strategy is mentioned explicitly or paraphrased according to the definition.</p> <p>Strategy other than standards and certifications</p>
	Cultural	Corporate philosophy	A company's value system and overall attitude towards an interplay between OHM/ WHP and CSR that goes beyond the question of responsibility.	<p>The corporate philosophy is mentioned explicitly or paraphrased according to the definition.</p> <p>No strategic alignment, e.g. no plan of action, but possibly a written value statement</p>
		Health as part of the leading principle 'social responsibility'	OHM/ WHP are considered to be a component or integral part of a company's "social responsibility". In this context, social responsibility is addressed as a fundamental value and not primarily a strategy.	<p>"Social responsibility" or "corporate responsibility" is mentioned explicitly as a motive for or root of OHM/ WHP.</p> <p>No strategic alignment</p> <p>Focus on social/ corporate responsibility and not a company's overall philosophy</p>
Open concerns & Reasons for no existing/	Operational	Lack of resources	Resources such as time, money or personnel are mentioned as concerns or reasons against an interplay.	Resources other than knowledge are listed.

planned Node Interface	Main Category	Subcategory	Definition	Coding Rules
		No appropriate internal structures and/ or knowledge in the company	Internal structures on the side of CSR and/ or OHM/ WHP are non-existent and/ or knowledge regarding at least one of the topics is missing.	Internal structures and/ or knowledge are mentioned explicitly.
		Location of OHM and CSR at different operational levels	The internal structures exist, but CSR and OHM/ WHP are operated and organised from different company levels.	Related to organisation chart/ company structure
	Strategic	Lack of overlapping stakeholders	The addressees of OHM/ WHP and CSR do not overlap. Therefore, also the management systems themselves cannot interplay.	Related to the persons/ groups affected by CSR and OHM/ WHP
		OHM not primarily a company task	OHM, especially non-legally mandatory health promotion is not primarily a task for companies. In contrast, public institutions, state regulations and other macrosocial structures that transcend a single company's sphere of influence are responsible for providing a framework.	Macrosocial structures ('the big picture') are mentioned explicitly.
	Cultural	No practical implementation of the corporate philosophy	Corporate philosophy, i.e. value system or statement emphasising the interplay exists in theory/ on paper. However, it differs from the values that are held up and lived in the company.	Discrepancy between two value systems/ philosophies, lived and written, is explained.

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [InterfacesofOHMandCSRadditionalfile1.pdf](#)