



Occupational health and workplace wellbeing: Why the differences matter

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Abstract

In occupational safety and health (OSH) circles, it's common to see the terms 'occupational health', 'work-related health', and 'workplace wellbeing' used interchangeably - often inaccurately. While they may seem similar, each term carries distinct meanings. In this brief article I show how they should be distinguished and so enable better protection of workers.

Occupational health

Occupational health refers to the clinical and regulatory aspects of managing occupational diseases and work-related illness and injury. Workplace wellbeing encompasses broader, proactive efforts to support employees' overall physical, mental, and emotional health.

These differences are not just semantic, they influence how health issues are understood, prevented and managed.

In terms of timelines occupational diseases were recorded as far back as the 1700's. Bernardino Ramazzini (1700) described health hazards faced by workers in more than fifty occupations in his seminal work *De Morbis Artificum Diatriba* ("Diseases of Workers").

The term workplace wellbeing, as we understand it, appears to have emerged around the 1970s and 1980s. Around this time, employee assistance programmes emerged and Johnson & Johnson launched 'Live for Life' – a model workplace wellness programme for large corporates (Bartz, 2018).

Occupational diseases

Occupational diseases are specified medical conditions directly caused by specific workplace exposures. Examples include:

- asbestosis and mesothelioma caused by exposure to asbestos, and
- occupational noise induced hearing loss (ONIHL) caused by exposure to excessive noise from loud machinery.

In many countries ONIHL is recognised as permanent hearing loss caused by prolonged exposure to high levels of noise in the workplace.

The regulated level of this noise varies between countries. But the essence is the individual experienced poorly controlled exposure at work, and the resultant adverse health outcome is an occupational disease.

Occupational diseases are usually, but not in all cases, linked to compensation under a country's occupational health and safety legislation.

Work-related ill health

Work-related ill-health, on the other hand, refers to conditions that could be caused by work or are influenced or worsened by workplace exposures.

For example, a worker with well-controlled childhood asthma may experience flare-ups at work due to irritants in the environment, requiring additional medication.

Symptoms often improve during weekends or holidays, indicating that the workplace is aggravating the condition.

In such cases, the illness is not new but is exacerbated by work-related factors. These conditions are often not legally classified as occupational diseases, which can complicate compensation claims for the worker.

Workplace wellbeing

Workplace wellbeing is a broad, holistic concept that encompasses the physical, mental, emotional and social health of workers.

It focuses on creating a positive work environment that enhances overall quality of life and supports sustainable performance.

According to Rucker (2017), workplace wellness was largely an afterthought until the emergence of employee assistance programmes in the 1950s. These initially targeted issues like alcoholism and mental health.

Reardon (1998) notes that true workplace wellness programs began to take shape in the mid-1970s. This was driven primarily by cost containment, particularly in the USA where employers began assuming greater responsibility for healthcare.

A landmark initiative was Johnson & Johnson's 'Live for Life' programme (Bartz, 2018), launched in 1979. It included health assessments and targeted interventions such as:

- smoking cessation
- weight control
- nutrition
- physical activity, and
- stress management.

Unlike occupational health, workplace wellbeing does not focus on specific exposures but rather on the overall health and work experience. It promotes proactive and preventative strategies that support physical and mental health, and work-life balance. These include initiatives like healthy food options in canteens, encouragement of physical activity, and programmes such as mindfulness, flexible working arrangements, and wellness campaigns. Importantly, these activities can be led by HR teams or wellbeing champions, rather than occupational health professionals.

Why the differences matter

In conclusion, there are clear and important differences between occupational health and workplace wellbeing, yet current attention tends to focus more heavily on wellbeing. Initiatives such as nutritional awareness, physical activity promotion, and resilience training can certainly enhance emotional and mental health and improve the overall work experience. However, these efforts must not come at the expense of managing serious occupational hazards. Neglecting the control of respiratory risks, chemical exposures, or noise hazards could lead to the resurgence of preventable diseases once considered 'managed'.

Workplace wellbeing should complement – not replace – robust occupational health practices. To truly protect workers, both domains must be given equal priority. It is also important to discourage the interchangeable use of these terms, as the distinctions carry significant clinical and legal implications.

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