

MEDICO-PEDAGOGICAL ASPECTS OF THE PRESENT AND FUTURE OCCUPATIONAL HEALTH SERVICE

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ABSTRACT

A new law in Norway on the protection of employees and work environment anticipates a considerable effort on the part of individual firms. This in turn anticipates that as many firms as possible be acquainted with the law, the existing problems, and the measures which could improve the conditions. The implementation of the law must therefore be followed up by a comprehensive training and information programme.

Training will be most needed for those who are given special tasks in environmental work, such as protection and health personnel, managerial staff and persons in the personnel administration.

A central question for all of us who belong to these personnel groups is: "Are we properly qualified today for the tasks we have undertaken?" And if not: "What can be done to make us more qualified so that we can achieve more of our objectives as members of the protection and health team?" I will try to answer these two questions in this paper.

An occupational medical officer scheme was adopted in Norway in 1946 and remained in force until the end of 1974. During this period the respective guidelines underwent a number of changes, mostly as a result of a greater emphasis being laid on some of the activities of the occupational medical officers. Thus it was hardly unexpected that the 1970s debates on the working environment brought criticism of the existing occupational medical officer scheme. Final agreement reached in the autumn of 1974 laid greater emphasis on preventive measures, which were to ensure a better and healthier working environment, and provided for certain changes in the central management and for control of the occupational medical officer scheme.

A central question for health service personnel, which many might answer in the negative, is if they feel properly trained for the respective tasks. Since 1962 the Norwegian Occupational Nursing Association has organized courses (37 in all) lasting from several weeks to six months. In 1975 and 1977 the courses also covered the health service for the offshore oil industry. The courses are held in sections, which together make up a one-year special training course in occupational health service.

Before, occupational medical officers had practically no possibility to obtain specialized training. In the period 1946-1948, altogether four 2-3 weeks' courses were held for occupational medical officers. Apart from the short courses held by the Institute for Industrial Hygiene and the medical faculty's post-graduate courses, there were no regular courses for the training of practising occupational medical officers, or those wishing to take up this practice.

An Ergonomics Group set up within the Norwegian Physiotherapist Association organizes courses in ergonomics for physiotherapists who are employed, or wish to become employed, in industry. However, both industrial representatives and health personnel have repeatedly maintained that recruitment to the occupational health service cannot be continual unless organized training is made available. The new law on the work environment which came into force in Norway in July 1977 introduced much stricter regulations as regards both work environment and the organization and management of protective and environmental tasks. As a result the demand for technical-hygienic, industrial-hygienic and industrial-medical advice has considerably increased. Thus it is obvious that the kind of training in occupational health service available at present to doctors, nurses and physiotherapists is inadequate, and unless changed will become even more so in the future.

In 1973 the Norwegian Employers Association, the Norwegian Trades Union Congress and the State Factories Inspection established a committee whose task was to evaluate the question of common basic training for management, health and protection workers and others. In its respective report the committee also dealt with the training of occupational medical officers, occupational nurses and physiotherapists. The committee concluded that several aspects of training were common to all these groups, and that the training should be based on a common basic course, plus a supplementary course designed according to the needs of the individual professional groups.

In 1975 the Occupational Health Service Board took up this idea and recommended that the Work Research Institute be made responsible for the organization of these courses and act as the keystone in the training of all types of protective- and health-personnel. The first common basic course for industrial health personnel in Norway started on October 10th, 1977. It consisted of 2 weeks of lectures and 5 weeks of home study followed by 2 weeks of final theoretical lectures. Later on it was proposed that such collective basic training should be organized jointly by the Work Research Institute and the State Training Centre for Health Personnel where the necessary administrative apparatus is already available. Plans exist for a 2-year special education in this sphere which would include thorough introduction in relevant medicine, with special emphasis on hazardous components which can affect the individual's overall health; instruction emphasising the importance of pedagogic methods in active preventive work, and an introduction into the organization and administration on the occupational health service.

In future, information and training are to be attached even greater importance and seen as a necessary prerequisite for the implementation of the

new work environment law. The most acute need for training will perhaps be felt among those who are given special tasks in the environmental work in factories, such as protective workers, managers, and persons in personnel administration.

Here, the health personnel will be able to assist with valuable information as regards creating healthy and safe working conditions. The law on the protection of workers and on the working environment is merely a tool which we must learn to use. It is in activity and involvement in the workshop that the final decision will be made on whether or not the law will effectively ensure a better working environment. The law will ensure a greater influence of the workers in shaping their own environment, and for this reason information becomes extremely important.

The industrial health service is built up on a basic team consisting of an occupational medical officer, protective workers and an occupational nurse. As the importance of ergonomic measures has become generally recognized, more and more firms have added a physiotherapist to the team. The adjustment of workplaces, industrial gymnastics and, not least, instruction and advice in work techniques can reduce the number of workers' complaints, and thereby also absenteeism and the need for therapy. Thus the purely pedagogic task of a physiotherapist in an enterprise or institution can hardly be exaggerated.

Norway's new work environment law calls for increased resources at several levels and for an effective and professionally qualified factory inspectorate.

Information and training activities are also to be given greatly increased attention. Assistance will have to be provided to firms which otherwise would be unable to meet the new requirements regarding work environment. It is also necessary to find new ways for utilizing existing knowledge and facilities in the sphere of work environment, and to aid and support such activities as can solve environmental problems in the first instance.

Norway's new work environment law also lays down that records of materials hazardous to health be kept at the appropriate institute. These records, together with the Cancer Register, are to take central place in the future research and evaluation of the cancer risk in industrial place. However, it should be remembered that the spreading of knowledge and ability is an equally important requisite for achieving the objectives of the law.

The costs of the realization of a completely satisfactory work environment must be regarded as a natural part of the production costs, and shall in principle be borne by production, i.e. by the respective firm. The Norwegian Government, however, takes the view that public assistance should be given in this respect because of the need for a rapid implementation of the work environment law for reasons of employment and local development, because of the general importance it attaches to measures which can improve the work environment. The implementation of the work environment law requires various measures which may involve considerable financial investment. Though this may prove difficult for certain sections of industry, no firm may for economic reasons neglect to carry out the measures judged necessary to safeguard the health and

safety of its employees. The minimum requirements for the quality of the work environment must not be made dependent on the firm's financial situation.

Norway's new law on the protection of employees and work environment requires a considerable effort on the part of individual firms, for as many of their members as possible must become acquainted with the contents of the law, the existing problems, and the measures which could improve the conditions. Training will be most needed for those who are given special tasks in internal environmental work, primarily protection workers, health personnel, managerial staff and persons in the personnel administration. More work environment training will also be needed among those who in various ways can influence the work environment at the planning stage, e.g. architects, designers and scientific and technical research and development staff.

A favourable development of the industrial environment presumes measures based on knowledge of the conditions causing the problems and of possible solutions and their effects. Research must therefore be regarded as an important tool in the work for improving the environment at places of work. It is important, however, that knowledge gained by research reaches those who in various ways take part in creating the conditions at places of work. Effective spreading and application of knowledge should therefore be regarded as an integral part of the research effort.

The concept "health" has undergone considerable changes in recent times. It has partly been expanded with more aspects of bodily and mental condition and function being taken into consideration.

It seems that nowadays increasing emphasis is placed on the general conditions and general function in the total life situation of the individual. Health defects of various kinds are seen today to an increasing extent as the result of various causes – medical, psychological and social. It is also clear that the total life situation of the individual and the sum of the strains to which he is subjected, are of decisive importance for his health and resistance to possible disease vectors.

From this it appears that in many respects it is reasonable to view the situation as follows: individuals meet challenges and problems both at work and in society. However, the daily stresses may be so great that the individual's resources prove inadequate. This may have unfortunate effects on his health in the long run.

It is unavoidable that one's work situation sometimes brings considerable challenges and strains. However, these should not become so great that they exceed the limits of the individual's resources which he also needs to meet his everyday private problems and for active participation in public life. There are many indications that nowadays many people do not enjoy such a fortunate situation. There is little doubt that chemical, physical and psychological environmental factors make the working day very strenuous for many, and often deplete the employee's resources to a greater degree than is reasonable and acceptable.

That a health defect is often the result of the individual's collective stresses from both work and leisure time must be considered by the policy on which preventive health care in industry is based.

For industrial health care this means that there can be no simple standards for what is permissible as regards various types of influence and stresses. In the present situation the guideline in preventive health care can only be to reduce to a maximum all influences and stresses found in a certain work situation.

In this respect the occupational health nurse plays a central role by helping to protect and advance the health of the staff – physically, mentally and socially – and by advancing hygiene at the place of work.