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OCCUPATIONAL HEALTH SERVICES AND MAINTENANCE OF WORK ABILITY AT WORKPLACES

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This paper describe the concept of maintenance of work ability (MWA) at workplaces and the contribution of occupational health services (OHS). Changing working life and its demands increase the need for MWA. The concept of MWA is approximately ten years old in Finland. It has attained large popularity in media and is a central trend in the promotion of well-being at workplaces. It has received wide approval in politics and labour market as one of the main topics of internal policies. The maintenance of work ability has become the main service of occupational health. The activities of MWA are increasing. It is considered profitable and it has many positive effects at workplaces, but has not yet been established properly as a part of everyday work processes. Occupational health services play a significant role in different phases of MWA process, but it should be more significant, especially in small workplaces. More trust, communication and collaboration are needed.

KEY WORDS: *Finland, interview, working life, workplace health promotion*

Information society, flexible network economy, structural changes in working life, organisations and enterprises, non-typical forms of work, fragmented work careers, long-term unemployment, globalisation, information-intensive occupations, competence demands, mental health and working community problems, hurrying at work and multidimensional nature of problems are among the issues which characterize working life today (1–3). Work demands more personal service and presence, innovations, independent decisions and responsibility, diversified competence, understanding of the whole, collaboration skills, autonomy, openness, flexibility, creativity and commitment (4, 5). Workforce needs maintenance and promotion of work ability to manage high demands of today's working life.

Co-operation, networking and trust are central concepts in today's working life and society. Success and prosperity in working communities and enterprises

are related to trust and good communication between the members and parts of working community or enterprise. Prosperity is also contributed to by trust in social relations, good collaboration and fluent communication between enterprises, institutions and society. Innovations are created there where people of different competence, experience and discipline meet (6–13).

The changes occurring in the age structure of the workforce will be substantial and far-reaching in their significance. In the next few decades the workforce of European Union (EU) member states will be the oldest in the world. Large groups that are retiring due to age are not the only problem. There will be a small number of the young to replace them. According to reliable predictors, these two factors will affect the structure of the EU workforce by 2025. As a result, the competitiveness of EU in the next few decades will also depend on the contribution of its older workers,

especially in comparison with North America and Asia (14).

The ageing of workforce is a serious challenge for ensuring and promoting the employment of all working aged people in Finland. The post-war baby-boom generation is nearing early retirement age. The factors which influence ageing workers to continue working are a lot weaker than those accelerating their early retirement. The view of this generation, however, is rather fragmented because the interest in solving the ageing problem of the individual, enterprise and society are not yet uniform. Words and deeds seriously conflict when factors such as reorganisation measures and layoffs are targeted (14).

Rather grim situation in which economic issues and human values contradict is well worth considerable improvement. The need for active measures is based on the simple fact that the number of older people is increasing in the workforce while the number of young workers will be decreasing by at least the year 2025. Reorganisation appears not to be able to correct or regulate the age structure of the workforce. Since it does not seem that work will decrease or end during the next 20–30 years, workers will be needed. A distant country with a small workforce, where work is primarily done in Finnish, is much more vulnerable to a continuous imbalance in age structure than many other nations are. When a lack of workforce emerges, a quick remedy cannot be imported from abroad. In Finland, therefore, all age groups need to see their working life through. Promotion and maintenance of work ability (MWA) is one of the key means to meet this challenge (14).

Occupational health services in Finland

In Finland, OHS is based on the Occupational Health Service Act of 1978 (amended in 1991 and 2001) which requires that the employer organises occupational health services for the employees. The employer is reimbursed half of the OHS costs from social insurance. The minimum OHS must include preventive services, although curative services are common. There are four different OHS providers: municipal healthcare centres, company OHS units, private medical centres, and a joint model of OHS units (15).

Altogether 1.75 million workforce were covered by OHS in 2000, 76% of the employed labour force, and 85% of the salaried employees and wage-earners were covered by OHS at the end of 2000. Those without

OHS were mainly self-employed persons and very small enterprises. In 2000, 82% of the employees received curative OH services and there were 1021 OH units (866 main and 214 affiliates) employing 5650 people. Municipal healthcare centre OH units covered 37% of the workforce, integrated OHS units 28%, joint-model OHS units 6%, and private medical centres 32%. The coverage for OHS is high, and there is a great variation in the quality of OHS among service providers (16).

The aim of OHS is a healthy and safe working environment, a well functioning working community, the prevention of work-related diseases, and the promotion and maintenance of work ability of employees (17). In Finland OHS is a well established and widespread system providing occupational health and safety services. However, the effectiveness and the benefits of OHS greatly depend on relations and communication between OHS and clients. It takes a lot of effort for the services to work properly (18).

The Finnish OHS system is based on a functional infrastructure, legislation and standards. Without training, education, integration with primary healthcare, interventions and evaluation, OHS system would hardly be as successful as it is today. New developments in mid-1990s were: amendments to the legislation, a renewed reimbursement system for employers, the adoption of good OH practice, quality improvement, a new follow-up system for OHS, and the development of OHS through extensive field experiments and of 50 OHS units. Good OH Practice (GOHP) means ethical, effective and high-quality services delivered by a multidisciplinary team. The activities are based on customer needs and expectations. This is ensured by follow-up and evaluation of the effects and the quality of the process. Close collaboration with the workplaces is a prerequisite. The principle in GOHP is based on informative steering rather than normative steering.

The tools for evaluation and continuous quality improvement of the Finnish OHS are versatile. The Research and Development Centre for OHS within the Finnish Institute of Occupational Health (FIOH) was founded in 1991. It followed and evaluated OHS through a survey called Occupational Health Services in Finland in 1992, 1995, 1997 and 2000 (16). Social Insurance Institution keeps annual record of OHS, especially of reimbursement applications. There are two extensive surveys going on in FIOH: Work and Health (1997 and 2000) (19) and the Finnish National Barometer for Maintaining Work Ability (1998 and 2001) (20).

Maintenance and promotion of work ability (MWA)

Europe is facing rapid changes in working life as a consequence of globalisation, European political and economic integration, expansion of the European Union, the introduction of new technologies, changes in demographic structures, and social and cultural changes.

In late 1980s, shortage of workforce, ageing, and early retirement were the reasons for a new social program whose aim was to maintain work ability in Finland. This concept was first introduced in the collective agreement between social partners in 1989. In 1991, MWA amended the Occupational Health Services Act, clearly stating that OHS should participate in MWA activities (21).

The Advisory Board for OHS of the Ministry of Social Affairs and Health defined the objectives and the content of MWA activities after a consensus meeting in 1992. Maintenance of Work Ability includes all actions which managers, employees and workplaces' co-operative organisations together are carrying out to promote and support work ability throughout a career (21). The targets of MWA are work conditions, working community and organisations, and worker's health and well-being. In a statement which followed in 1999, professional competence was added to these targets (Figure 1) (22).

Maintenance of Work Ability differs from the North

American concept of health promotion because the emphasis is on the workplace and it includes not only the individual, but also the working environment, working community and work organisational aspects. However, it is in accordance with the European Union's workplace health promotion concept, which was defined in the Luxembourg Declaration on Workplace Health Promotion in 1997:

"Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of improving the work organisation and the working environment, promoting active participation, encouraging personal development"

In later development of the Finnish OHS system (1995) the reimbursement for the costs of OHS was renewed, and new governmental ordinance was given in which the contents of OHS was reoriented towards activities maintaining work ability.

As the need for MWA increased in mid 1990s, unemployment among young and older workers alike so that following the economic depression was disastrous. Globalisation and its effects and challenges in enterprises and organisations, information and communication technology increase which brought up new needs for competence, rapid and continuous change in the society, working life and

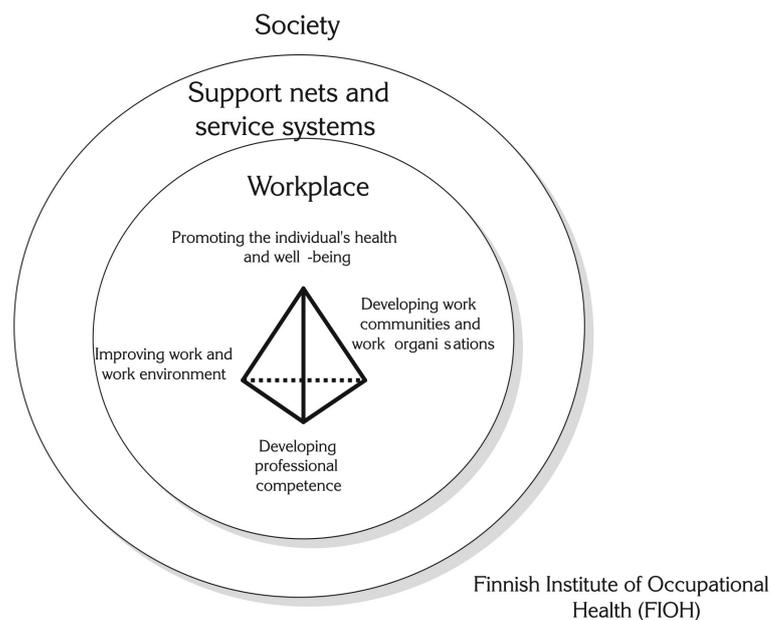


Figure 1 Targets and levels in maintaining work ability

work organisations were new reasons to intensify activities of MWA.

SUBJECTS AND METHODS

Tool for measuring MWA: The Finnish national barometer for maintenance of work ability (MWA barometer)

The Finnish National Barometer for Maintenance of Work Ability (MWA barometer) was prepared to collect information on the prevalence, resources, content, implementation and benefits of MWA activities as a part of the Finnish National Programme for Ageing Workers. The objective was also to produce information for developing MWA at Finnish workplaces and for use in OHS.

The data for MWA barometer were collected in telephone interviews in summer–autumn 1998 and 2001 by the Finnish Institute of Occupational Health. The survey was based on a stratified random sample from the Registers of Statistics Finland. The sample of workplaces represented the entire working population in the private and public sectors. A manager, a representative of the employees and an occupational health nurse were interviewed for each workplace (a principle of good informant). In 1998 the original sample consisted of 1000 workplaces, and included 805 managers (81%), 735 employees (92%) and 692 occupational health professionals (89%). In 2001, the interview included 882 managers (88%), 813 employees (98%), and 743 occupational health professionals (92%). The interview questionnaire was comprehensive and included various aspects of working life. The average duration of an interview

was over 30 minutes. Statistical frequencies, cross-tabulations and χ^2 significance tests have been used for data analysis.

RESULTS

The results of MWA barometer 2001 reveal that a great proportion of the working population have access to at least some kind of MWA activities (more than 90%) (Figure 2). The activities of MWA seem to be on the increase. More than one third of the employees reported that MWA activities had increased at their workplaces for the past 12 months, and would still increase in the following year. Both time and improvements are needed to get MWA activities established as a routine part of everyday work processes (integration is not good enough: over 55%). Maintenance of Work Ability was widely considered profitable to the organisation (very profitable: over 40% and fairly profitable: over 45%) and its cost–benefit ratio was regarded as good (very good: 28% and fairly good: 62%).

The activities of MWA at workplaces targeted at a) the work itself and the working environment (especially as regards safety measures, work tools and premises) (Figure 3), b) work groups and organisations (planning and quality assurance, team work and participation, goal clarification, communication and improving leadership skills) (Figure 4), c) increasing competence (common competence building and training courses for the use of equipment) (Figure 5), and d) supporting the workers' health and personal resources (physical activities) (Figure 6).

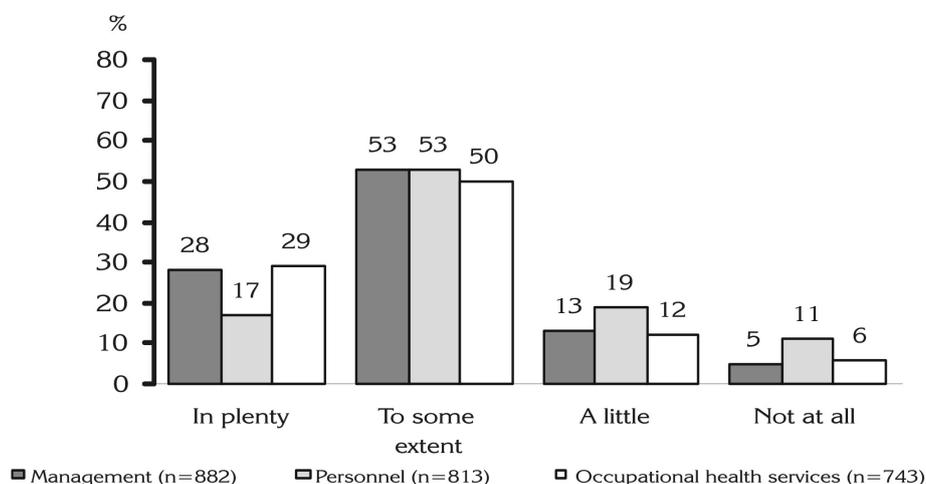


Figure 2 Access to MWA at Finnish workplaces

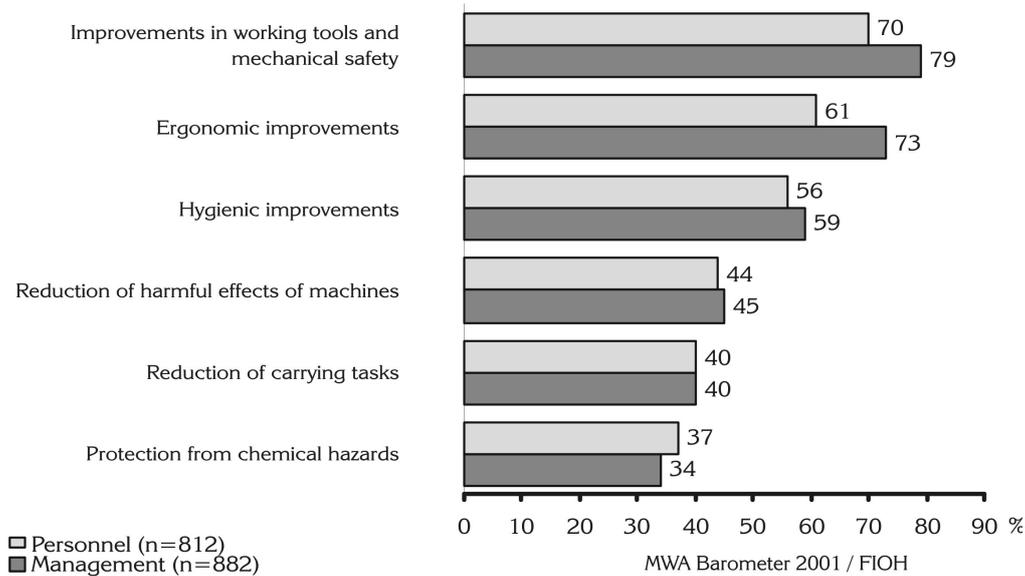


Figure 3 Improvements made in working environment at Finnish workplaces in 12 months preceding the interview

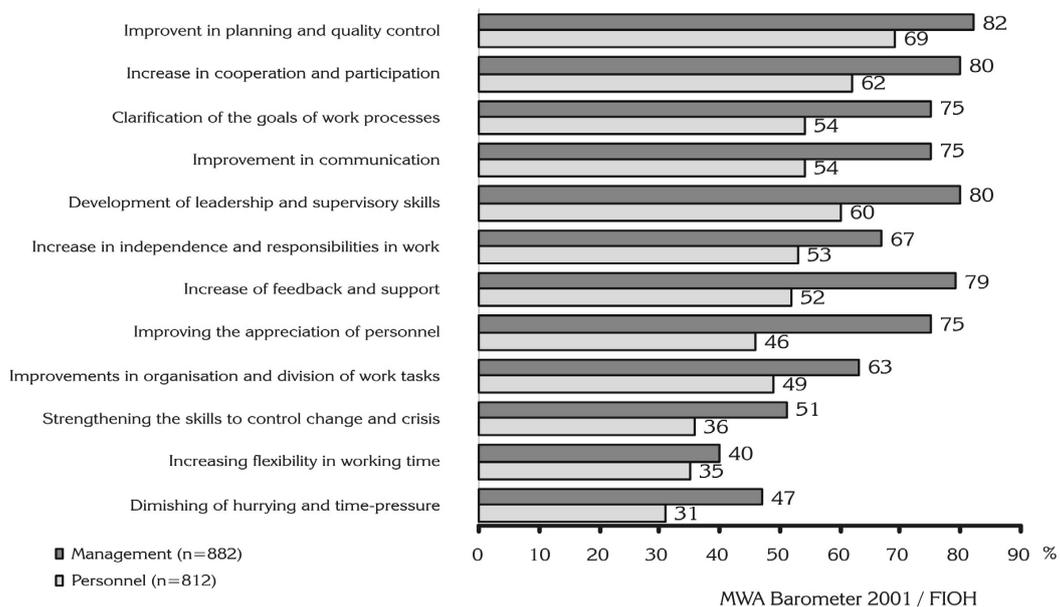


Figure 4 Improvements made in team function and organisation of work at Finnish workplaces in 12 months preceding the interview

The interviewees perceived many different positive effects of MWA. Managers perceived more positive MWA effects than employees and OHS personnel. Most often MWA improved the well-being at work and organisational atmosphere and increased physical fitness (Figure 7).

According to the opinion of OHS, development activities at the Finnish workplaces were rather diverse in 2001. Most often their targets were employees' physical health, mental well-being, improvements of the working environment and work practices. Less common targets were work communities and

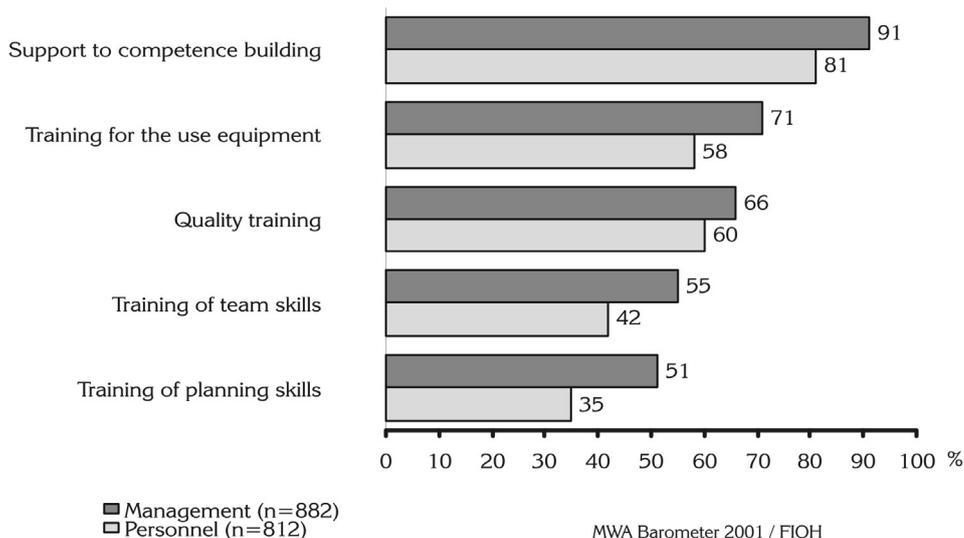


Figure 5 Training and competence building at Finnish workplaces in 12 months preceding the interview

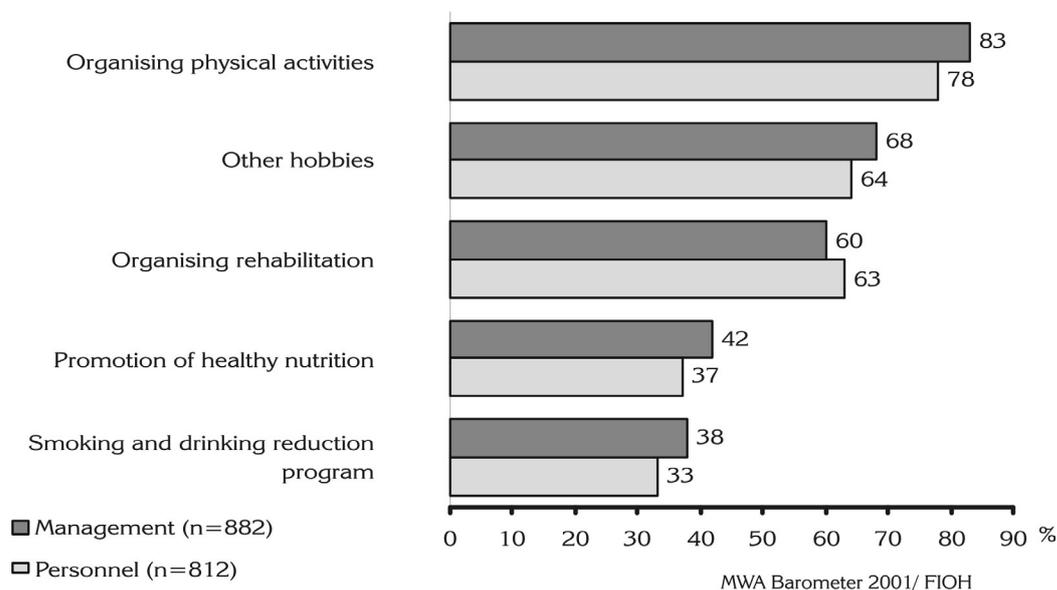


Figure 6 Promotion of health and functional capacity of employees at Finnish workplaces in 12 months preceding the interview

employees' professional competence (Figure 8).

The main tasks of OHS in MWA were to develop the working environment, improve the work methods and practices, promote the workers' physical health and promote the workers' mental well-being. A considerably smaller proportion of OHS activities

focused on the improvement of the work communities and workers' competence. Occupational Health Services personnel participated more often in the evaluation of MWA needs (36–91%) than in the organising of MWA activities (20–72%) (Figure 9).

Looking at the process of MWA (information,

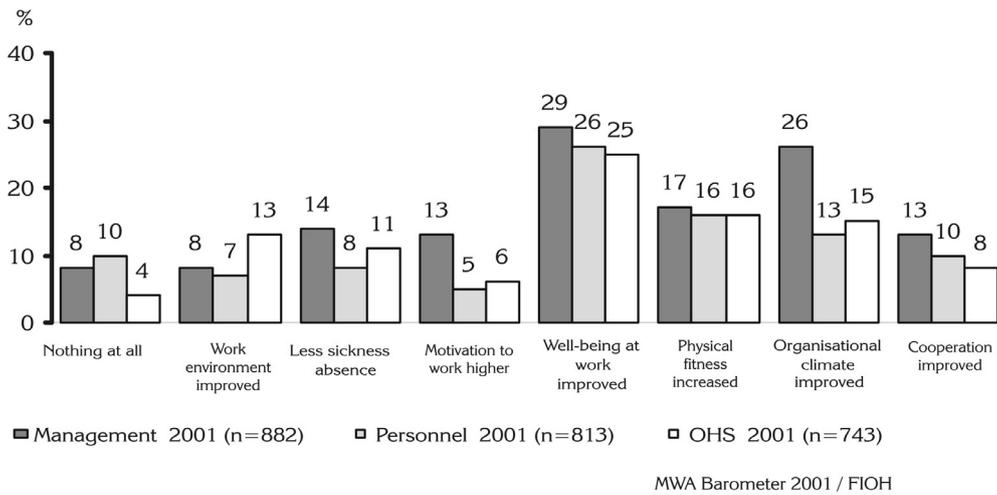


Figure 7 Positive effects of MWA at Finnish workplaces in 12 months preceding the interview

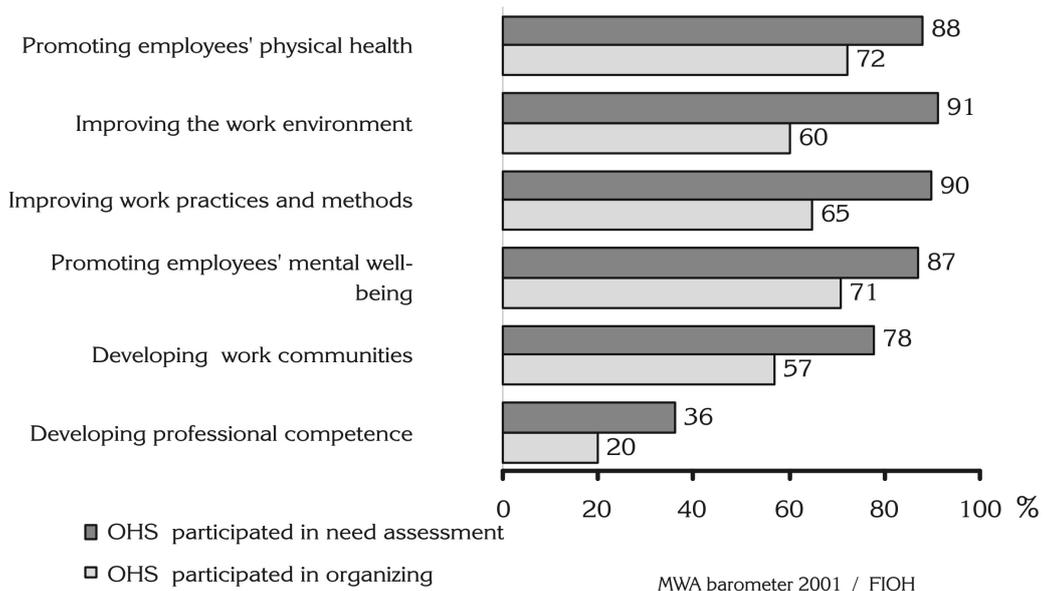


Figure 8 Development activities at Finnish workplaces (interview with OHS professionals).

initiation, planning and organising, follow-up), according to OHS opinion, OHS were active in all the phases (Figure 10). As a whole, OHS had a significant role in the promotion of MWA at workplaces. Nearly 80% of managers and OHS professionals, and over 70% of employees considered the role of OHS as

very or fairly important in MWA (Figure 11). The role of OHS was more significant in MWA in organisations employing more than ten employees (Figure 12).

The trust between OHS professionals and the clients received better evaluation by managers than by employees and OHS personnel (Figure 13). There

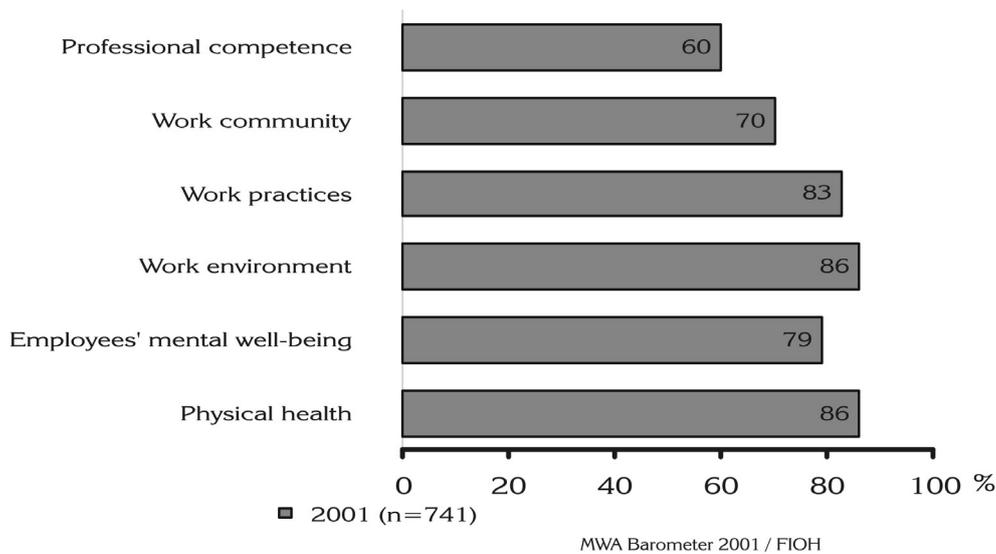


Figure 9 Participation of OHS in different MWA areas at workplaces (interview with OHS professionals)

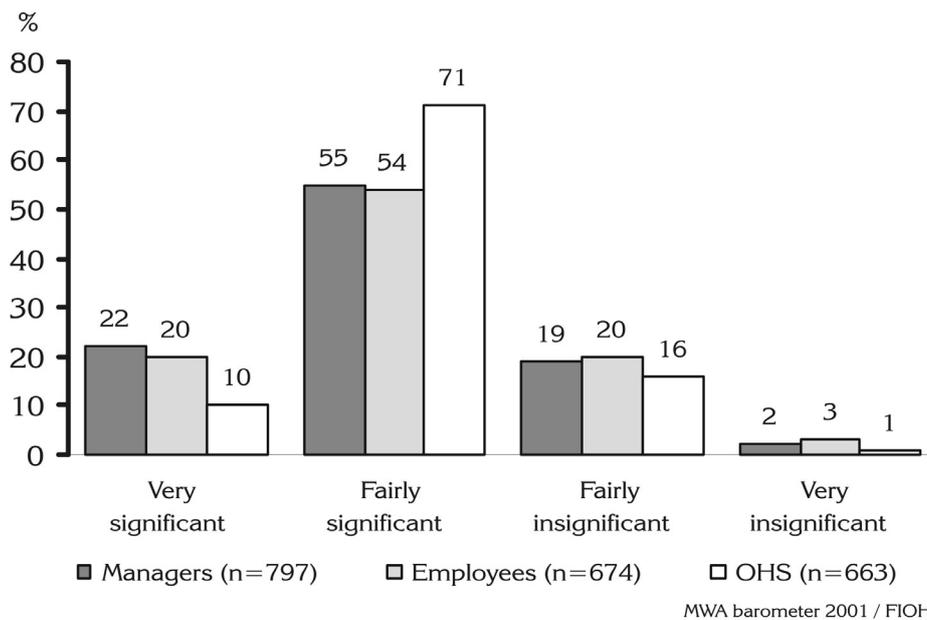


Figure 10 Participation of OHS in different phases of MWA process at workplaces (interview with OHS professionals)

is a slightly decreasing trend in co-operation between OHS and the clients (Figure 14).

DISCUSSION AND CONCLUSIONS

Globalisation, information and communication technology (ICT), customer's high quality demands, the importance of communication skills and social relations, and competence demands are some of the

new developments in working life seen in Europe and Western countries today (1–3). These developments create the need for co-operation, networking and trust in social relations (9, 12–13) One important future challenge is to find out how these concepts can be created and utilised in everyday practices.

Globalisation, subcontracting, mergers, smaller working units, complex operations, and the need for multi-skilled co-operation are some examples of the reasons why co-operation and networking is popular

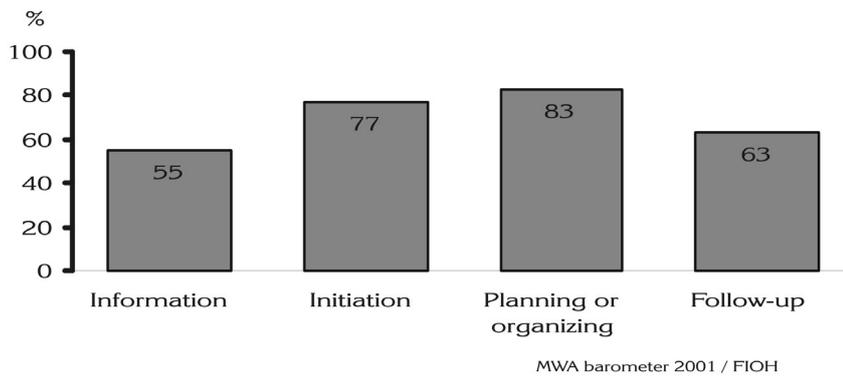


Figure 11 The role of OHS in MWA at workplaces

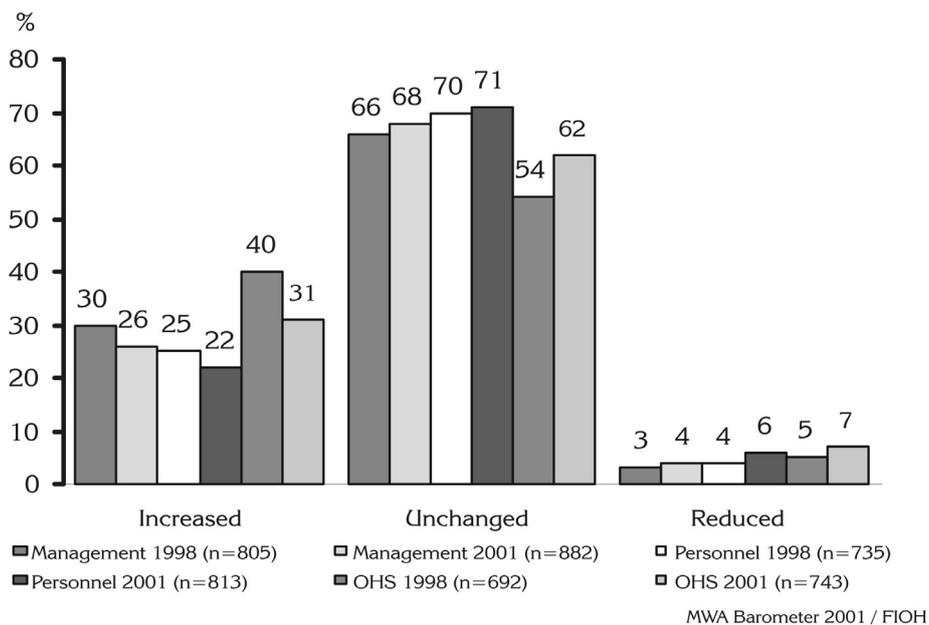


Figure 12 Significance of OHS in MWA within enterprises of different sizes (interview with OHS professionals)

and inevitable today. Traditional OHS procedures and practices are not enough for today's changing working life. Occupational Health Services professionals do not have appropriate tools and methods to fulfil the needs of their clients. Tailor-made and flexible services are needed because package deals are no longer able to serve all the clients. Communication and co-operation skills must be strengthened.

Finnish workplaces have become active in developing functions targeted at the maintenance of work ability. A multitude of various MWA activities has been started, and the perceived need for the promotion of health and work ability at workplaces is obvious. However, small and medium-size enterprises

need support in promoting their MWA and could make good use of a network of MWA actors, especially occupational health services, for obtaining advice and support in their actions for MWA.

Although OHS has a significant role in the promotion of MWA activities at their clients' workplaces, it could be even more important in small enterprises than it is today. Small enterprises usually lack their own resources. Their time, money, competence and human resources are often very limited, so they need outside support and help to put MWA activities into practice. OHS is suitable for this job because it is the statutory duty of the employer to organise OHS to the employees. So, even if small enterprises do not have

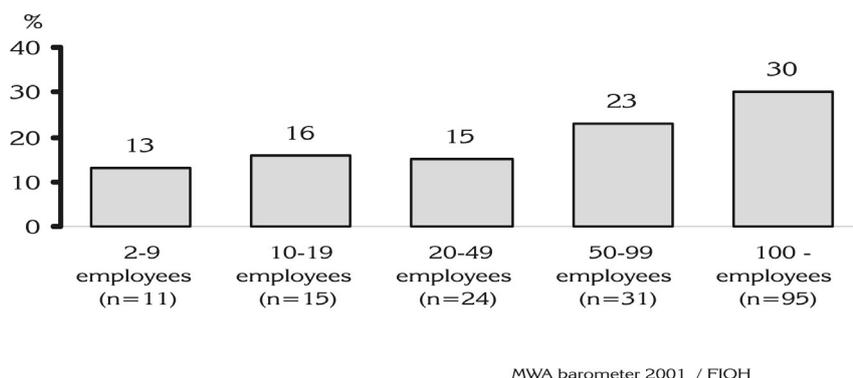


Figure 13 How good is the trust between OHS and clients?

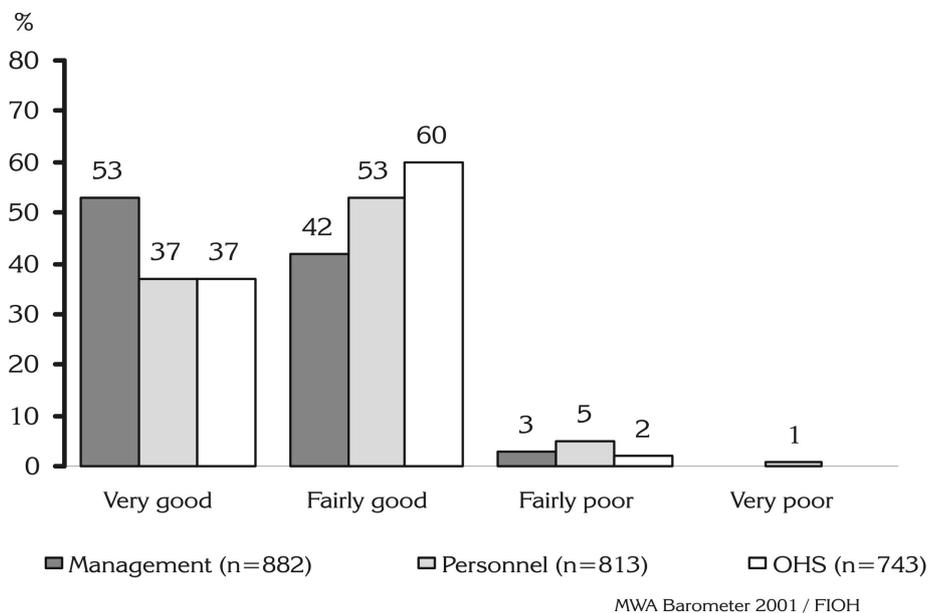


Figure 14 Cooperation between OHS and clients in 12 months preceding the interview

any other co-operation partners, they usually have OHS personnel available.

Occupational Health Services were particularly active in planning MWA activities. Very often, OHS would initiate MWA at workplaces. The results clearly show that OHS expertise is important in every phase of MWA process at workplace. Promoting the workers' competence and work communities are the latest MWA development goals at workplaces. The role and tasks of OHS have not yet been well established in those areas, and it can be assumed that they will also have a marginal role in the future because of limited

resources and competence of the OHS personnel.

On the whole, the role of the OHS and the future challenges of MWA are significant. According to surveys, subjective workload, time pressure at work and the amount of non-typical forms of work have increased in the 1990s and 2000. Supporting individual and work organisation resources, coping with the workload, and preventing fatigue symptoms are important future goals of OHS in MWA. The prospects of success are good because MWA policy has been accepted as one of the main internal policy issues in Finland (21).

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Sažetak

USLUGE MEDICINE RADA I ODRŽAVANJE RADNE SPOSOBNOSTI NA RADNOME MJESTU

U ovome se radu opisuje koncepcija održavanja radne sposobnosti (ORS) na radnome mjestu i doprinos medicine rada tomu. Promjene tijekom radnoga vijeka, a posebno promjene u zahtjevima radnoga mjesta sve više traže primjenu strategije ORS-a. Ova se koncepcija u Finskoj primjenjuje desetak godina i postala je medijski veoma popularna. Njezina je primjena sa svrhom poboljšanja uvjeta na radnome mjestu ključna. Strategija ORS-a konsenzusno je prihvaćena i u političkom okruženju i na tržištu rada kao jedno od glavnih pitanja unutrašnje politike. Ona je postala i glavnom uslugom medicine rada. Sve su intenzivnije djelatnosti povezane s ORS-om, budući da se smatra isplativim i da povoljno utječe na rad. Ipak, ova strategija još nije potpuno prihvaćena kao dio svakodnevice. Premda medicina rada ima važnu ulogu u provođenju različitih faza procesa primjene strategije ORS-a, njezina je prisutnost još potrebija, a posebno u organizacijama s malim brojem radnih mjesta. Valja pridobiti više povjerenja i ostvariti bolju izmjenu informacija i suradnju među stranama.

KLJUČNE RIJEČI: *finska iskustva, promicanje zdravlja na radnome mjestu, radni vijek*

REQUESTS FOR REPRINTS:

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