

Occupational health services—in need of a new integrated paradigm

The understanding of the determinants of occupational health has evolved considerably over the 60-year existence of the Finnish Institute of Occupational Health. In 1947, when the World Health Organization (WHO) defined health as complete physical, mental, and social well-being, the holistic approach surprised many in the medical profession, which had followed the traditional paradigm of diagnosis and treatment (1). In the 1970s, lifestyle and the environment received increasing medical attention in disease prevention and health promotion, whereas human biology and health care organization had previously been the focus of study and interventions. As noted by Marmor et al (2), health promoters had “individualized both the root of the problem and many of the remedies. In this way they avoided challenging either the conventional world of work, income distribution, and control over the environment, or the conventional medical establishment”.

Health promotion has since evolved to include the influence of broader social policies and to address environmental and workplace factors, and not just individual factors, in efforts to promote health. Health promotion has become a multilevel approach, reaching far beyond the focus on individual lifestyle that characterized the profession just a few decades ago.

Meanwhile, concepts of occupational and environmental safety and health have also been evolving. The importance of psychosocial factors in the workplace is recognized increasingly, as is the need to change the traditional occupational safety and health approach to one that incorporates a better understanding of organizational factors as determinants of health. A healthy workplace can be defined as one that maintains and promotes the physical and mental health of its employees. Feeling overwhelmed or unhappy with the social environment in the workplace, sensing a lack of control over decision making and support from co-workers, and feeling overqualified for a job are now recognized as important negative determinants of mental and physical health. Job strain has been shown unequivocally to affect personal relationships, to increase sick leave and job dissatisfaction, and to be associated with an increase in the number of injuries. Other health outcomes include stress-related problems and increased risks of morbidity and even mortality.

Sources of stress on the job include intense demands coupled with little control over the day-to-day organization of one's work. Pressures such as restructuring, job insecurity, and imbalances in labor supply and demand affect both job demand and job reward. Effort–reward imbalances are associated with a variety of adverse health outcomes, including cardiovascular disease and mental health problems.

The worklife balance changes with a polarization of workhours, as more people work long hours and more people work part-time, often involuntarily. Work overload and job stress create serious problems in professions such as health care, and the link between hours at work, role overload, worklife conflicts, “burnout”, and health problems suggest that these workloads and patterns are not sustainable (3).

In the evolution of occupational health services, it is recognized that trade unions and line management are important factors to be included in the design and implementation of interventions to improve the health of the workforce. Unions have always played a major role in promoting safety at work, control of job conditions, stability of job contracts, improved workhours, and better social security. While “wellness” and issues underlying strategies for recruitment and retention have traditionally been seen as management concerns, the involvement of unions must be extended into initiatives to promote a healthy workforce, and not just a healthy workplace.

More interaction and intervention usually require cultural change. Occupational safety and health specialists, management, and union representatives should be brought together, united by a shared concern about occupational health problems, injury rates and their financial impact. Training and education are excellent vehicles for transferring the knowledge necessary for cultural change. A merged paradigm is needed, in which health promotion and attention to social and physical environmental factors make occupational health services the playing field and vested interest of every player.

The articles in this publication are based on presentations given in the International Conference on Occupational Health Services 2005 arranged on 25–27 January 2005 in Helsinki. The conference brought together 293 scientists, experts, practitioners, and decision makers from 53 different countries. Selected presentations are published in this SJWEH supplement in order to share the information also with those who did not have the opportunity to attend the meeting.

References

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2. Marmor TR, Mashaw J. Strategy for survival: change and stability in the management of healthcare institutions. *Health Manage Q* 1994;16(4):5–8.
3. Lowe GS. High-quality healthcare workplaces: a vision and action plan. *Hosp Q* 2002;5(4):49–56.

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