

The Finnish Institute of Occupational Health after 60 years—where to go from here?

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In April of 1945, a department for occupational diseases was founded as part of the University Clinic of Medicine in Helsinki. This small unit, which originally employed three physicians, three nurses, and two cleaners, was the beginning of the Finnish Institute of Occupational Health (FIOH). In those days, the postwar baby-boom was in progress, nearly half of the workforce was employed in agriculture and forestry, and the major occupational health issues were acute poisonings caused by carbon monoxide, lead, and benzene (figures 1 and 2).

Today, both Finland and the issues regarding occupational health fundamentally differ. The baby-boomers are turning 60, and 10 000 more people will be retiring from the workforce annually than there will be young people to replace them. Therefore, Finland may be facing a labor shortage. Trade and services are the growing industries, and the primary occupational health problems include mental health issues, psychosocial factors and stress, the balance between work and other spheres of life, musculoskeletal diseases, and allergic reactions and hypersensitivity.

FIOH itself has also changed. The organization has always taken on new ideas and new areas of expertise with enthusiasm. For example, research in toxicology,

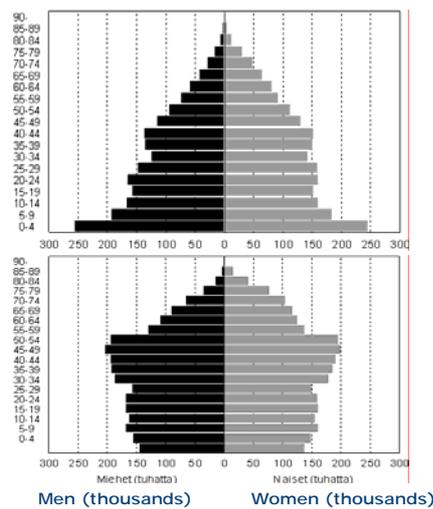


Figure 1. Population in Finland in 1950 and 2003 [source: Statistics Finland].

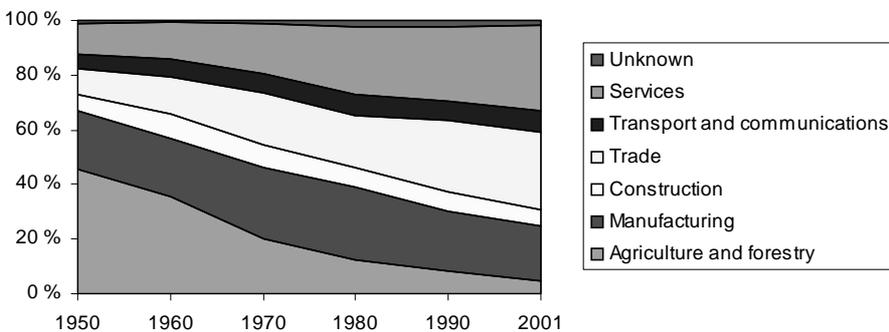


Figure 2. Economically active population in Finland according to industry [source: Statistics Finland].

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epidemiology, ergonomics, work psychology, and occupational safety were imported by FIOH. Today, FIOH is a multidisciplinary, internationally active research and expert institution that promotes safety and health at work as part of a good life.

The challenge of implementation

The implementation of research results into various societal or commercial practices is a new challenge for research organizations, also for FIOH. The implementation of knowledge has traditionally been organized as a linear, one-directional activity (figure 3) in that research activities have been followed by communication and publishing, and then by educational programs and services. This linear model contains the danger that researchers have no real interaction with the societal problems at hand, the clients, or the end users.

We should strive not only to diagnose and measure societal problems, but also to find innovative solutions for them. There is a need to shift from linear research and development activities towards cooperative networks (figure 4). The complex issues of modern worklife cannot be solved single-handedly. We can be truly effective only by sharing our knowledge and facilities and working in close cooperation with our clients and partners.

The future—a new strategy focusing on clients, implementation and collaboration

The Finnish government has set the objective of having Finns participating in worklife 2–3 years longer in 2010 than at present. The biggest challenge for FIOH is to find ways to boost workforce participation in different phases of people’s lives. We at FIOH must also keep an eye on new and emerging risks and exploit new opportunities.

FIOH’s strategy for the years 2006–2010 emphasizes client orientation and finding innovative solutions to worklife problems. Its staff provides information, training, and tools for workplaces, occupational safety and health experts, planners and designers, and individual citizens. In addition, we provide public authorities with a thorough information-base on occupational safety and health issues.

The core processes of FIOH are research and development, expert services, training, and the dissemination of information. We at FIOH use all of these elements to create solutions and to learn and develop together with our clients and partners. This mode of operation also gives us an opportunity to chart the needs and challenges in worklife and gather feedback to help guide our operations (figure 5).

At FIOH, we are exploring new ways of bringing our experts closer together and building multidisciplinary

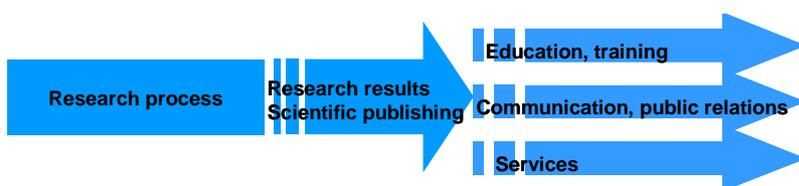


Figure 3. Research and implementation—linear model [source: Mervi Hasu, Finnish Institute of Occupational Health].

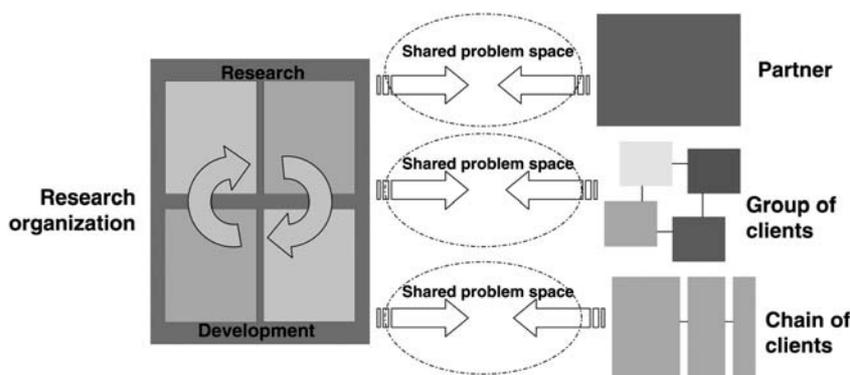


Figure 4. Research and implementation—cooperation network model [source: Mervi Hasu, Finnish Institute of Occupational Health].

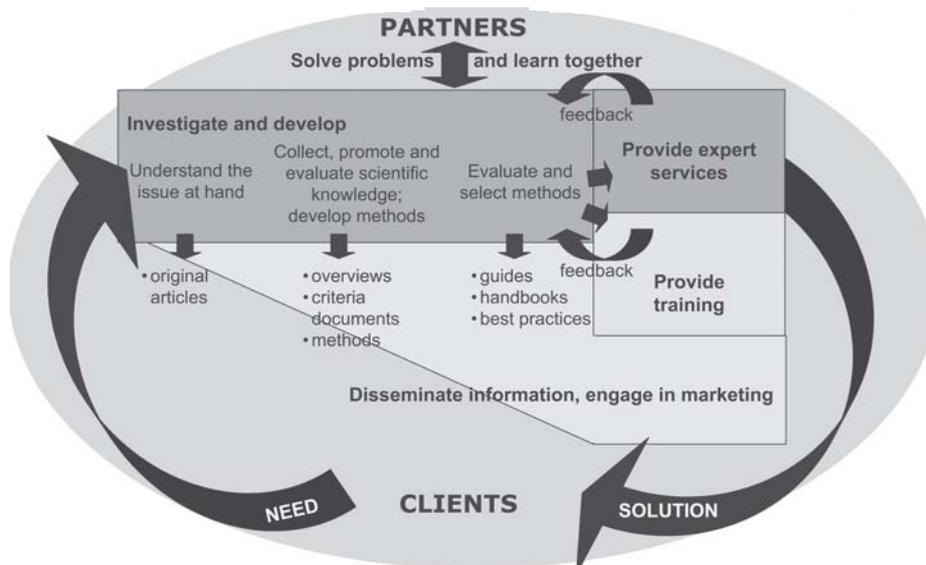


Figure 5. Mode of operation used by the Finnish Institute of Occupational Health.

teams. Furthermore, collaboration with local, national, and international partners has become increasingly important.

International collaboration has always been one of the cornerstones of our activities. We contribute to the work of international organizations, particularly the World Health Organization (WHO) and the International Labour Office (ILO), since they provide a forum for bringing about a global and system-wide impact on occupational safety and health. We provide strategic, administrative, and information support for and through these organizations and have been particularly active in issues regarding indicators and country profiles, mental health, environmental tobacco smoke, and asbestos.

Our activities in the European Union (EU) will grow in importance. We are particularly investing in EU research programs and networks. In addition, we participate in risk assessment and standardization work and thus contribute to the safety and health of work in Europe. Our Nordic and Baltic collaboration includes networking, education, and training for occupational safety and health experts. With some of our sister institutions around the world, we have concluded bilateral collaborative agreements.

Vision for 2010

It is our vision that occupational safety and health should always be included in the promotion of well-being and productivity in Finnish society and in individual workplaces. Thanks to the intervention models we have developed, Finns participate in worklife longer than today. FIOH is renowned in Finland and abroad as an expert in occupational safety and health and in demand as a partner organization. In addition FIOH is constantly regenerating itself on the basis of anticipated changes in its environment. As a result, in 2010, we at FIOH expect that (i) the management of occupational health hazards at work will be part of management practices and corporate risk management, (ii) work communities will be innovative, regenerative, and healthy, (iii) each citizen will have the competence to ensure his or her own occupational safety and health and well-being, (iv) the authorities will be provided with information for promoting occupational safety and health, (v) work processes will be smoothly flowing and work methods and tools will be safe and easy to use, (vi) there will be solutions to increase participation in worklife, and (vii) new occupational hazards will be kept under control and new opportunities will be exploited.