

Occupational health services in Finland — A national overview

by Jorma Rantanen, MD¹

Occupational health services in Finland have a long tradition that can be traced back to the early ages of industrialization. During the evolution of these services over the past 30 years they have changed from conventional general practice, as they were to a great extent in the 1950s, to a prevention-oriented service network that now covers over 90 % of Finnish workers and has become an important instrument in both labor protection and health policies. The future challenges for development originate from the rapid changes in economic structures, the application of new technologies, and demographic changes in the working population, as well as from advances in the biomedical, behavioral and technical sciences. These trends imply development of a new substantive content, new methods for providing services, and new collaborative links between other sectors and occupational health services.

Development of occupational health services in Finland

The early industries provided health services for employees working in particularly hazardous occupations. Along with the growing degree of industrialization these services were organized more systematically, particularly during the reconstruction period that followed the Second World War. The need to strengthen occupational health services arose from a shortage of labor and the heavy burden of work in all branches of the economy. At that time, occupational health services were organized also to compensate for insufficiencies in the primary health care system. Thirty years later, with the enactment of the Act on Primary Health Care Services in 1972, attention became focused in a preventive direction, according to what the social partners had agreed upon collectively in 1971. These agreement-based occupational health services developed quickly until the mid-1970s, when a period of leveling off was reached. To stimulate further development, the Act on Occupational Health Services was passed in 1978, particularly to cover the needs of small undertakings and the self-employed. Now the implementation of legislation on occupational health services is almost complete and some impact can be seen.

Legal basis of occupational health services in Finland

The Act on Occupational Health Services that was passed in 1978 constitutes the most important legislative element regulating such services. Though the voluntary development of these services was positive during the whole postwar period, it primarily concerned big companies, well-organized industries, and unionized workers. There were several fields which, in spite of obvious needs, were very slow to organize occupational health services, eg, agriculture, forestry, construction, transport, and small industries in general. Typical characteristics of these fields of endeavor were small, frequently single worker units, mobile or poorly organized work, workplaces scattered in sparsely populated areas, or self-employment. There were problems not only with the organization of occupational health services, but also with the establishment of all other types of occupational health and safety activities.

The Act on Occupational Health Services was stipulated to respond to the present and future needs of worklife. Thus the most important goals of the legislation were the following: (i) to organize full coverage for all workers (both employees and the self-employed) in all branches of the economy; (ii) to guarantee a highly preventive content for services although services for curative care were also permitted; (iii) to relate the content of services according to the actual needs of the workers, workplaces and enterprises; (iv) to provide a sufficient number of well-trained personnel for the provision of services; (v) to organize possibilities for worker's participation in the planning, decision making and follow-up of services; and (vi) to integrate occupational health services with other health services and with those provided by labor protection authorities.

At present some of the impact of the legislation on occupational health services is visible, and the goals have at least in part been achieved.

Development of coverage

As was intended, the Act on Occupational Health Services accelerated the development of the coverage of the services substantially. At the moment more than 90 % of engaged workers and over 80 % of the total labor force have access to these services. In recent years the expansion has primarily taken place in service occupations and in small undertakings. There is still a

¹ Institute of Occupational Health, Helsinki, Finland.

number of problems in the development of coverage, however. Though legislation has substantially equalized the possibilities for organizing services for all types of undertakings, small enterprises, the self-employed, and certain branches of industry such as construction still have difficulties. Another problem is the fact that the acquisition of services is voluntary for self-employed persons such as owner's of one-man undertakings and farmers. This situation may affect the interest in obtaining occupational health services. Further activation of these groups is therefore needed.

Activities of statutory occupational health services

A major principle of the legislation on occupational health services is the prevention of occupational hazards through the identification and assessment of the risk factors of work or the work environment. It is equally imperative to take initiatives and measures to eliminate or reduce hazards as early as possible, even at the stage of planning work methods and work organization. This principal approach is supplemented by less preventive functions, such as health examinations of workers, the follow-up and registration of cases of work-related ill health, and the provision and organization of first aid. Conventional curative services can also be provided in connection with occupational health services if the employer deems it appropriate and if the safety and health committee of the undertaking agrees (figure 1).

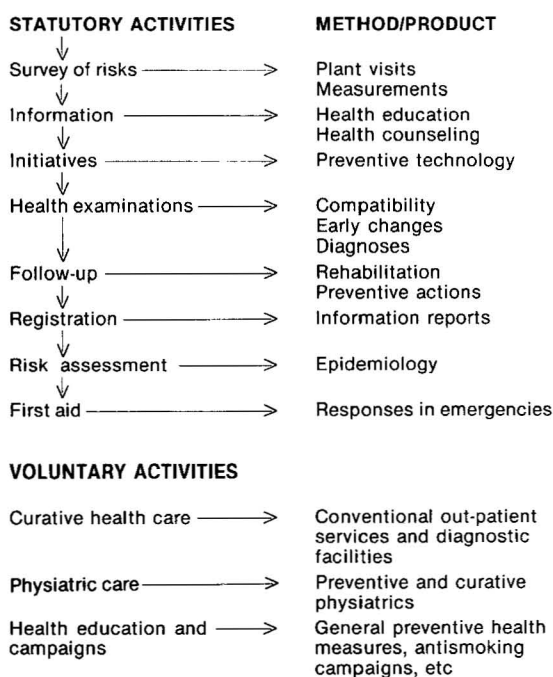


Figure 1. Activities of occupational health services.

Curative care

As has already been mentioned, the employers may also provide curative care and general preventive health services (eg, general health education, vaccinations, etc). The law, however, does not require this activity on their part because, in Finland, curative primary health services have been delegated to the municipal health centers, which provide these services for everyone free of charge. However, most of the big and medium-sized enterprises also provide curative care to guarantee the personnel quick service at the workplace. To be subsidized, however, these services must meet certain criteria; for example, specialist care in various fields of medicine such as surgery, gynecology, etc, are strictly limited since such services are provided by the health centers or by the well-developed hospital network.

Models for the organization of occupational health services

The employer may organize its occupational health services according to any of the following alternatives: (i) occupational health services purchased from municipal health centers; (ii) services provided by an integrated unit located within the undertaking; (iii) group services, ie, services organized jointly by two or more employers; and (iv) services provided, in certain cases, by private medical institutions or authorized physicians.

The stipulation of these alternatives provides the possibility to achieve full coverage since the network of municipal health centers covers the entire country and the whole population. Municipal health centers have taken over the main responsibility of providing services for small enterprises, the self-employed, and undertakings located in sparsely populated areas. The other options are meant to increase flexibility, prevent an overloading of the municipal health centers, particularly in highly industrialized areas, and maintain the already well-developed occupational health services available in big industries.

Administration of occupational health services

Since the provision of occupational health services is an activity of multidisciplinary character, one of the key questions is how these services are able to integrate their actions and programs with other parallel activities in related fields, eg, safety services, social services, and general curative and preventive primary health care services. Other activities with which occupational health services should be coordinated are, eg, activities focusing on environmental health and those that deal with the diagnosis and treatment of occupational diseases within the hospital network. Coordination should take place at all levels, ie, at the plant level, at the local community level, and at the regional and

national levels. Because of the multidisciplinary character of occupational health services, also administration and control are multisectorial. At the national level, administrative control is shared by the National Board of Health (activities of health personnel), the National Board of Labour Protection (employer's obligations) and the Social Insurance Institution (subsidies). At the plant level occupational health services are one of the typical activities controlled jointly by the employers and employees, through plant-level safety committees.

Future developments

Along with the development of new technologies, structural changes in economies and, eg, the aging of the Finnish labor force, new needs for occupational health services have been recognized. To meet these new requirements the "National Programme for Occupational Health Services" has been set forth by the Advisory Commission on Occupational Health Services of the Ministry of Social Affairs and Health. The

program contains 18 separate targets for the further development of occupational health services which aim at the improvement of coverage, the modernization of content, the development of methodologies, the consideration of a holistic workers' health approach, and the development of manpower resources. Provided this ambitious program can be implemented, Finnish occupational health services will have developed one step further from the level determined by the legislation passed in 1978 and thus meet more effectively the new needs of worklife.

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