OCCUPATIONAL HEALTH IN EUROPEAN MEMBER STATES: A ROAD TO ORGANIZATIONAL HEALTH

JACQUES A. VAN DER VLIET

European Network of Societies of Occupational Physicians

Veldhoven, the Netherlands

Abstract. After an introduction, giving a short historical perspective on European Health and Safety legislation, the first experiences and opportunities for occupational physicians regarding international co-operation are described, with the first result in a form of a Position Paper on Occupational Health, adopted by the Standing Committee of European Doctors and presented to the European Commission.

Since the ultimate shared goal for occupational physicians should be to contribute to the promotion of healthy workforce in safe and sound working conditions, the characteristics of a healthy organization are described with the possible activities to reach these characteristics, with particular attention drawn to the role of different disciplines. The growing importance of the management responsibility for health and safety in their enterprises is stressed and the possible benefits elucidated. The implications and consequences of such an extensive and ambitious program are pointed out with special regard to the challenge to contribute pro-actively to ensuring a healthy workforce in safe and sound working conditions for the benefit of employees, hereby clarifying the role and improving the general perception and position of occupational physicians.

The importance of speaking with one voice and sharing ideas with colleagues, employers, employees and governments is essential, if the mission "to contribute to the realization of a healthy workforce in safe and sound working conditions" is to be reached.

Key words:
Europe, Working conditions, Occupational health, Healthy organizations, Multidisciplinary teams

INTRODUCTION

In 1989, a new chapter in health and safety legislation was formulated and further implemented in the European Union member states. However, any professional hardly played a role in the developing process, most certainly not occupational physicians. The Framework Directive 89/391/EEC on the Introduction of measures to encourage improvements in the safety and health of workers at work, constituted an important step towards the recognition of the domain and a more unified approach in Europe [1].

The Directive focused on issues considered to be the most important and moreover lacking in the approach to occupational safety and health aspects delineating the following elements:

■ employer's responsibility;

■ employee's commitment and obligations;

■ focus on risk management; and

■ multidisciplinary approach.

After having the legislation in place, all member states incorporated it in their national legislation on health and safety. Although, the way of incorporation may differ from country to country in details, the framework itself can by now be found in all these countries.

As an example, the implementation of the Framework Directive has led to the situation in which all employees were given by law the access to occupational health. This includes:

■ risk inventory and evaluation;

■ pre-employment and periodical examination related to risks at the workplace;

■ management of absence behavior; and

■ free access to consulting hours by occupational physicians.

INTERNATIONAL CO-OPERATION

As previously mentioned, occupational physicians did not play a significant role in the decision-making process on health and safety legislation. With the course of time however, this has been changing because of a growing international awareness and co-operation. In order to prevent the new legislation on occupational health and safety to be introduced and enforced without the influence of the profession, it is important to speak with one voice.

Taking under consideration the international co-operation between occupational physicians and the emerging possibilities for influencing the legislative process, the role of four bodies has to be delineated:

1. Standing Committee of European Doctors with direct access to the European Commission. In this Committee all European member states are represented, and it consists of a board and four subcommittees: 1) preventive medicine and environment; 2) medical ethics and professional codes; 3) professional training, medical education and medical audit; and 4) organization of health care, social security, health economics and pharmaceutical industry [2].

2. Union of European Medical Specialists (UEMS). One of its section deals with occupational health. The UEMS also has a direct access to the European Commission, and holds a position in the Standing Committee [3].

3. European Association of Schools of Occupational Medicine (EASOM) [4].

4. European Network of Societies of Occupational Physicians (ENSOP), the practitioners' network which is still in the process of establishment.

There are two important aims to be accomplished by these bodies (as far as occupational medicine is concerned) if occupational physicians want to be recognized: to speak with one voice, and to share experience, clarify and promote their position.

One of the results of the international co-operation is the development of a Position Paper on Occupational Medicine, which clarifies the position and role of occupational physicians and has the promotion of the strategy ensuring healthy workforce in safe and sound working conditions as one of the main goals. The Position Paper has been adopted by the Standing Committee and presented to the Commission [2].

ORGANIZATIONAL HEALTH

Organizational Health may be defined as a field of activity in which a team, including occupational physicians and other recognized members, safety experts, industrial hygienists, psychosocial and other specialists advise the management upon the implementation of the strategy of a healthy workforce in safe and sound working conditions. Occupational physicians play an important role in reaching this ultimate common goal.

The work environment should enable the worker to use his or her potential to the full.

Following the growing importance and awareness of occupational health, safety and wellbeing in our society and following the developments in the European legislative process, health and safety legislation increasingly emphasizes the significance of the management responsibility for health and safety in their enterprises with particular attention paid to the proper handling of health and safety risks involved in their business activities. Special concern of the basic principles of health and safety risk management can prevent material, personal and psychosocially induced damage in a business. In poorly designed situations, problem-solving takes up a lot of time and energy and contributes to a significant increase in costs. The benefits of sound human resources management, which explicitly implicates the principles of wellbeing in the work environment (e.g. communication and career planning) and sound line management, including health and safety management, are clear. Investments in this field may be expected to reduce the number of occupationally-related diseases and accidents and thereby to improve production results and quality in all aspects.

Occupational physicians can play again an important role in this respect.

THE HEALTHY ORGANIZATION

Seen from an occupational physician's perspective, a healthy organization is determined by three factors: the employees, the organization itself and the working conditions [5,6].

In order to promote and maintain healthy employees, the activities should focus on four areas:

■ healthy work- and life-style;

■ pre-employment examination and periodical examinations (related to health risks);

■ consulting hours (intervention, referral);

■ management of absence behavior (coaching and rehabilitation).

Healthy work- and life-style. Through education and promotion a healthy work- and life-style can be stimulated. Programs on food hygiene and healthy eating, as well as on the use of tobacco, alcohol and drugs could be on the agenda, next to programs pointing at actual problems like RSI, too much stress at work and other relevant subjects. At the present time coping with changes is another issue worth looking at.

Pre-employment and periodical examinations. Pre-employment examinations and a health surveillance program related to substances or situations, which are potentially hazardous to health, both physically and psychosocially, should be in place.

Consulting hours. In the consulting room, employees should have the right to present their problems or questions concerning health and work. The occupational physician either advises, intervenes or refers the employee.

Management of absence behavior. Advice on the modification of absence behavior must distinguish between the primarily management problem of repeated short period claims for state or company sickness benefit, and the medical issues of placement, rehabilitation and re-deployment of those incapacitated by accident, injury or illness, whether or not caused by the worker's occupation. In this respect, close co-operation and dialogue between the occupational physicians and other colleagues caring for the worker are essential.

In total, health education and promotion, next to health surveillance, clear counselling and active rehabilitation can safeguard the health of individual employees.

In order to promote and maintain a healthy organization with regard to health and safety, the following aspects should be in place:

■ management commitment;

■ management style;

■ human resources management.

Management commitment, management style and human resources management. Without explicit top management commitment nothing goes on properly. At this level examples of the roles must be visible; policies must express the mission and intentions; and action plans must be drawn up and implemented. With the support of experts, the implementation should be in the hands of the management and individuals. Here, the responsibility shared between both the management and the individual is important; and the style in which all participants work and behave is of paramount importance. Finally, the quality of human resources management contributes either to successful results or to failures.

Safe and sound working conditions can be described in terms of:

■ risk inventory and evaluation;

■ safety measures;

■ industrial hygiene measures;

■ psychosocial hygiene measures;

■ communication;

■ workplace improvement programs.

Risk inventory and evaluation, safety, industrial hygiene, psychosocial hygiene, communication and workplace improvement. In the risk inventory and evaluation a clear insight in the strength and weakness with regard to health and safety risks should be given. Improvement possibilities and priorities should be set. Improvement is a continuous process, in which teamwork and co-makership are important and safety experts, industrial hygienists and other experts play an important role.

IMPLEMENTATION

In implementing this extensive and ambitious program, the role of the occupational physician must be elucidated [7]. Here again, multidisciplinary co-operation and responsibility shared between both the organization and the individual are important. Next to co-makership between doctors and management, the important step for occupational physicians to come out of their consulting room into the boardroom must be activated.

A pro-active attitude, willingness to do more than what is legally required, working in a multidisciplinary team and co-makership with the management of an organization, will bring a drastic shift in the work of occupational physicians and other experts in the field of health and safety. From a relative safety of the consulting room, occupational physicians must learn to understand and speak the language of the organization, they must convince the management of the added value of the profession in which specific knowledge and experience about the relationship between hazards at work and their impact on health is available. They must speak up not being afraid of entering a boardroom, starting a dialogue with the management, expressing intentions and possible contribution for the benefit of employees. They must explain that the work involves not only the reduction of sickness absence and accident rates, but it aims at supporting and contributing to the strategy of ensuring healthy workforce in safe and sound working conditions. The management must learn to see that occupational health is more than absenteeism control, periodical examinations and consulting hours; to realize that with proper support and commitment a business should be able to change its track record from the negative effects of insufficient attention to a structural improvement of performance; and to understand that in this way a completely new challenge can be met by taking up pro-active health and safety thinking as an integrated part of business objectives. The management should stop to perceive occupational health services as necessary fire brigades; and become convinced that organizational health is not merely about the absence of illness, but

about the presence of health, and that occupational physicians are doctors in a company and not examination- or health-surveillance robots.

Since the data show that 3–5% of a company's turnover is lost because of the economic consequences of an unsafe and unhealthy work environment, the message is clear. A possible profit is there to take. Let everybody take up the challenge.

THE RESULT

The result is clear, we see an improvement in:
■ employee morale;
■ quality;
■ production result;
and a decrease in:
■ absenteeism rates;
■ accident rates;
■ occupational diseases; and
■ labor turnover.

All these will contribute significantly to the reduction of costs in a company. The profit will come in Euros (soon).

CONCLUSION

Realizing these goals and objectives we talk about quality and continuous improvement, we talk about the Deming circle (PDCA – plan, do, check, action cycle) and the importance of the role played by the management in terms of commitment and policy-making. Without this, nothing can go smoothly.

The shift from a more or less "conventional and defensive" approach to a "pro-active and self-conscious" approach will clarify our role and contribution to health and safety management and will improve the general perception and position of occupational physicians.

Speaking up with one voice and sharing these ideas with colleagues, employers, employees and governments is essential if we want to accomplish our mission aimed at **ensuring healthy workforce in safe and sound working conditions.**

REFERENCES

1. European Commission. *Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work.* Official journal of the European Commission L183: 1–8 (1989).

2. *Fourth Draft Statement on Occupational Health. Standing Comittee of European Doctors 1999.* Available from: http:\www.uems.be\occup-ch.htm.

3. *European Union of Medical Specialists.* Available from: http:\www.uems.be

4. EASOM. *European Association of Schools of Occupational Medicine.* Available from http://155.185.1.58/EASOM.

5. *Healthy Employees in Healthy Organisations. Good Practice in Workplace Health Promotion (WHP) in Europe.* Essen: Federal Association of Company Health Insurance Funds (BKK Bundesverband), European Information Centre; 1999.

6. *Economic Appraisal in Occupational Health and Safety. Good Practice in Health, Environment and Safety Management in Enterprises.* In: *Health Management in Enterprises.* Fifth Annual Meeting of the Baltic Sea Network on Occupational Health and Safety; 2000 Nov 18–19; Berlin. Dortmund: Federal Institute for Occupational Safety and Health Headquarters; 2000.

7. *Guidelines on Quality Management in Multidisciplinary Occupational Health Services.* Bilthoven: WHO European Centre for Environment and Health; 1999.