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Occupational Safety and Health Strategy

FOLLOW-UP REPORT 1998–2007

MINISTRY OF SOCIAL AFFAIRS AND HEALTH
Department for Occupational Safety and Health
The Advisory Committee on Occupational Safety and Health

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SUMMARY

Occupational Safety and Health Strategy: Follow-up Report 1998–2007. Helsinki 2008. 65pp. (Publications of the Ministry of Social Affairs and Health, ISSN 1236-2050, 2008:28), ISBN 978-952-00-2740-7 (PDF)

The implementation of the occupational safety and health (OSH) strategy, confirmed by the Ministry of Social Affairs and Health, is evaluated every third year. The Advisory Committee on Occupational Safety and Health, working in connection with the Ministry of Social Affairs and Health, participates in the evaluation. The central labour market organisations are represented in the Committee. The previous follow-up reports of the OSH strategy were written in 2001 and 2004. This third report has been drawn up according to the same principles.

In this report, the development of working conditions and occupational safety and health activities in six prioritised areas is described on the basis of research and statistical data. Fulfilment of the strategy's central principles is illustrated separately from the viewpoints of workplaces and the occupational safety and health administration. The network of partners in the health and safety sector including labour market organisations and research institutes and the European Union is dealt with in a separate paragraph.

Conclusions and assessments are presented at the end of the follow-up report. Working conditions have further improved in various sub-sectors but the good development seems to have partly stagnated. Occupational safety and health activities and the comprehensive co-operation in this sector have developed favourably. The report also shows that there is still much work to do for improving working conditions and new challenges are emerging with changes in working life

The OSH strategy is implemented taking account of the guidelines laid down by the Government, the Ministry of Social Affairs and Health, and the European Union. An evaluation of the basis and needs for eventual renewal of the strategy is given at the end of the report.

KEY WORDS

follow up, occupational safety and health, occupational safety and health activity, well-being at work, working conditions, work motivation

TIIVISTELMÄ

Työsuojelustrategian seurantaraportti 1998–2007. Helsinki 2008. 65 s.
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Sosiaali- ja terveysministeriön vahvistaman työsuojelustrategian toteutumista arvioidaan kolmen vuoden välein. Arviointiin osallistuu sosiaali- ja terveysministeriön yhteydessä toimiva työsuojeluneuvottelukunta, jossa keskeiset työmarkkinajärjestöt ovat edustettuina. Edelliset työsuojelustrategian seurantaraportit on laadittu vuosina 2001 ja 2004. Tämä kolmas raportti on laadittu samoilla periaatteilla.

Raportissa kuvaillaan työolojen ja työsuojelutoiminnan kehitystä kuudella työsuojelun painoalueella tutkimus- ja tilastotietoon nojautuen. Strategian keskeisten periaatteiden toteutumista käytännössä kuvaillaan erikseen työpaikkatason ja työsuojeluhallinnon lähtökohdista. Erikseen käsitellään työsuojelutoiminnan verkostoa, jossa keskeisiä osapuolia ovat työmarkkinajärjestöt, tutkimuslaitokset ja EU.

Johtopäätökset ja arviot löytyvät seurantaraportin lopusta. Työolot ovat edelleen parantuneet useilla osa-alueilla, mutta hyvä kehitys näyttää myös osittain pysähtyneen. Työsuojelu ja siihen liittyvä laaja yhteistyö ovat kehittyneet myönteisesti. Raportti osoittaa myös, että työolojen kehittämiseksi on edelleen tehtävä paljon töitä ja työelämän muutokset tuovat mukanaan uusia haasteita.

Työsuojelustrategiaa toteutetaan hallituksen, sosiaali- ja terveysministeriön sekä EU:n linjausten pohjalta. Raportin lopussa arvioidaan strategian uudistamisen lähtökohtia ja tarpeita.

ASIASANAT

seuranta, työhyvinvointi, työmotivaatio, työolot, työsuojelu, työsuojelutoiminta

SAMMANDRAG

Arbetarskyddsstrategins uppföljningsrapport 1998–2007. Helsingfors 2008. 65 s. (Social- och hälsovårdsministeriets publikationer, ISSN 1236-2050, 2008:28) ISBN 978-952-00-2740-7 (PDF)

Genomförandet av arbetarskyddsstrategin, som är fastställd av social- och hälsovårdsministeriet, utvärderas vart tredje år. I utvärderingen deltar arbetarskyddsdelegationen som fungerar i samband med social och hälsovårdsministeriet. I delegationen är de centrala arbetsmarknadsorganisationerna representerade. Arbetarskyddsstrategins föregående uppföljningsrapporter utarbetades åren 2001 och 2004. Denna tredje rapport har utarbetats enligt samma principer.

I rapporten framställs arbetsförhållandenas och arbetarskyddsverksamhetens utveckling på sex prioriterade områden på basis av forskningsrön och statistiska uppgifter. Hur strategins centrala principer har förverkligats i praktiken beskrivs särskilt från arbetsplatsernas och arbetarskyddsförvaltningens synpunkt. I ett eget avsnitt behandlas det samarbetsnät för arbetarskyddsverksamheten, där arbetsmarknadsorganisationer och forskningsanstalter samt Europeiska unionen är de centrala parterna.

I slutet av uppföljningsrapporten finns slutsatser och utvärderingar. Arbetsförhållandena har fortfarande förbättrats på olika delområden, men den goda utvecklingen verkar också ha delvis stannat. Arbetarskyddsverksamheten och det omfattande samarbetet på området har utvecklats positivt. Rapporten visar också att det fortfarande krävs mycket arbete för att utveckla arbetsförhållandena och att förändringarna i arbetslivet medför nya utmaningar.

Arbetarskyddsstrategin genomförs med beaktande av regeringens, social- och hälsovårdsministeriets och EU:s linjedragningar. I slutet av rapporten bedöms utgångspunkterna för och behoven av att förnya strategin.

NYCKELORD

arbetarskydd, arbetarskyddsverksamhet, arbetsförhållanden, arbetsmotivation, uppföljning, välfärd i arbetet

CONTENTS

FOREWORD

The Ministry of Social Affairs and Health drew up the first occupational safety and health strategy in 1998. This document was prepared in co-operation with major interest groups. The Ministry evaluated the implementation of the strategy with the help of the Advisory Committee on Occupational Safety and Health, on which all interest groups are represented. Furthermore, the OSH strategy defines what kind of information is utilised in the evaluation of the strategy's implementation. A follow-up is to be carried out every three years. If necessary, the strategy will be revised.

The Occupational Safety and Health follow-up reports for 2001 and 2004 have been published earlier. These reports were also published in English and Swedish. This third follow-up report on the OSH strategy was compiled using the same principle as the previous ones. The report was prepared at the Ministry of Social Affairs and Health and accepted by the Advisory Committee on Occupational Safety and Health.

The observations presented in the report are mainly based on scientific source materials. Some of the observations and estimates are based on the OSH administration's opinion, in which the views of various interest groups have been taken into account as extensively as possible. The Ministry of Social Affairs and Health wishes to stimulate a discussion on the development of working conditions and occupational safety and health so that OSH policy and measures based on it can, in future, be rendered more efficient in compliance with the needs of working life.

Helsinki, August 2008

Mikko Hurmalainen
Director-General
Chairman of the Advisory Committee on Occupational Safety and Health

1 INTRODUCTION

OCCUPATIONAL SAFETY AND HEALTH STRATEGY

The Ministry of Social Affairs and Health confirmed the OSH strategy in April 1998 (Publications 1998:10). This defines the objectives, focal areas and principles of developing the activity in the next few years. Measures are being taken to promote the work ability and functional capacity of employees and to prevent occupational accidents and diseases. In particular, the prevention of musculoskeletal disorders (MSDs), the promotion of mental well-being, coping at work, and the control of one's own work, i.e. job control, were defined as objects of development. These six areas have formed the six focal areas of the occupational safety and health strategy.

The focal areas of occupational safety and health:

- Maintenance and promotion of work ability and functional capacity
- Prevention of occupational accidents and diseases
- Prevention of musculoskeletal disorders
- Mental well-being at work
- Coping at work
- Job control

The strategy emphasises that occupational safety and health is first and foremost the concern of the workplaces themselves. Occupational safety and health Inspectorates develop their own supervisory activities on the basis of the needs of the working life, and supervision is targeted as efficiently as possible. The effects of a good work environment on productivity and the utilisation of economic thinking are emphasised. To ensure the efficiency of its activity, the administration maintains and develops a network of co-operation with other parties contributing to occupational safety and health.

OTHER ESSENTIAL DOCUMENTS AND DECISIONS

In 2001, the Ministry of Social Affairs and Health published the strategy "Towards a socially and economically sustainable society", dealing with social and health policy as a whole. In 2006, the Ministry confirmed a new strategy extending to the year 2015, whose policies do not differ from those presented five years earlier (Strategies for Social Protection 2015, 2006).

Policies related to developing occupational safety and health and working life are dealt with in the strategy, mainly under the theme of increasing the attractiveness of working life.

The European Commission confirmed its first OSH strategy in 2002 in a communication "Adapting to change in work and society: a new Community strategy on health and safety at work 2002–2006". The Council of the European Union submitted its resolution on the document, and the Ministry of Social Affairs and Health published both documents in one volume (Community strategy on health and safety at work, 2002).

In order to monitor the strategy, a joint Nordic pilot project was launched. The first version, Scoreboard 2003, was published in the spring of 2004 (Scoreboard 2003, 2004). After this, Great Britain, the Netherlands and Ireland joined the project and the new, extended Scoreboard was published in 2005 (Scoreboard 2005, 2005).

In its communication of 21 February 2007, the Commission of the European Communities adopted a new health and safety strategy "Improving quality and productivity at work: Community strategy 2007–2012 on health and safety at work". It was based on thorough preparations and assessment of the strategy for 2002–2006. Both the structure and the contents of the new strategy differ from the previous one. On 25 June 2007, the Council of the European Union adopted a resolution on the strategy. The Ministry of Social Affairs and Health has published the resolution and the strategy (Community strategy 2007–2012 on health and safety at work, 2007). The European Parliament adopted a resolution on the strategy in January 2008.

Programmes of various Governments have been implemented during the time that the OSH strategy has been in existence. These programmes have contained chapters on developing working life. The Ministry has prepared a separate report on the achievement of the objectives set in the Government Programmes. In addition, the essential legislation on occupational safety and health has been revised and updated while the strategy remained in force. The OSH administration was also accorded new duties as the legislation was revised (protection of privacy, non-discrimination, the Aliens Act and employer's liability).

The Government Programme of Prime Minister Matti Vanhanen's second Cabinet contains a chapter on working life, and a policy programme for employment, entrepreneurship and working life has been launched in conjunction with the Government Programme. The strategic policies of the Ministry of Social Affairs and Health relating to working life and occupational safety and health correspond to the objectives set in the Government Programme.

FOLLOW-UP OF THE OSH STRATEGY

The Ministry monitors the implementation of the strategy in collaboration with the Advisory Committee on Occupational Safety and Health. This implementation is evaluated from four aspects:

- parameters for occupational accidents and diseases and other health losses
- parameters for experience of working conditions
- information on changes in the work environment and in working communities
- information on the OSH administration's measures.

This report gives an individual evaluation of each focal area set as an object of development. It also gives an overall evaluation of the implementation of the main principles. Statistical and research data based on information available at the beginning of 2008 are presented in the report's appendices. The evaluation relates to the entire period during which the OSH strategy has been in existence, and focuses on the period after the publication of the previous follow-up report (Occupational Safety and Health Strategy. Follow-up Report 2004, 2005).

2 FOCAL AREAS OF OCCUPATIONAL SAFETY AND HEALTH

2.1 MAINTENANCE AND PROMOTION OF WORK ABILITY AND FUNCTIONAL CAPACITY

The concept of maintaining the work ability of employees has altered during the strategy period. Coping at work and well-being at work have become the key concepts in promoting the health of employees. Activities maintaining work ability have broadened to cover the development of work comprehensively, including the management and organisation of work. In workplaces, sub-areas of activity maintaining work ability include the promotion of individual health and resources, professional competencies, the development of work and the work environment, and the improvement of the functioning of the work community and the working organisation. The objective is to combine individual resources with the requirements set by work assignments. Close co-operation between the superior, the employee and the work community as well as between the occupational health services and OSH authorities is needed to promote work ability.

Activities maintaining work ability were launched as part of the general incomes policy agreement made by the social partners twenty years ago. As the Occupational Health Care Act was amended, promoting occupational health was defined as a comprehensive action wherein occupational health services act as an expert. The Act obliges occupational health care to plan and implement measures to maintain and promote work ability. By virtue of the amended Act, measures must be based on a workplace investigation and an occupational health care action plan to be reviewed each year. Activity maintaining work ability is only one of the statutory tasks of occupational health care. The employer is responsible for organising occupational health services and the costs arising from this.

Small enterprises are less active than large ones. According to the compensation statistics of the Social Insurance Institution of Finland, only approximately 45,000 workplaces seek compensation annually. Two out of three enterprises organise some or plenty of varied activity maintaining work ability. The majority of these enterprises (90%) estimate that the economic significance of such activities is positive (Tyky-barometri, 2002). In the mu-

nicipal sector, activities maintaining work ability are organised in almost each operational unit (Kuntatyö 2010, 2006).

According to the barometer surveys, the number of activities maintaining work ability remains high. In particular, employers appreciate development of the work community, support of mental resources and improvement of professional skills. Employees and representatives of the occupational health services emphasise the significance of personal health and coping at work (Työ ja terveys Suomessa 2006, 2007).

The work ability and functional capacity of employees has generally remained at a relatively high level. According to a survey carried out by the Finnish Institute of Occupational Health, the work ability of employees, as assessed by the employees themselves, has been enhanced in the 55–64 age group. On the whole, employees estimate that their work ability has somewhat decreased since 2000. According to an investigation carried out by the Ministry of Labour, the work ability of employees has decreased, especially in the municipal and state sectors in 1999–2007 (Työolobarometri 2007, ennakkotietoja, 2007)

Working conditions affect both morbidity and mortality, and there is plenty of research data on this issue. According to the National Public Health Institute, almost 500,000 man-years are lost each year due to diseases and premature deaths (Sairauksien aiheuttamat työpanosmenetykset, 2008).

The annual number of old age pensions is approximately 21,000, whereas the number of invalidity pensions is slightly over 24,000. When changes in the number of new invalidity pensions are taken into consideration, a rather negative overall picture is created of the development of the health of Finnish employees since 1998. The number of invalidity pensions has continuously increased during the reference period up until the year 2003. After this, there was a change for the better. Mental disorders and musculoskeletal disorders are the most significant causes of invalidity pensions. Of mental disorders, depression in particular is a major cause of inability to work.

As the number of employees has increased, the number of sick leaves has clearly increased during the corresponding period, the disorders mentioned above being the most significant causes of such absences. However, the share of sick leaves of the total number of working hours has increased only slightly during recent years, and currently stands at approximately 4%, which is not particularly high in international comparisons.

Some 50% of employees have experienced changes in the organisation of work in the workplace. Most commonly, these changes are related to the contents of work assignments. The amount of teamwork has increased and this may have improved working climate in comparison to the year 2003. Fair treatment at work seems also to have increased from 2003. Superiors

were more interested in the health and well-being of their employees in small workplaces than in large ones (Työ ja terveys Suomessa 2006, 2007).

Responsibility for launching and promoting activity maintaining work ability usually lies with the occupational health service. Since there are still shortcomings in the occupational health services provided for those working in sparsely populated areas, small enterprises and on atypical employment contracts, activities maintaining work ability do not encompass the entire employed population.

2.2 PREVENTION OF OCCUPATIONAL ACCIDENTS AND DISEASES

According to the Federation of Accident Insurance Institutions, approximately 139,500 occupational accidents and diseases among employees were compensated in 2006. The number of occupational accidents occurring in the workplace was 116,000. The number of compensated fatalities was 171. Of these, 105 were caused by occupational diseases, 46 happened at work, and 20 on a journey to or from work. Approximately 50% of workplace accidents led to more than three days' absence from work.

During the severe economic recession at the beginning of last decade, the number and frequency of occupational accidents and diseases decreased. During the subsequent economic upturn, the number and frequency of occupational accidents increased to some extent. Since then, annual changes have not been significant. The number of serious occupational accidents and diseases, i.e. those leading to absence exceeding one month, has in recent years remained nearly unchanged. In 2005, the number of accidents increased significantly (by approximately 14%) in comparison with the year before. This increase was due to amendments made to accident insurance legislation (the introduction of the principle of full compensation), leading to changes in compensation systems. As a result, occupational accidents that had not been previously reported were now reported and thus included in the statistics. The calculatory estimations are that 10% of the statistical change can be explained by changes in compensation practices. This increase may be detected, in particular, in the increased number of accidents leading to absences of less than four days. According to preliminary estimates, the number of accidents in 2006 rose by approximately 4% in comparison to the year before.

In 2006, most workplace accidents occurred in industry, construction and municipal work. Jointly, these three sectors accounted for approximately 60% of all occupational accidents. In proportion to the amount of work performed, construction is the most dangerous sector, followed by transport

and, in third place, industry. However, the production of timber and wood products and metal production (subcategories of industry) are approximately as dangerous as construction. The same dangerous industries have already topped the statistics for a long time.

According to separate follow-up studies, the differences in accident frequencies between workplaces may be significant, even within the same industry. The number of workplaces taking good care of safety issues has clearly increased during recent years. For instance, accident frequencies of approximately 5% of the average have been attained in numerous well-managed construction projects. It seems that the polarisation of workplaces into unsafe and safe ones has further increased and intensified.

Good management of safety issues has become a central theme in promoting safety in the workplace. The significance of management is emphasised at workplaces shared by various employers, where work is often divided between several subcontractors and contractors. Management of these situations is often complicated by the fact that contractor and subcontractor chains can be very long. In addition to construction sites, typically accident-prone shared workplaces include plants of the processing industry, docks and freight terminals, where work assignments often consist of short-term installation, service and repair work. Reconciling the work of different employers, the induction of new employees, the good organisation of communication, and the supervision of external operators are important aspects of the management of work within shared workplaces. Continuous organisational changes at workplaces and atypical employment contracts leading to an increased need for the induction of new employees pose a particular challenge to the management of shared workplaces.

In an investigation on fatal occupational accidents, it was stated that approximately 50% of the risk factors affecting fatalities at shared workplaces could be attributed to the activities of another employer and 50% to the activities in the victim's workplace. Of the risk factors in one's own workplace, 26% could be attributed to the activities of the victim's own employer, 21.7% to the victim's own activities and 3.7% to the activities of a fellow worker (Yhteisten työpaikkojen työturvallisuus, 2007). With respect to serious accidents, it cannot be proven that shared workplaces would be more unsafe than non-shared workplaces. However, there are other issues in shared workplaces that may cause an accident, but these can be controlled through good risk management. To improve safety, it is important that employees also consider safety issues in their working methods. Approximately 80% of fatal occupational accidents happen to experienced employees.

During the strategy period 1998–2006, the number of recognised and suspected cases of occupational diseases compensated for decreased to some extent. According to the preliminary data of the Federation of Accident In-

surance Institutions, a total of around 5,100 recognised or suspected cases of occupational diseases were compensated for in 2006. In 2005, the corresponding number was approximately 5,300. Approximately 50% of the recognised or suspected occupational diseases compensated for in 2005 were caused by chemical agents. Approximately 40% were caused by physical factors and 10% by biological factors.

Altogether, 6,774 recognised or suspected cases of occupational diseases were notified to the Finnish Register of Occupational Diseases in 2005. (Ammattitaudit ja ammattitautiepäilyt 2005, 2007). The previous figures available dated from 2002, and the increase in respect of 2002 was 41%. However, these figures are not directly comparable due to changes in data collecting systems and compensation practices. According to this source, too, the changes in the total number of occupational diseases were small during 1998–2002. In 2005, most cases of occupational diseases were reported in groups of hearing damage caused by noise (23%) and repetitive strain injuries (22%). The number of cases of hearing damage had increased most in comparison to the previous statistics of 2002 (Ammattitaudit 2002, 2003).

2.3 PREVENTION OF MUSCULOSKELETAL DISORDERS

The amount of sickness allowances paid on the basis of musculoskeletal disorders (MSDs) has continuously increased in Finland. On the other hand, the number of working hours has increased simultaneously. Judging from the sickness allowances paid, women suffer slightly more often from MSDs than men. Approximately 5-6 million working days are lost each year in workplaces due to MSDs. Efficient measures are needed to prevent back injuries, as they have formed the most significant group of MSDs leading to sick leave (Appendices, Figure 1).

According to the analysis published by the Finnish Institute of Occupational Health (Työ ja terveys Suomessa 2006, 2007), sick leaves are predictive of an early invalidity pension risk and, in particular, MSDs correlate strongly with this. On average, approximately 7,500 employees are granted invalidity pensions on the basis of MSDs each year. The total number of persons granted invalidity pensions on the basis of MSDs was approximately 63,000 in 2005 (Suomen työeläkkeensaajat ja vakuutetut 2006, 2007).

MSDs vary by sector. Employees in the industrial sector and construction report most MSDs, followed by employees in the social and health care sector (Työ ja terveys Suomessa 2006, 2007). It is estimated that approximately 20% of occupational accidents are related to overstraining of the locomotor system.

Of musculoskeletal disorders, repetitive strain injuries are compensated for as occupational diseases. In 2005, a total of 1,469 cases of repetitive strain injuries were notified to the Finnish Register of Occupational Diseases. According to the register data, repetitive strain injuries were the second largest group of causes of occupational diseases. The most common repetitive strain injury was epicondylitis, which comprised nearly half of all cases. The proportion of women among these cases was 41%. The incidence was highest among food industry workers, among textile, sewing, shoe and leather workers, and among printing and other industrial workers (Ammattitaudit ja ammattitautiepäilyt 2005, 2007).

Surveys show that exposure to physical strain, such as repetitive and monotonous working postures and movements and the use of muscle force, is especially increasing the number of work-related MSDs. According to the studies, physical strain factors have not increased since 2003. There are clear differences between the physical strain experienced by men and women working in the same industry. (Työ ja terveys Suomessa 2006, 2007).

According to studies, the integration of physiotherapists in occupational health care is becoming established, and their competence levels are relatively high. In turn, the integration of other specialists in MSD prevention, such as ergonomics experts, and other experts in occupational health care is rare (Työterveyshuollon ammattihenkilöiden ja asiantuntijoiden koulutus ja käyttö vuonna 2003, 2005).

2.4 MENTAL WELL-BEING AT WORK

It is stated in the Community strategy on health and safety at work (2007–2012) that the promotion of mental health in the workplace requires that labour market organisations co-operate to prevent violence and harassment in the workplace. Co-operation is also needed to implement the agreement on work-related stress. The central labour market organisations of Member States prepared a framework agreement on work-related stress in the autumn of 2004 and a framework agreement on harassment and violence at work in April 2007. In 2007, the Commission launched a project where measures implemented by Member States to prevent work-related stress and violence are monitored. According to a comparative study, the incidence of cases classified as bullying in the workplace is highest in Finland (Fourth European Working Conditions Survey: Summary, 2006).

To promote coping at work, development projects were launched under the Veto programme in those branches and occupations where stress and mental strain at work are experienced most commonly. The objectives have been encouraging work, improved support at work and better job control,

the promotion of coping at work, and the reduction of bullying and violence in the workplace.

Both in the private and the public sectors, coping at work may be impeded by problems in the work community or mental stress, decreases in motivation or enthusiasm for work, and problems in the work environment or physical strain. According to the Finnish Institute of Occupational Health, on average approximately 35% of all employees find their work mentally strenuous and only approximately one fourth find their work easy or rather easy (Työ ja terveys Suomessa 2006, 2007). According to the working life barometer, approximately 60% of all employees find their work mentally strenuous. The share of those who find their work mentally strenuous varies according to the industry and workplace and, according to the working life barometer, is more than 70% in the municipal sector (Työolobarometri 2007, ennakkotietoja, 2007).

Slightly over 50% of Finnish employees had to hurry rather or very often in order to get their work done. Experience of time pressure has increased compared to the years 2000 and 2003. The strongest time pressure was experienced in the social and health care sector. At the same time, so-called flow experiences were reported most often in the same sector, but employees felt that they lacked the opportunity to influence the amount of work. The opportunities of employees to influence matters relating to themselves and the organisation of work had decreased. Entrepreneurs and agricultural entrepreneurs experienced less mental strain at work than employees. (Työ ja terveys Suomessa 2006, 2007).

Overtime work somewhat increased in 2007 in comparison to previous years. In August and September 2007, approximately half of employees reported that they performed overtime work. Of these employees, approximately 175,000 performed uncompensated overtime work and approximately 325,000 performed at least partially uncompensated overtime work. It seems that work is found strenuous more often than before (Työolobarometri 2007, ennakkotietoja, 2007).

Alongside physical diseases, stress is known to generate or aggravate mental disorders. The number of invalidity pensions granted on the basis of mental disorders has increased, starting from the beginning of the 1980s. In 2006, approximately one third of new invalidity pensions were granted on the basis of mental disorders. At that time, they accounted for approximately 40% of all the pensions, whereas at the beginning of the 1990s their share was only about one third. The share of depression in pensions based on mental disorders has tripled at the same time as the shares of other mental disorders have remained unchanged. During the last two years, however, the number of new invalidity pensions granted on the basis of depression has decreased slightly. Women retire due to depression more often than men. (Miksi masen-

nus vie eläkkeelle? 2007). The Ministry of Social Affairs and Health launched the MASTO project in 2007, whose objective is to prevent invalidity due to depression.

It has been thought that the increased demands imposed on the performance of employees by work and working conditions are contributing to the increase of mental disorders. Rapid changes in working conditions require greater adjustment than normal and place employees under pressure. Features of work which are regarded as negative, such as lacking an opportunity to have a say, time pressure, bullying and mental violence, management that is experienced as unfair, and lack of support, are connected with the prevalence of mental disorders and sick leaves. It has been stated that insufficient opportunities to have an influence and extreme time pressure have increased hospital personnel's probabilities of developing mild mental disorders by 30-70% (Miksi masennus vie eläkkeelle? 2007).

Demands for qualifications and performance are still increasing. Demands for performance have increased especially in the social sector. Municipal employees find their work more mentally strenuous than employees in general. In the social and health care sector, eight out of ten workers find their work mentally strenuous (Kunta-alan työolobarometri 2006, 2007).

According to the questionnaire Work and Health in Finland 2006 (Työ ja terveys Suomessa 2006, 2007), mental violence at work has slightly increased from 2003. Mental violence was most noticeable in the social and health care sector. In many branches, client violence or a threat of becoming exposed to it are also experienced often. Age discrimination is experienced in about ten per cent of workplaces. Discrimination and unequal treatment concern, in particular, temporary or part-time employees. Observed cases of gender discrimination have somewhat decreased, whereas discrimination based on favouritism has remained unchanged. It has been estimated that this is connected e.g. to bullying in workplaces (Työolobarometri 2006, 2007). A clear majority of both men and women considered themselves to have benefited at work from the experience ageing has brought, and approximately one out of five estimated that ageing caused problems at work. Older employees are more often enthusiastic about their work than younger ones, and they experience more job satisfaction.

Support from a superior, the climate of the work community, and relationships between employees have either somewhat improved or remained unchanged. Experiences of superiors being fair and equal have increased from 2003. In comparison to large workplaces, small workplaces with less than 10 employees have a better flow of information, a higher degree of job satisfaction, and better relationships between fellow employees. In general, the flow of information in workplaces in 2006 had slightly deteriorated from 2000 and 2003 (Työ ja terveys Suomessa 2006, 2007).

2.5 COPING AT WORK

In addition to general appreciations and attitudes, the work community and work itself have an impact on motivation and coping at work. The employee's health, economic factors, and a meaningful, interesting and challenging job encourage continuing and coping at work.

A qualitative change seems to have taken place in working conditions at the beginning of the 2000s. This change may be detected as a general feeling of insecurity, lack of trust and decreased meaningfulness of work (Työolobarometri 2006, 2007). Experiencing work as meaningful has decreased during the last ten years. Since 2001, the share of those who estimated that the meaningfulness of work has decreased has been clearly greater than the share of those who estimate that it has increased. However, since 2004, the share of those doubting the meaningfulness of work has began to decrease slightly, and more slowly in the municipal sector.

The problems emerge e.g. in the form of an increased number of accidents and sick leaves, as conflicts between people in the workplace, and as burnout cases. There are many problems especially in the public sector. Work ability in relation to the competences required is estimated to have deteriorated from 1999 to 2007, particularly in the municipal and state sectors (Työolobarometri 2007, ennakkotietoja, 2007).

The employee's own health, economic factors and a meaningful, interesting and challenging job contribute to continuing and coping at work, especially in the age group of over 45-year-olds. In addition, factors relating to working hours, the pace of work, and decreasing mental and physical strain at work also encourage to continue working. More flexible working hours, certainty of continuing employment, and improved management methods promote coping at work, in particular among those aged 45–54 (Työ ja terveys Suomessa 2006, 2007).

Insufficient opportunities to influence work assignments, work pace, working hours, distribution of work and working methods strengthen the desire to retire, as do conflicts, mental violence, some experiences of discrimination at work, including problems relating to the availability of information, unjust wages, and unequal treatment. In addition, experiencing a threat of serious burnout strengthens the desire to retire.

Work may also make life meaningful, providing daily routines, social relationships and an opportunity to express oneself. Thus, it may decrease the desire to retire and increase the desire to continue at work. (Miksi masennus vie eläkkeelle? 2007).

According to the statistics of the Finnish Centre for Pensions, the retirement age rose by over six months from the mid-1990s to the year 2006. In 1996, the expected retirement age of all those who retired on an earnings-

related pension was 58.8 years, and in 2006 59.5 years. In turn, the age at which 50-year-olds retire has increased by two years: in 2006 it was 57.2 years and in 2006 it had risen to 59.4 years.

In 2003, approximately 19% of employees wanted to retire before retirement age, whereas in 1997 the corresponding figure was approximately 15% (Survey of working conditions 2004, 2005). Approximately one third of those at working age estimate that there are no such issues relating to their physical condition that would prevent them from working in their current occupation until retirement age (Työ ja terveys Suomessa 2006, 2007). Of those who experience a threat of serious burnout, one out of six thinks of retirement often. (Mielenterveyden häiriöt työkyvyttömyyseläkkeen syynä – ajatuksia ehkäisystä, hoidosta ja kuntoutuksesta, 2005.)

Systematic work to postpone retirement started under the National Programme on Ageing Workers and was continued under the National Well-Being at Work Programme (2000–2003) and the Veto programme (2003–2007). In addition to other results, these programmes led to a discussion on the significance of age management for coping, well-being and continuing at work.

2.6 JOB CONTROL

Job control refers to the possibility and ability of employees to control their work. In addition to competencies, opportunities to influence and participate as well as social support are essential components of good job control. The strain experienced by a person depends on several factors, including those unrelated to work. By improving job control, it is possible to have a positive effect on the total strain experienced by a person.

Almost half of all employees feel that their tasks have become more difficult. The main group that found their work too difficult was men over the age of 55. More than half of employees find that performance targets have become tighter and result monitoring more efficient (Työ ja terveys Suomessa 2006, 2007).

General insecurity, the scarce distribution of information on changes in work, time pressure and the lack of opportunities to have an influence have intensified workers' efforts to concentrate on their personal coping at work. In the early 2000s, this trend seemed to coincide with the feeling that work was less meaningful.

Opportunities to influence matters relating to oneself and the organisation of work have weakened slightly in comparison to 2000 and 2003 (Työ ja terveys Suomessa 2006, 2007). In health care and social services, opportunities to influence one's work assignments, work pace and distribution of

work are experienced as being poorer than average. However, the situation has improved to a certain extent in comparison to 2005 (Työolobarometri 2006, 2007). In 2006, only a little more than one third of municipal employees considered their opportunities to influence their pace of work as rather or very good. Men have better opportunities to influence the amount of work than women.

The fast work pace, particularly in municipal health care, reduces employees' opportunities to influence their work (Kunta-alan työolobarometri 2006, 2007). In public administration, opportunities to have an influence have considerably improved from 1997. Three out of four employees can at least to some extent influence their working hours.

Experience of time pressure has increased in comparison with 2000 and 2003. However, there are rather significant differences between sectors in this respect. The strongest time pressure is observed in the social and health care sector. Of employer sectors, municipalities and state- and municipality-owned companies are felt to be the busiest. Interruptions in work due to external disturbances and difficulties in concentrating on one assignment at a time hinder higher administrative and clerical employees, as well as information workers and employees in the service sector, in particular (Työ ja terveys Suomessa 2006, 2007).

In general, management has developed in a positive direction. Experiences of superiors being fair and equal have increased from 2003. Some 82% of employees felt that their nearest superior treated them fairly and equally at least fairly often. Support and help provided by superiors have improved in state-owned companies. Well over half were of the opinion that the employer is interested in the employees' health and well-being, whilst one out of six thought that such interest was minimal. (Työ ja terveys Suomessa 2006, 2007). The development in the state sector was not equally positive in 2006–2007 (Työolobarometri 2007, ennakkotietoja, 2007).

Relationships between fellow employees and mutual support and help have remained at a high level: seven out of ten felt that they always received support, or did so most of the time (Työ ja terveys Suomessa 2006, 2007). However, the transparency of the relationship between management and employees had decreased in 2006 in comparison to 2005, and it was felt that superiors had a more negative attitude towards proposals for change made by employees. More issues requiring discussion are ignored than before (Työolobarometri 2006, 2007).

Despite the many positive developments in working life described above, harmful strain experienced at work may still be considered a significant issue that calls for improvement and the management of which requires that special measures be taken in workplaces and by supporting organisations.

3 ACTION IN PRACTICE

3.1 ACTION AT WORKPLACE LEVEL

According to the OSH strategy of the Ministry of Social Affairs and Health, a good work environment can be created in each workplace through measures taken by themselves. The strategy emphasises the importance of a sound corporate and organisation culture as well as management and security control. An important objective is to combine OSH measures with production and other workplace activities. The significance of a good work environment for quality and productivity is emphasised. According to the strategy, co-operation between occupational safety and health and occupational health care should be intensified.

Objectives set in the OSH strategy were included in the Occupational Safety and Health Act that entered into force at the beginning of 2003. In 2005 and 2006, an investigation of the implementation of the Act was carried out in the form of questionnaires sent to, and interviews with, the workplaces' occupational safety and health personnel. The investigation revealed that the implementation of the Act has begun well. Moreover, the investigation provided a rather multifaceted picture of conceptions of, and measures taken, in the workplaces. On the basis of the interview material, workplaces could be divided into three groups: workplaces where objectives are set actively, workplaces where occupational safety and health is improved reactively, and workplaces where the reformed Act was unknown and activities were based e.g. on the initiatives of the authorities (Työturvallisuuslain toimeenpano työpaikoilla, 2007).

The Nordic Scoreboard pilot project, aimed at monitoring the EU strategy, performed a broad assessment of OSH activity and its implementation in various sub-areas. The Scoreboard is based on a questionnaire submitted to the administrative authorities of the countries involved. According to the first Scoreboard 2003 report, the Finnish way of implementing preventive OSH measures in workplaces is on a very high level. According to the extended Scoreboard 2005 report, Finland still ranks number one in the assessment of workplace-level activities. The International Labour Organization ILO's report has compared different countries by means of an occupational safety index covering a wide range of working conditions. In the comparison, Finland ranks fourth (Economic security for a better world, 2004).

MANAGEMENT AND SYSTEMATIC ACTIONS

On the market, clients and owners are paying increasing attention to safety and health. Demands from these parties are gaining in importance in business and are reflected in the entire production or service chain through requirements placed both on subcontractors and other co-operation partners. This is exemplified by the fact that an occupational safety card is more often becoming a precondition for performing work. Indeed, the way in which subcontractors or parties to co-operation manage occupational safety and health issues interests more and more. The introduction of certified safety systems has increased, particularly in workplaces with international commissions and/or owners.

Due to revised occupational safety and health legislation, for example, the creation of various safety control systems has become more important in the development of workplaces' own OSH activities. In workplaces, this development work is creating procedures that enable the identification of risks and impediments threatening health and safety, setting goals for removing and/or reducing such risks, and monitoring the sufficiency and efficiency of the related measures. Performance targets set for occupational safety and health inspectorates, in order to create methods of controlling the main risk factors, also support workplaces' own activities. However, successful safety management has elements that cannot be defined and regulated through legislation. Desire and willingness are also needed.

An investigation on the implementation of the Occupational Safety and Health Act in workplaces (Työturvallisuuslain toimeenpano työpaikoilla, 2007) clearly showed that workplaces are polarised into large and small regarding safety management. However, based on the interview material, the concept of safety management and systematic means thereof were not familiar in most workplaces. Due to the employer's obligations and responsibility, responsibility for OSH activities will more clearly lie with the line organisation, which requires that the role of superiors in safety management be emphasised. In large workplaces there were separate OSH organisations with high quality know-how, which were capable of systematic implementation of preventive and goal-oriented safety activities. In smaller workplaces, safety management was less familiar and not as well implemented. In small companies, safety-related activities are often based on co-operation with the occupational health care and occasional inspections performed by OSH Inspectorates.

Companies leading the development of occupational safety have invested in the creation of safe methods in order to control problems. Along with the new Occupational Safety and Health Act, workplaces have invested in the systematic investigation and evaluation of risks. According to the investi-

gation on the implementation of the Occupational Safety and Health Act in workplaces, risk factors had been investigated and identified in over 80% of workplaces, while the degree of the risk has been assessed in 74% of workplaces. However, the quality of the assessments carried out is not commented on in the report.

The Occupational Safety and Health Act emphasises that occupational health care has a role as an expert at employer's disposal. This complements the operating model specified in the Occupational Health Care Act and will intensify co-operation between the workplace and occupational health care.

Management and superior's actions have major impacts on well-being at work. Respectively, the development of working conditions is now seen more clearly as a management issue. Management is discussed extensively at various levels and more is required of it. For instance, the results of the working life barometer support the impression that, in general, management has developed in a positive direction during the past decade. Such development has not been equally positive in the state sector (Työolobarometri 2007, ennakkotietoja, 2007).

ECONOMIC IMPACTS AND IMPACTS ON PRODUCTIVITY OF WORKING CONDITIONS

The OSH strategy pays attention to economic costs due to work-related loss of health, based on the assumption that greater consideration of the economic impacts of working conditions will motivate and encourage companies and workplaces to improve working conditions. Economic thinking also helps to achieve a better understanding of the problems and behaviour of companies and to make the right choices when aiming at achieving well-being.

According to the estimate of the Ministry of Social Affairs and Health, the cost of occupational accidents and work-induced diseases to society was approximately 2.9 billion euros, i.e. a good 2% of GDP in 2000. By disease group, the biggest losses (over a third) were caused by MSDs. Moreover, by type of cost, the biggest losses were caused by invalidity. This estimate was drawn up using a model produced by Nordic co-operation and based on disease data and an appraisal of the occupational character of different diseases. Consequently, the estimate can be considered a rough account of the extent of the losses. No corresponding estimates have been drawn up in Finland since 2000.

In Finland, the administration, research institutes and other OSH actors have, in various ways, promoted the utilisation of economic thinking in the development of working conditions. Research activity associated with work environment economics has become broader in scope and more versatile. Thus, the consideration and utilisation of economic aspects has become

more common at workplace level. The connection between working conditions and the public image of companies and their social responsibility has recently received a greater emphasis, which for its part reflects the multiple economic effects of working conditions. In addition, the importance of good working conditions is mentioned as an essential aspect when recruiting new employees.

Good working conditions are increasingly associated with high productivity. Thinking and action based on an overall approach to well-being at work have further improved the preconditions for combining improvements in working conditions with productivity and good management. In 2007, labour market organisations launched a co-operation project whose objective is the simultaneous improvement of well-being and productivity.

The EU strategy on health and safety at work 2002–2006 emphasised the economic importance of working conditions, and the Council resolution on the strategy required that the awareness of the importance of good working conditions to productivity, quality and performance be further raised. To achieve this, the European Agency for Safety and Health at Work published new material in 2007. The EU's new strategy on health and safety at work 2007–2012, "Improving quality and productivity at work", connects the development of working conditions even more closely with economic thinking and the implementation of the Lisbon strategy. The new strategy and the related resolution emphasise the use of economic incentives.

OCCUPATIONAL HEALTH CARE

The amended Occupational Health Care Act imposing obligations on the employer entered into force in 2002. E.g. the decrees on the principles of sound occupational health care practice and on health examinations in work that poses a special disease risk were revised at the same time. The Ministry of Social Affairs and Health has published numerous guidelines for the development of occupational health care, including Good occupational health practice: a guide for planning and follow-up of occupational health services (Hyvä työterveyshuoltokäytäntö, 2007) and the guidelines on health examinations for work that presents a special disease risk (Terveystarkastukset työterveyshuollossa, 2005).

The number of occupational health care units is approximately 700, and there has been no improvement in the availability of occupational health care services in sparsely populated areas in comparison to the previous situation. The number of applications for compensation submitted to the Social Insurance Institution of Finland, reflecting the coverage of occupational health care activities, has been approximately 44,000 in recent years. Small companies tend not to claim compensation. In construction, an employee-specific

occupational health card has been introduced in order to monitor occupational health care services. The objective of the card is to ensure that health examinations of employees are provided regularly.

Some 77% of client companies of occupational health care units were companies with less than 10 employees, whereas 1% were companies with more than 250 employees (Työterveyshuolto Suomessa 2004, 2007). Workplace investigations were briefer in small companies than in large companies with more than 250 employees. Approximately every fourth action plan included a description of exposure in the workplace. On the other hand, no significant difference could be detected in how the health inspection targets were defined (Sateenkaarihanke, 2007). Moreover, the assessment of activities was more systematic in companies with more than 50 employees than in smaller companies.

The service system for occupational health care is being developed further. Improving the quality of the contents will also require more versatile integration of experts into occupational health care. In addition, the quality of workplace investigations must be improved.

OSH TRAINING AND THE STATE OF OSH CO-OPERATION

OSH co-operation in the workplace plays an important part in the success of practical OSH work. At the end of 2007, the OSH administration's workplace database contained information on approximately 34,250 workplaces with more than 10 employees, where an OSH representatives (and deputy representatives) should be elected by virtue of the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces.

At the end of 2007, the Centre for Occupational Safety's Register of Occupational Safety Personnel contained information on 10,800 workplaces, and there were 9,650 OSH managers, 8,600 OSH representatives for workers, and 3,710 OSH representatives for clerical employees on the register. In 2007, approximately 8% of the workplaces, which gave notification of an OSH manager, did not give notification of an OSH representative. At the end of 2000, the register contained 10,500 OSH managers, over 9,000 OSH representatives for workers, and nearly 5,000 OSH representatives for clerical employees. At the end of 2003, the corresponding figures were 12,010 OSH managers, 9,020 OSH representatives for workers, and 4,700 OSH representatives for clerical employees. The amount of OSH personnel notified on the register has thus decreased, especially since 2003.

In conjunction with the national occupational accident prevention programme (2002–2005), an investigation was carried out on attitudes towards

OSH training in workplaces (Työpaikkojen näkemyksiä työturvallisuudesta ja sen opetuksesta, 2005). Based on the report, there are no problems in OSH training requiring structural changes in training. Moreover, the quality of OSH training was considered adequate. On the other hand, it is stated in the report on national OSH training that the role of OSH must be clarified and specified, especially in terms of the content of, and targets set for, education in polytechnics and universities, because superiors must be more aware of OSH and the related responsibilities (Työturvallisuuskoulutuksen valtakunnallinen selvitys, 2003).

The Occupational Safety Card was introduced on an extensive basis at the beginning of 2003. The objective of Occupational Safety Card training is to provide employees with basic knowledge of OSH and thus improve co-operation and OSH, particularly in shared workplaces. However, the card is no substitute for the employer's statutory obligations to provide induction for new employees and assignment-specific guidance. At the end of 2007, the names of over 400,000 Occupational Safety Card holders had been notified to a register maintained by the Centre for Occupational Safety. The card could be obtained in five languages.

3.2 ACTION WITHIN THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

In line with the occupational safety and health strategy, the OSH administration supports employers' possibilities for attending to occupational safety and health and the associated co-operation obligations. The administration's main clients are workplace-based: employers and employees. The administration supervises the observance of legislative provisions and guides the development of operating systems in workplaces.

The effectiveness of activities conducted under the OSH administration has been enhanced. The proposals of the resource work group of OSH Inspectorates have been implemented by diversifying the know-how of OSH Inspectorates' personnel, passing know-how on to new inspectors, and improving the Inspectorates' management by results and the direction of activities (Ministry of Social Affairs and Health, 2001). The objective has been to enhance OSH Inspectorates' activities and use of resources, including by consolidating smaller inspectorates and thus creating larger entities, and by decreasing the number of branch offices. The objective of these changes has been to enhance OSH Inspectorates' activities and use of resources so that they can better meet the demands arising from changes in working life.

The Ministry steers the activities of the administration by means of negotiations concerning performance targets, held annually with the district

administration. In the management by results of inspectorates, a switch was made in 2004 to a model based on a four-year framework agreement on performance targets and on an annual result agreement supplementing it. This model aims to clarify the process of management by results and enhance the interconnections between the Ministry's strategic goals. During the new framework agreement period, beginning in 2008, the targets will be regrouped according to the structure of the performance prism used in state administration.

In recent years, the inspectorates have focused on central focal areas: mental well-being at work, the prevention of MSDs, and the prevention of occupational accidents. The majority of resources have been used on these focal areas. During the new framework agreement period, the targets will be specified so that supervision will be focused on the prevention of harmful work-related mental and physical strain and on the prevention of occupational accidents. Moreover, management of risks posed by chemicals and supervision of the rules governing working life will be included in the focal areas. In addition, the OSH administration will participate in the implementation of projects related to OSH and will provide information and guidance on OSH-related matters in co-operation with working life programmes.

The OSH administration focuses supervision on the most important sectors, considering the employees' health and safety and, on the other hand, on targets where it is ensured that labour legislation provisions are complied with. Supervision is targeted at sectors where problems in working life and strain factors are abundant. The majority of activities are targeted at sectors where supervision could prevent accidents and harmful strain caused by work and working conditions. Objectives also include making supervision more effective by increasing the number of official inspections by 50% during the next agreement period. The health care supervision project implemented by the OSH administration has contributed significantly to the prevention of MSDs and the promotion of mental well-being within the sector.

The OSH Inspectorates' resources, as well as the legislation to be supervised, have increased during recent years. Additional human resources have been allocated for performing the new tasks in inspectorates associated e.g. with the supervision of the Non-discrimination Act, the Aliens Act and the Act on the Contractor's Obligations and Liability.

PREVENTION OF OCCUPATIONAL ACCIDENTS

Efforts to improve the preconditions for work in preventing occupational accidents have been made through close co-operation with the insurance institutions responsible for collecting and editing statistical data, and with their representative body, the Federation of Accident Insurance Institutions.

The inspectorates have both nationwide and district-specific statistics at their disposal.

During the entire four-year period 2004-2007, a significant share of the supervision activities of OSH Inspectorates has been targeted at workplaces in sectors that are statistically accident-prone. The target has been that workplaces have safety management methods and monitoring procedures for working conditions at their disposal. Attention has also been paid to the special features of workplaces shared by several employers.

Supervision is targeted at the accident-prone sectors of industry mentioned in the framework agreement as well as construction, land transport and terminals, and cleaning and waste disposal. At the beginning of the framework agreement period, activities have been targeted mainly at workplaces with a minimum of five employees. In conjunction with the supervision, inspectorates have charted dangerous workplaces in the above-mentioned sectors and the objective is to ensure, by the end of the framework agreement period, i.e. by the end of 2011, that safety management methods and monitoring procedures for working conditions are applied in these workplaces.

For monitoring working conditions and their development in workplaces, several indicators of working conditions have been created for use both in workplaces and in OSH supervision. These include the HALMERI, ELMERI, TR and MVR indicators. Studies have shown that the results based on these indicators correlate with the workplace's accident frequency. During recent years, the aim of the OSH directorates has been to put these indicators to wider use in workplaces in order to monitor and develop working conditions. With the support of these indicators, occupational safety competitions between workplaces have been launched, which has contributed to decreasing the workplaces' accident frequencies. The indicators of working conditions used in competitions have also been widely adopted in the workplaces' own activities. The use of indicators as one of the criteria used in supervision, including the assessment of the functioning of safety management in the workplace, has increased.

The national occupational accident prevention programme, Prioritising Occupational Safety, accepted by the Government, was implemented during 2001–2005. The central aim of the programme was to make the vision zero approach part of OSH activity at workplace level and to promote a sound occupational safety culture. Sector-specific projects within the accident prevention programme included e.g. the technology industry's MET We Challenge occupational safety competition and the RaTuKe project, which concentrates on improving safety in construction. These projects are significant, for example, due to the fact that interest groups in different sectors co-operated widely in order to decrease the number of accidents. Co-operation between interest groups has become established in various sectors. In addi-

tion, the Zero Vision Forum, a network formed by various workplaces where enterprises share good practices related to safety issues, was launched during the programme. The number of enterprises that have joined the Forum has increased steadily. Other activities that were launched during the implementation of the programme and which are still maintained include the nolla.fi web pages and the related, extensive co-operation on accident prevention. In conjunction with the Veto programme, in 2003 the Ministry of Social Affairs and Health set the target of decreasing the number of occupational accidents by 40% by 2010 in comparison with 2002.

The European Week for Safety and Health at Work 2001 concentrated on the prevention of accidents under the slogan "Success is no accident". In 2004, for the first time the week concentrated on one sector: the problems of safety and health in construction. In 2003, the European Senior Labour Inspectors' Committee (SLIC) carried out a construction sector occupational safety campaign aimed at reducing employee accidents involving a fall, in all member states. The campaign continued in 2004, when falling objects and the risks posed by machines moving heavy objects on construction sites were added to the themes. After 2004, the campaign spread to the new member states of the EU. Finland has also participated in projects aiming at the prevention of accidents at Nordic level, such as those launched by the Nordic Council of Ministers.

Accident prevention has also been promoted by developing standardisation. The significance of safety management in creating safe working conditions is emphasised in the new Occupational Safety and Health Act. Clarification of regulations on safety management was also essential when regulations on construction work, emphasising the responsibility of the developer for the safety of the construction site from the beginning until the end of the project, were amended. One of the central objectives set for the framework agreement period 2008–2011 is the establishment of the above-mentioned regulations on safety management in the workplace.

The OSH administration has increased its participation in the Accident Investigation Board Finland's investigation committees, which investigate the causes of catastrophes or other accidents that have posed a risk, as well as measures for preventing similar accidents. Information gathered during investigations has been utilised in the prevention of occupational accidents. Participation in investigation has also improved co-operation between authorities and other interest groups in the planning and implementation of projects aiming at the prevention of accidents. One of the investigation's results is that all authorities supervising construction should further develop co-operation aiming at the improved total security.

During recent years, the OSH administration's objective has been to implement project-like activities where extensive information and education

activities are carried out in co-operation with interest groups, followed by intensified and targeted supervision activities performed by the OSH authority. The fact that more and more companies want to develop OSH activities and distribute information to other companies has contributed to the implementation of these activities.

PREVENTION OF MUSCULOSKELETAL DISORDERS

In OSH supervision, attention has been paid to the prevention of MSDs by assessing the existence of safety management systems relating to display terminal work, manual lifting and repetitive work. Management systems relating to the safety of display terminal work have been assessed in the public administration and the banking and insurance business. Moreover, management systems relating to manual lifting and moving have been evaluated in the construction, trade, social and health care sectors, land transport, metal industry, property maintenance and terminals and cargo handling. Management systems relating to repetitive work have been evaluated mainly in the metal and trade industries.

A national health care supervision project was implemented in the OSH administration in 2004–2007, in which special attention was paid to physically strenuous manual lifting and moving. In the inspections performed during the project, the OSH Inspectorates ensured that the employers created procedures and control systems in their workplaces enabling the elimination or management of problems.

At the beginning of the framework agreement period, activities have mainly been targeted at workplaces with a minimum of five employees. In conjunction with supervision, inspectorates have charted workplaces in the above-mentioned sectors where fundamental problems relating to the MSD focal area may exist. The objective is to ensure, by the end of the framework agreement period, i.e. by the end of 2011, that the risks and harm caused by MSDs are identified and managed in these workplaces.

On the basis of supervision results, it could be stated that the problems caused by display terminal work have been thoroughly identified and are well managed in workplaces. Management systems relating to manual lifting are most insufficient in the trade and industry sectors. In all sectors supervised, management systems relating to repetitive work are more insufficient than those relating to manual lifting.

Problems relating to strain caused by manual lifting and moving and repetitive work have been known for a long time. However, few usable solutions exist which might eradicate them, and problems relating to repetitive work in particular. Thus, OSH supervision will not lead to effective actions until workplaces can be provided with functioning solutions.

A network for distributing information between ergonomics experts was created in the social and health care sector in 2004. The OSH administration contributes to the task of the network, which is to guarantee the well-being and health of health care personnel whose assignments include manual lifting and moving, by drawing attention to situations involving assistance and manual lifting and moving.

The "Lighten the Load" campaign launched in 2007 by the European Agency for Safety and Health at Work has increased awareness of the prevention of MSDs. The inspection and educative campaign on manual handling in the care and transport sector, launched by the European Senior Labour Inspectors' Committee (SLIC), has been carried out in all OSH Inspectorates. In addition to the distribution of information, inspections have been performed in workplaces within the care and transport sectors. The campaign has been carried out in co-operation with the "Lighten the Load" campaign of the European Agency for Safety and Health at Work.

MENTAL WELL-BEING AT WORK

Management by results, applied in institutions subordinate to the administration of the Ministry of Social Affairs and Health, has contributed to the fact that research and development work has, to an increasing extent, dealt with well-being at work. Mental well-being at work has also been one of the focal areas of the result agreements concluded between the Ministry and the OSH Inspectorates. According to the OSH strategy, OSH Inspectorates have focused supervision on promoting mental well-being.

Mental well-being has been promoted by means of organised co-operation with district administration, in the same way as the prevention of accidents and MSDs. The main objectives have included the supervision of working time legislation, control of the threat of client violence, control of harmful work-related strain, and the prevention of harassment and inappropriate treatment. Client violence, harassment and inappropriate treatment as well as harmful work-related mental stress were also the focal areas of the national health care sector project 2004–2007.

The OSH Inspectorates have targeted the supervision of the observance of working time legislation e.g. in the transport industry, where problems relating to this issue are abundant. Managing the threat of client violence has been supervised in workplaces in the social and health care sector, accommodation and catering sector, land transport, police forces and border guard detachments, the judiciary, property maintenance and retail trade. In those sectors where the management of the threat of client violence and inappropriate treatment has been supervised, supervision has also been targeted at harmful work-related strain factors. Resources have been directed at the

management of harassment and inappropriate treatment in workplaces in the social and health care sector, parishes, the judiciary, prison administration, the police and border guard detachments, and in workplaces belonging to the sector of statutory social insurance. At the beginning of the framework agreement period, activities were mainly targeted at workplaces with a minimum of five employees. In conjunction with the supervision, inspectorates charted workplaces where fundamental problems in the above-mentioned sectors may exist. The objective is to ensure, by the end of the framework agreement period, i.e. by the end of 2011, that functioning management methods and monitoring procedures for identifying threats to mental well-being at work are available in these workplaces.

To support monitoring, the OSH authority has criteria for controlling client violence, harassment and inappropriate treatment as well as harmful strain factors. Special attention has been paid to the methods of monitoring inappropriate treatment and harassment and to the guidelines concerning problem solving.

The Ministry of Social Affairs and Health has participated in the promotion of mental well-being and coping at work, e.g. through development projects and, in particular, through the projects of the Veto programme. These projects and campaigns have contributed to increased awareness of mental well-being, also in the workplace.

PRODUCT CONTROL

Product control has been developed and intensified both in Finland and throughout the EEA. Product manufacturers and launchers have been extensively trained to adopt the principles followed in the territory of the European Union: products, whose safety is ensured by the producer through compliance with directives' essential safety and health requirements and which are marked with the CE marking, can move freely in the territory of the EEA.

To improve product control, each OSH Inspectorate has organised special training for inspectors. Training has dealt with the modes of operation of market surveillance and specified the distribution of tasks between the Ministry and OSH directorates based on the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces.

The OSH Inspectorates have ascertained that products used at work comply with requirements in connection with normal workplace supervision. In addition, nationwide surveillance projects have been implemented, partly in co-operation with other supervisory authorities. The projects have been targeted, in particular, at supervising machine categories, chemicals and personal protective equipment that have been found to be particularly dan-

gerous. Surveillance projects relating to machines have been targeted at e.g. excavators, forklifts and the bodies of vehicles imported to Finland in breach of regulations. Regarding personal protective equipment, a project relating to forest workers' personal protectors against cuts and a common project of the OSH Inspectorates relating to respiratory protective equipment have been implemented. Moreover, there has been a joint Nordic project dealing with particulate filters. The number of decisions taken on marketing restrictions has increased.

The Ministry of Social Affairs and Health has also participated in a European co-operation project (E-Commerce) dealing with chemicals marketed on the Internet. OSH Inspectorates have launched a joint project dealing with chemical surveillance focusing on working conditions in metal surface treatment plants and chemicals used in these plants.

A revised Machinery Directive was adopted by the Council during the reference period. The revised Machinery Directive obliges the manufacturer to implement the appropriate procedures for assessing the conformity of machinery. Moreover, it is the first product directive to include regulations on organising market surveillance in Member States. The implementation of the revised Machinery Directive in the national legislation has begun.

The EU's new regulation on chemicals (the so-called REACH regulation) was adopted during the Finnish Council presidency. The REACH regulation applies primarily to the European manufacturers and importers of chemical substances. It also includes new obligations concerning downstream users of chemical substances. The implementation of the REACH regulation has been prepared according to a plan drawn up in co-operation with interest groups. This plan includes organising information services, communication, education and the performance of assignments required by the Community, Commission and the European Chemicals Agency. Amendments to the Chemicals Act have been prepared in order to annul legislation that overlaps with the REACH regulation and to define the assignments of various authorities.

The Ministry of Trade and Industry has acted as the co-ordinator of co-operation between several product control authorities operating in the country. During the report period, the Conformity Assessment Committee that functions under the supervision of the Ministry and on which all authorities assessing the conformity of products are represented, has e.g. gathered together good market surveillance practices in various sectors.

There is active communication between various product control authorities, such as the Safety Technology Authority, the Consumer Agency, the National Product Control Agency STTV and the Finnish Environment Institute SYKE.

Administrative co-operation between the Member States' product control authorities has been continued in the EU (e.g. in the ADCO groups). In the

co-operation groups, the authorities exchange information on, and experiences of, market surveillance procedures and non-conforming products and negotiate on common guidelines. Co-operation between Nordic authorities supervising machinery and personal protective equipment has been continued, with the support of the Nordic Council of Ministers.

Matters related to chemicals have been dealt with in the EU's Chemical Legislation European Enforcement Network and the Nordic Chemicals Group (NKG), working under the supervision of the Nordic Council of Ministers, and within a separate project group of the NKG.

LEGISLATION

As regards the development of legislation, the strategy states that Finland will participate in the preparation and implementation of the EU's occupational safety and health legislation, aiming at a high level of safety. Finland has been an active participant in the EU's legislative work. The statutes concerning the implementation of OSH directives that have been implemented in Finland support workplaces' own preventive actions and, for their part, guide the charting of risks in workplaces.

The most important laws which fall within OSH authorities' supervision, such as the Working Hours Act, the Employment Contracts Act, the Occupational Health Care Act, the Occupational Safety and Health Act, and the Act on Occupational Safety and Health Enforcement and Co-operation on Occupational Safety and Health at Workplaces have been revised within the last ten years. This revised legislation takes account of the focal and development areas mentioned in the strategy. The regulations have had a positive reception in workplaces, partly due to the sector-specific agreements of labour market organisations on their basis.

The development of legislation continues to aim at a high level of safety, setting requirements based on facts, and emphasising effectiveness. Additional aims include improving the technical quality of OSH legislation and clarifying the legislation.

As the amount of new legislation concerning OSH decreases at the Community level, objectives now include influencing the proposals made by the Commission at as early a stage as possible.

3.3 NETWORKS OF OCCUPATIONAL SAFETY AND HEALTH ACTIVITY

It is stated in the OSH strategy that the Ministry of Social Affairs and Health develops OSH activity by networking and steering the administration subor-

dinated to it. Finland participates in the preparation and implementation of Community legislation on occupational safety and health, aiming at a high level of safety.

CO-OPERATION WITH INTEREST GROUPS

In Finland, matters relating to the working life are dealt with on a tripartite basis between representatives of the state, employers and employees. Co-operation is long standing and relates to almost all legislative and development activities concerning working life. In various matters relating to occupational safety and health, the co-operation network is more extensive than the above mentioned, and includes other authorities, organisations of entrepreneurs, research institutes, development and educational organisations, as well as insurance companies.

Matters of principle relating to OSH and other essential matters are dealt with by the Advisory Committee on Occupational Safety and Health appointed by the Ministry of Social Affairs and Health. The Advisory Committee has convened in its extended composition so that various groups of employees (AKAVA, SAK, STTK) and employers (EK, KT, VTML) are sufficiently represented. Moreover, representatives of the Ministry of Social Affairs and Health, the Finnish Institute of Occupational Health, and the Centre of Occupational Safety participate in the Advisory Committee's work. The Advisory Committee has established the Section for Agriculture and Rural Enterprises and the Bilbao Section for co-operation with the European Agency for Safety and Health at Work. The activities of the Occupational Accidents Section ended in 2006, alongside the occupational accident prevention programme.

The Ministry of Social Affairs and Health has appointed the Advisory Committee on the Preparation of Occupational Safety Regulations and the Advisory Committee on Occupational Chemical Safety in the preparation of legislation. The Advisory Committee on Occupational Health Care functions alongside the Ministry of Social Affairs and Health in the planning and development of occupational health care.

Occupational safety and health boards function alongside the OSH Inspectorates. Representatives of labour market organisations and other regionally important parties influencing the development and promotion of occupational safety and health are represented on the boards. Moreover, the OSH Inspectorates work in co-operation with regional organisations, other authorities and research organisations.

The OSH administration works in co-operation with parties financing OSH-related research and development activities. These parties include the Finnish Work Environment Fund, the State Work Environment Fund, the

Farmers' Social Insurance Institution (MELA) and other pension and insurance companies, the Finnish Funding Agency for Technology and Innovation (Tekes) and, in particular, the National Workplace Development Programme (Tykes) transferred to Tekes from the Ministry of Employment and the Economy, and the Academy of Finland.

A new method for the preparation of legislation has been created within the Ministry of Social Affairs and Health. The objective is to engage interest groups providing expert support for separate legislative projects in dialogue during the preliminary preparations of the legislation. This applies to the preparation of both national legislation and preparations initiated by the Commission. The network of interest groups is informed as early as possible of any regulations planned, while being provided with an opportunity to submit its opinions through this network to the Ministry's legislative council. The same network is then utilised during the implementation of the regulation.

STEERING OF THE SECTOR OF THE MINISTRY

The Ministry of Social Affairs and Health steers the institutions under its authority, mainly by means of performance targets. Research and development appropriations budgeted for the use of the Ministry of Social Affairs and Health have been used for developing the OSH Inspectorates' control methods and for reports prepared by research institutes. These reports are required for preparing legislation and policies of the administration. The most important authorities and institutions regarding OSH within the Ministry's authority include the OSH Inspectorates, the Finnish Institute of Occupational Health, the National Public Health Institute, the National Product Control Agency for Welfare and Health, and the Radiation and Nuclear Safety Authority. The Ministry of Labour has also participated in steering the OSH Inspectorates.

In order to develop co-operation between the Finnish Institute of Occupational Health and the OSH administration, the action programme "Support for occupational safety and health activities" was implemented in 2003–2005. The programme was aimed at developing practical co-operation between the Finnish Institute of Occupational Health and the OSH administration. The programme contributed to a more efficient use of OSH know-how of the sector of the Ministry of Social Affairs and Health for improving working conditions. Co-operation produced operating models and methods for promoting occupational safety and health for the use of both the co-operating parties and the workplaces. The OSH administration has increased the use of the expertise of the Finnish Institute of Occupational Health in support of administration, supervision and guidance activities.

The programme to support occupational safety and health activities (Työsuojelun tuki) was evaluated in 2006–2007. The evaluation showed that co-operation on certain matters functions excellently. Such matters include e.g. preparing strategies and environmental analyses (a data system of working conditions in Finland), preparing new legislation and supporting the measures provided by it, co-operation on the implementation of national programmes and campaigns, and the distribution of information. In addition, support for OSH activities, occupational health care, and OSH control in workplaces were considered good. Maintenance of the contents of the above mentioned support programme's extranet service, regional co-operation, risk assessment and the safe use of chemicals were specified as important themes of co-operation.

PROGRAMMES

The OSH administration has taken an active part in the preparation and implementation of programmes in the field in accordance with the Government Programmes. The programmes co-ordinated by the Ministry of Social Affairs and Health and implemented during the report period include the National Programme for Ageing Workers (1998–2002), the occupational accident prevention programme (2002–2005) and the Veto programme (2003–2007). In addition, the Ministry of Social Affairs and Health participated actively in the National Well-Being at Work Programme (2000–2003) conducted by the Ministry of Labour. The Ministry of Social Affairs and Health, the OSH administration and the Veto programme have co-operated closely with the National Workplace Development Programme (Tykes, formerly Tyke). The Veto programme has also co-operated with the national programme for raising the level of education and training among the adult population in Finland (Noste), with the Government Action Plan for Gender Equality 2003–2007, and with certain health promotion campaigns.

Increasing the attractiveness of working life is one of the main strategic lines of the Ministry of Social Affairs and Health. To implement this strategic line, the Veto programme promoting the attractiveness of working life and career extension was launched. This programme gathered together the contents and aspects of previous working life programmes. The starting point was that increasing the attractiveness of working life and career extension require various measures and the co-ordinated actions of various actors. Individual factors and the attitudes of working communities and employers as well as the quality of working life, the prevailing safety culture, the quality of service systems such as occupational health care, rehabilitation and the activities of the OSH administration, and the economic incentives provided by the income security system, contribute to the attractiveness of work.

In addition to numerous development projects, communication through various channels was emphasised in the implementation of the Veto programme. The programme increased the amount of discussion on the attractiveness of working life, working conditions and well-being at work, provided new aspects to these, and also strengthened positive aspects relating to work and working conditions. The combined effect of working life programmes, other measures implemented in society and the private sector, and the economic success has led to an increase in the average retirement age and the employment rate. Development has not been as positive as expected regarding some objectives set for the programme. The attainment of objectives relating to decreasing the number of occupational accidents and the number of sick leaves seems challenging. However, in this respect there has been positive development in some enterprises.

The Veto programme's targets are set for the year 2010. Thus, activities contributing to the attainment of these targets will be continued in the Ministry's administrative sector. For instance, "The National Forum for Well-Being at Work", co-ordinated by the Ministry of Social Affairs and Health, will be implemented in the future as part of the policy programme for employment, entrepreneurship and working life, co-ordinated by the Ministry of Employment and the Economy. The forum also co-operates with the policy programme for health promotion. The Veto programme provided even more conclusive proof that research and practical information on improving well-being at work have disseminated slowly into workplaces. There are shortcomings concerning the use of means of improving occupational safety and health, especially in small workplaces.

EU, ILO AND NORDIC CO-OPERATION

The Advisory Committee on Safety and Health at Work, functioning alongside the Commission, deals on a tripartite basis with proposals relating to occupational safety and health made in the EU. The Senior Labour Inspectors' Committee SLIC is a co-operative organ of OSH authorities functioning alongside the Commission.

Co-operation with the European Agency for Safety and Health at Work is co-ordinated by the Bilbao Section of the Advisory Committee on Occupational Safety and Health appointed by the Ministry of Social Affairs and Health. These activities include the Finnish web pages of the European Agency for Safety and Health at Work (fi.osha.europa.eu), providing links to relevant Finnish research, education, development and financing institutions and to the relevant authorities. There have been positive developments in the contents, usability and use of the web pages. The Finnish web pages performed very well in a comparison made between Member States.

The European Foundation for the Improvement of Living and Working Conditions (the Dublin Institute) promotes activities improving living and working conditions in Europe. It provides both research and information and assists in the formulation of EU policies relating to working and living conditions.

The International Labour Organisation ILO is also a key actor in developing occupational safety and health. During the strategy period, e.g. Convention No 184 on Safety and Health in Agriculture, Recommendation No 192 on Safety and Health in Agriculture, and Recommendation No 194 concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases have been adopted by the ILO. Upon the request of the ILO, in 2006 the Ministry of Social Affairs and Health prepared a description of the Finnish OSH system (National Occupational Safety and Health Profile of Finland, Publications 2006:8)

Nordic co-operation plays an essential role in the development of working conditions, and it is guided by the labour market and work environment co-operation programme of the Nordic Council of Ministers. In 2004, a new programme for the years 2005–2008 was confirmed. In the Nordic Scoreboard pilot project created to follow up the EU strategy, building partnerships was also evaluated, demonstrating that Finland was performing well in terms of networking and partnership.

4 OCCUPATIONAL HEALTH AND SAFETY POLICIES

The most important laws on occupational health and safety have been revised during the strategy period, and thus a solid foundation has been created for safeguarding occupational health, safety and well-being at work. The new legislation has imposed new tasks on the OSH administration.

GOVERNMENT PROGRAMMES

Since the OSH strategy was confirmed, the programmes of three governments have steered the development of working life (1999, 2003 and 2007). On the basis of government decisions, national programmes have been implemented, whose objectives have corresponded to or touched upon the objectives of the OSH strategy. In particular, the age question, coping at work and the attractiveness of working life have been specified as the main development targets in working life. The objectives of Government Programmes have corresponded well with the objectives of the OSH strategy. The Ministry of Social Affairs and Health and the OSH administration have also implemented Government Programme objectives as they have implemented the OSH strategy.

STRATEGIES FOR SOCIAL PROTECTION

In 2001, the Ministry of Social Affairs and Health confirmed the strategy "Towards a socially and economically sustainable society", dealing with the social and health policy as a whole. In this document, the policies for improving OSH and working life are mainly dealt with under the heading "Increasing the attraction of working life". Their objectives are in line with the OSH strategy. The more detailed goals of the main strategy are in line with the OSH strategy. To reach these goals, the so-called Veto programme was carried out in 2003–2007. In May 2006, the Ministry confirmed a new strategy period lasting until 2015. The policies of the new strategy concerning OSH do not differ from those defined five years earlier (Strategies for Social Protection 2015, 2006).

OSH STRATEGIES OF THE EUROPEAN UNION

The European Commission confirmed the EU's first OSH strategy for the years 2002-2006 (the European OSH strategy) and the Council passed a

resolution on the related document. The strategy demonstrates a comprehensive approach to occupational well-being and emphasises risk prevention, utilising all available political instruments, creating a partnership between OSH interest groups, and taking account of the economic significance of working conditions. The resolution obliges Member States to safeguard better compliance with the effective legislation e.g. by improving supervision.

In its communication on 21 February 2007, the Commission confirmed the EU's new OSH strategy "Improving quality and productivity at work: Community strategy 2007–2012 on health and safety at work". Both the structure and the contents of the new strategy differ from the previous one. One clear objective has been set in the strategy: reducing the number of occupational accidents by 25% during the strategy period. The strategy includes eight instruments or tools for achieving this goal. According to the strategy, the development and implementation of national strategies is one of these most important instruments.

On 25 June 2007, the Council of the European Union adopted a resolution on the strategy. The Council states e.g. that the new Community strategy should promote further progress by building on the momentum created by the previous Community strategy on safety and health at work, which was based on an overall approach to well-being at work and led to relaunched prevention policies and significant improvements. The Council calls on the Member States, the Commission and social partners to pursue the objectives set in the strategy. The European Parliament adopted a resolution on the strategy on 15 January 2008.

OTHER NATIONAL AND INTERNATIONAL POLICIES

Occupational health care is being developed according to the Government resolution adopted in 2004 (Työterveys 2015. Työterveyshuollon kehittämislinjat, 2004).

The Finnish Institute of Occupational Health and the Centre for Occupational Safety are essential actors in the field of OSH. They also have strategies of their own. Furthermore, labour market organisations have prepared OSH guidelines of their own.

In 2006, The International Labour Organisation ILO adopted a new Promotional Framework Convention on Occupational health and safety and its accompanying Recommendation. A government proposal has been submitted to Parliament on the matter. The Convention deals with national policies, systems and programmes.

Nordic co-operation on matters relating to working life is guided by the co-operation programme of the Nordic Council of Ministers. This programme will be reformed in 2008.

5 CONCLUSIONS AND EVALUATIONS

This chapter describes the implementation of the strategy and development of working conditions at a general level, with the aim of summarising and crystallising essential issues based on what has been stated in the report and its appendices. In addition, the needs for revising the strategy are assessed. A more profound description or investigation of reliable causal relations is not possible in the context of a follow-up report of this kind.

Working conditions are connected with the production and service structure as well as production methods and technology, which in general change comparatively slowly. This report considers development during the entire period during which the OSH strategy has been in effect, e.g. since 1998. Statistics and research data collected over an even longer period have also been utilised.

Finland has been experiencing an economic upswing for over a decade now, and the employment rate has increased steadily, while the unemployment rate has decreased to approximately 6%. Especially the number of SMEs has increased. Finland is becoming an information society. The share of physical work has decreased and the share of information work has increased, which has affected working conditions and the premises for occupational health and safety.

Globalisation is having an increasingly evident impact on the whole of society, and on business life and working life in particular. The consequences are affecting the contents and requirements of more and more job. The mobility of people is increasing, imposing new challenges on occupational health and safety. Good work supports and improves the health and well-being of employees.

DEVELOPMENT OF WORKING CONDITIONS AND THE FOCAL AREAS

Problems relating to the focal areas of the OSH strategy affect the health of employees, which may be detected in terms of negative consequences such as sick leaves, invalidity pensions and mortality. The number of sick leave days and invalidity pensions has increased. Poor working conditions are one of the risk factors affecting health. On the basis of the available statistical data or surveys we cannot, however, state to what extent the changes in the number of disease incidents are partly or entirely due to

changes in the work environment or working conditions. More research data on the matter is required to make strategies preventing occupational diseases more effective.

The ageing of the working population may be one reason for the general increase in the morbidity of the employed. For example, MSDs are more common among the aged than in other age groups, and according to their own evaluation, the working capacity of the aged is lower than that of other groups. The working capacity of Finnish employees generally remains at a good level. The great majority of employees report that they manage well, and the experienced health of Finns has improved.

The number of occupational accidents has decreased for over 25 years. Fatal occupational accidents have also decreased. However, occupational accidents have not decreased during the strategy period, but have even increased during recent years. It has been estimated that the strong economic upturn at the end of last and the beginning of this decade is the most significant reason for this negative development. However, reasons must mainly be sought elsewhere.

Accident risk varies greatly across different sectors and functions, and no sector shows a clear improvement. The development in industry has been slightly more positive than in other sectors. On the other hand, it is known that numerous organisations and enterprises have been successful in preventing occupational accidents totally or almost totally, which implies that there are major differences in safety management between workplaces, even in the same sector. Changes in production and increased subcontracting may lead to deteriorations in the preconditions for the effective prevention of accidents. The reasons for the increase in accidents must be investigated.

Although the share of physical work has decreased and it has been assumed that exposure to various strain factors has diminished, the physical strain experienced by employees has not decreased in general. Musculoskeletal disorders are still the most common cause of sick leave and new invalidity pensions. According to the working life barometer, the amount of overtime work has increased during recent years and is now close to the level of the year 2000. There are no significant differences between men and women regarding physical strain factors.

Employees' experience of time pressure decreased at the beginning of the strategy period but increased towards its end. Mental strain at work has remained at the level of previous years or decreased slightly, with the exception of employees in the municipal sector, especially in social and health care. There are no significant differences between men and women as regards mental strain at work. Decreased opportunities to have an influence and lack of information on changes in work have weakened opportunities for job control and coping at work. Mental violence in the workplace, such

as discrimination and bullying, seem to be a growing problem in Finland and a serious problem in international comparisons.

According to the working life barometer, the meaningfulness of work has decreased during the strategy period. In general, management and issues related to it have developed in a positive direction. The working life barometer summarises the results by stating that "during 2007, the quality of working life has slightly improved in comparison to previous years, when measured using a score comprised of various factors".

OTHER PRINCIPLES OF THE STRATEGY

Finland is working towards better working conditions using a wide co-operation network. With this aim, national working life development programmes have been, and are being, implemented. International comparisons show that working conditions in Finland, as well as the OSH system with its various sub-areas, are of high international quality. However, in the light of fundamental parameters, the significance and effectiveness of various measures and different operations must be assessed critically.

Over the years, the principle of the OSH strategy, which emphasises unprompted and systematic action in the workplace, has been increasingly adopted. We have reason to expect that the Occupational Health and Safety Act, which entered into force in 2003, has further promoted the implementation of this principle. OSH issues have, to an increasing extent, been incorporated in line organisations and personnel management, and the development of working conditions is more clearly seen as a management issue. However, risk and safety management in workplaces varies according to the size of the enterprise. The increase in the number of SMEs imposes a major challenge on safety management.

Positive attitudes towards the development of working conditions and the well-being of personnel have increased. Economic aspects have been taken better into account, and they have been more effectively utilised in the development of working conditions. To an increasing extent, good working conditions are associated with high productivity and good quality. On the other hand, it is possible that polarisation occurs also here, i.e. workplaces are divided into good and bad ones more clearly than before.

One of the strategy's objectives is to create intense co-operation between safety management and occupational health care in the workplace. In workplaces, too, co-operation between occupational health care and OSH is a generally accepted objective and this positive trend seems to be continuing. However, the availability of occupational health care services is still insufficient in sparsely populated areas. There are still numerous development pos-

sibilities in preventive co-operation between OSH and occupational health care. OSH workplace personnel and occupational health care play an important role in improving well-being at work.

The strategy emphasises customer orientation and effectiveness in OSH administration. The OSH administration's activity has been resolutely intensified throughout the strategy period. The organisation and direction of activities as well as professional competence of the personnel have been focussed upon during the strategy period. On the other hand, the number of inspections has decreased significantly.

The Ministry of Social Affairs and Health steers the implementation of the strategy through performance target negotiations held annually with the district administration. In particular, the resources of the OSH Inspectorates have been targeted at three focal areas: mental well-being at work, prevention of MSDs and prevention occupational accidents. Based on the new framework agreement drawn up in 2007, the focal areas have been defined in a novel way and the aim is to increase the number of inspections.

For monitoring the EU's first OSH strategy, a joint Nordic pilot project was launched in 2002. The first Scoreboard was published in the spring of 2004. After this, a new extended Scoreboard was published in 2005 (Scoreboard 2005, 2005). OSH activities in various countries as well as the activities of the OSH administration are widely described in the reports. Finland ranks very well in the comparison.

PREMISES AND REQUIREMENTS FOR UPDATING THE OSH STRATEGY

The assessment of needs for updating the OSH strategy should be based primarily on changed circumstances and possible new objectives set for health and well-being. On the other hand, the effects of political decisions adopted and amended legislation should be considered. Moreover, the decisions adopted in the EU and international conventions and programmes must be taken into account.

The OSH strategy was drawn up ten years ago. The objectives set by the strategy are general and the focal areas have been defined. This strategy was drawn up from the point of view of principles without specifying the means. Hence, there has been no great need for revising the strategy at an earlier stage. A broad consensus still exists on the principles described in the strategy.

Based on the strategy, measures and objectives have been defined and presented in the Ministry's action plan, in the State budget, as well as in the result agreements of OSH Inspectorates.

The EU's new strategy for 2007–2012 sets the goal of reducing occupa-

tional accidents by 25%. The strategy defines the following eight instruments for achieving this goal (in a summarised form):

- proper implementation of legislation
- support SMEs in the implementation of the legislation in force
- adapt the legal framework and simplify it, taking SMEs into account
- development and implementation of national strategies
- changes in behaviour
- methods of identifying and evaluating new potential risks
- improve the tracking of progress
- promote occupational health and safety at international level

The strategy sets a number of detailed goals for various sub-areas of occupational health and safety, and presents measures for achieving these goals. It lays a great emphasis on national OSH strategies and emphasises the goal-oriented nature of national strategies and the focussing of actions on those sectors and companies which have the worst track record. Moreover, national strategies should focus on the most common risks and most vulnerable employees. These strategies should be defined on the basis of a detailed evaluation of the national situation, with the active participation of all interest groups, especially social partners.

The Ministry of Social Affairs and Health decides separately about the revision of the strategy on the basis of negotiations with labour market organisations. In this context, at least the following issues should be analysed in more detail:

- the vision of well-being at work
- essential changes in the environment and working life
- essential risk and strain factors in work environments and changes in the work environment
- expectations and needs of clients (employers and employees, workplaces) and interest groups
- the functions and roles of various OSH actors
- the changing role of the state, and productivity requirements

It is stated in the Strategies for Social Protection 2015, published in 2006, that at workplace level, working life development is primarily a question of knowledge, willingness and skill. The OSH strategy should combine various measures to equip workplaces with better preconditions for managing these challenges. At the same time, the strategy contributes to the functioning and effectiveness of the entire Finnish occupational health and safety system, which for its part serves the productivity and well-being of the whole of society.

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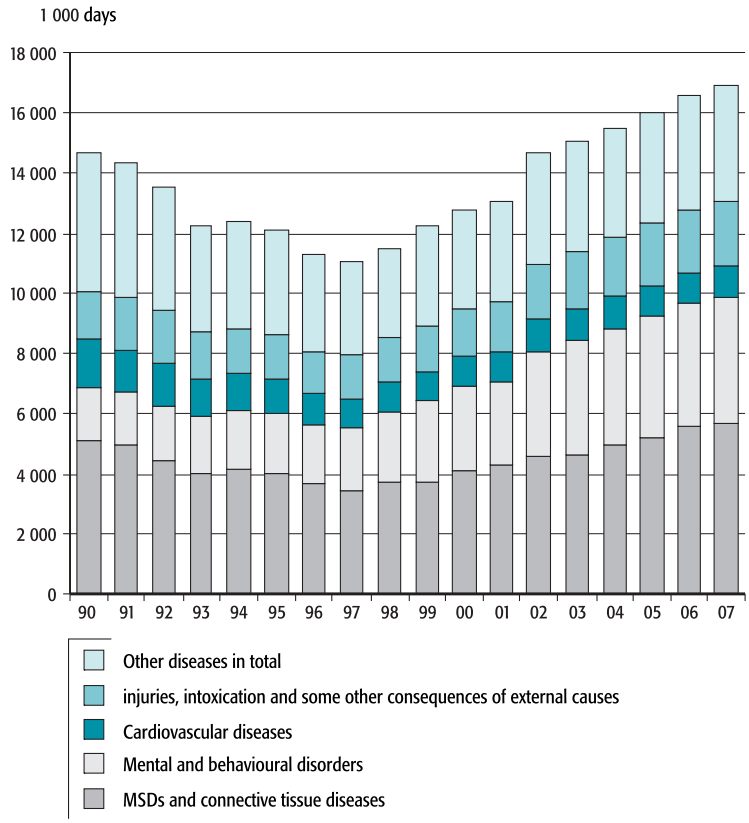
APPENDICES

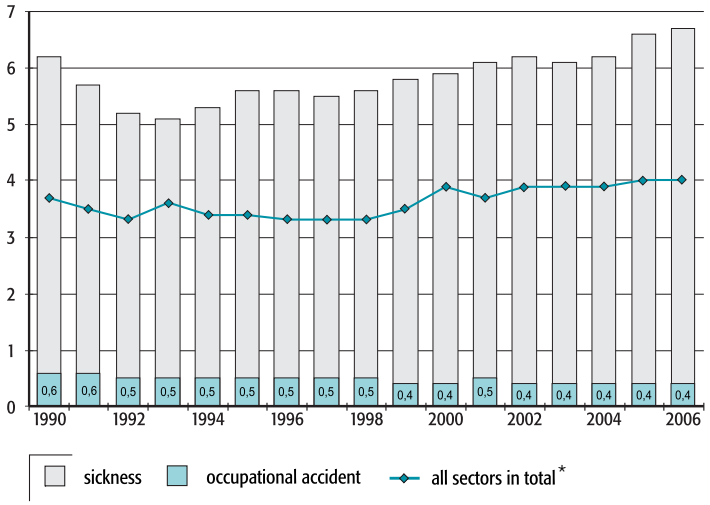
FIGURE 1. COMPENSATED SICKNESS ALLOWANCES BY DISEASE GROUP IN 1990–2007



Source: The health insurance and family benefit statistics of the Social Insurance Institute of Finland

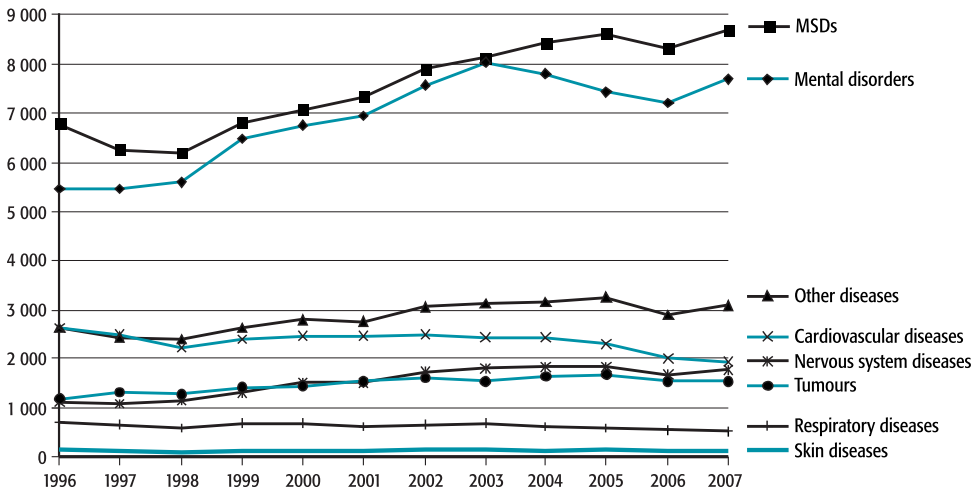
FIGURE 2. ABSENCES DUE TO SICKNESSES AND ACCIDENTS 1990–2006

Absences due to sicknesses and accidents involving industrial employees (%, of theoretical regular working hours) and in all sectors in total



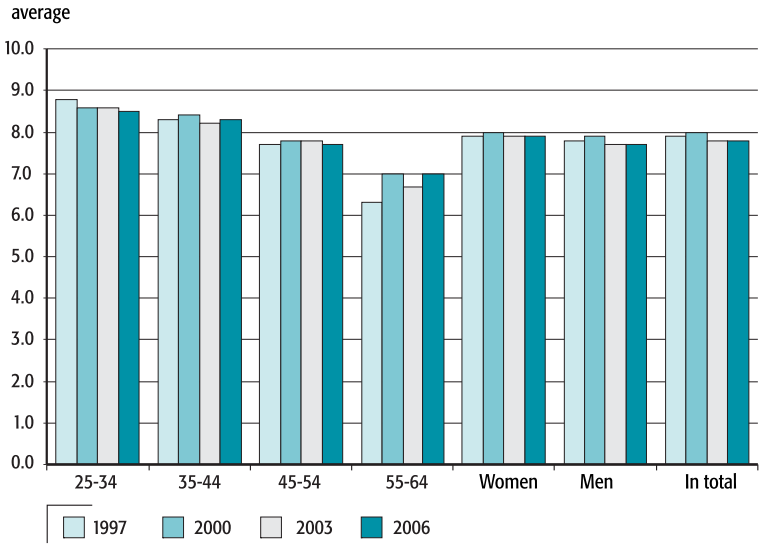
Source: Working Time Survey, The Confederation of Finnish Industries,
*Statistics Finland, Labour Force Survey

FIGURE 3. THE NUMBER OF NEW INVALIDITY PENSIONS BY CAUSE 1996–2007



Source: Suomen työeläkkeen saajat vuonna 1996–2006 (Recipients of employment pension in 1996-2006), The Finnish Centre for Pensions, the Social Insurance Institute of Finland, the State Treasury

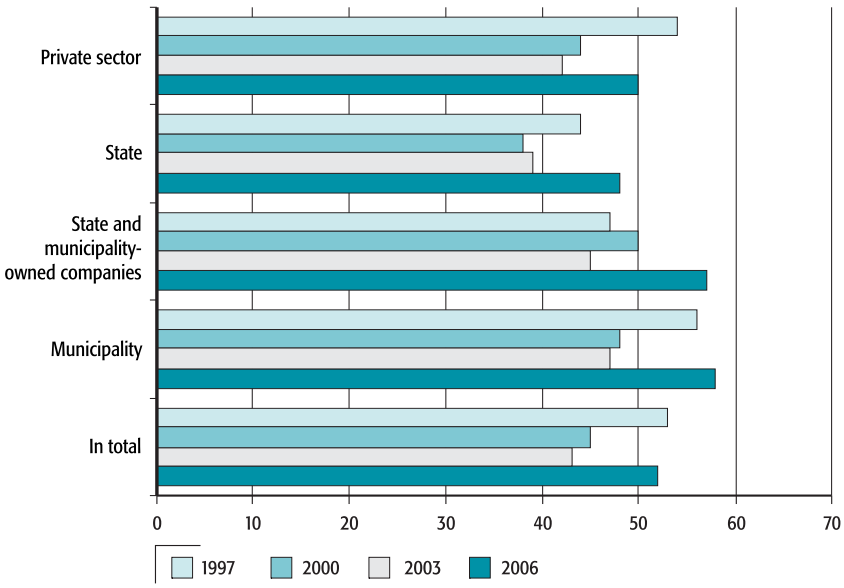
FIGURE 4. SELF-ESTIMATED WORK ABILITY BY AGE GROUP AND GENDER IN 1997, 2000, 2003 AND 2006 (those in working age in total)



Source: Työ ja terveys Suomessa 2006, Finnish Institute of Occupational Health

FIGURE 5. TIME PRESSURE AT WORK, BY EMPLOYER SECTOR IN 1997, 2000, 2003 AND 2006 (%)

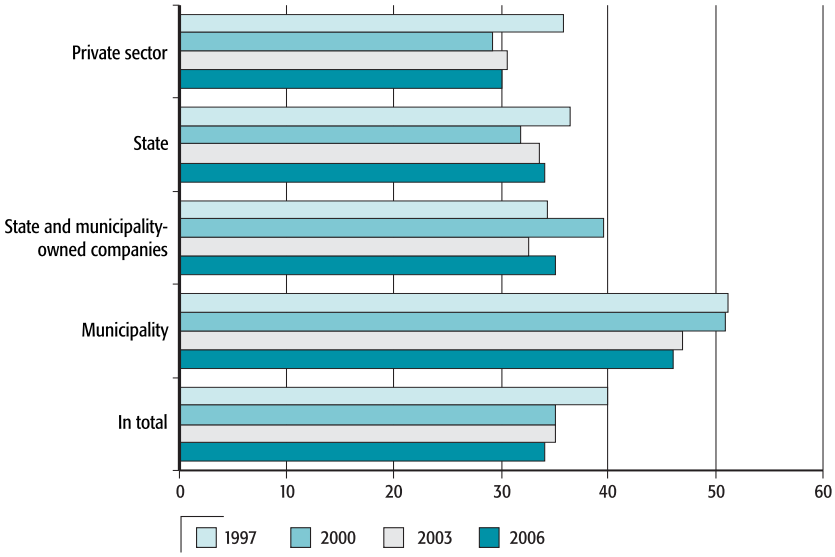
(Employees who experience time pressure at work quite or very often)



Source: Työ ja terveys Suomessa 2006, Finnish Institute of Occupational Health

FIGURE 6. MENTAL STRAIN AT WORK BY EMPLOYER SECTOR IN 1997, 2000, 2003 AND 2006 (%)

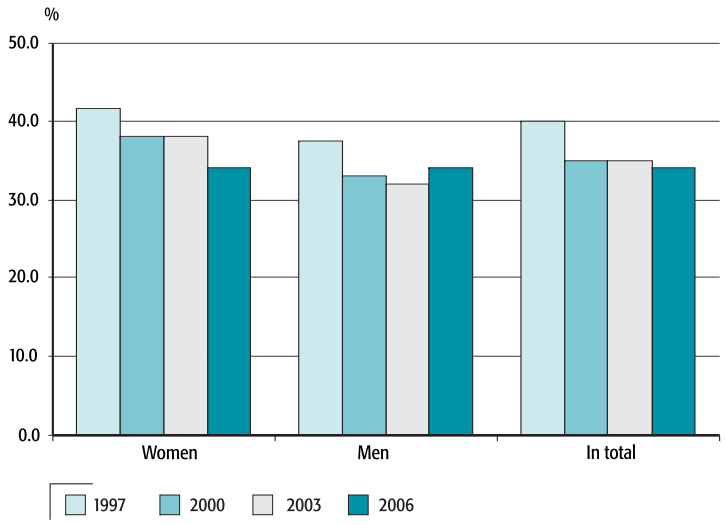
(Employees who experience mental strain at work quite or very often).



Source: Työ ja terveys Suomessa 2006, Finnish Institute of Occupational Health

FIGURE7. MENTAL STRAIN AT WORK IN 1997, 2000, 2003 AND 2006

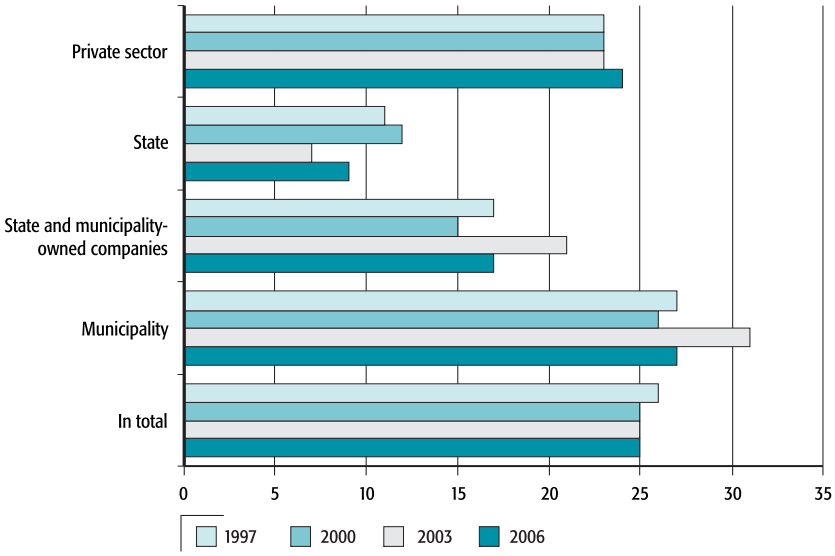
(Employees who experience mental strain at work quite or very often).



Source: Työ ja terveys Suomessa 2006, Finnish Institute of Occupational Health

FIGURE 8. PHYSICAL STRAIN AT WORK BY EMPLOYER SECTOR IN 1997, 2000, 2003 AND 2006 (%)

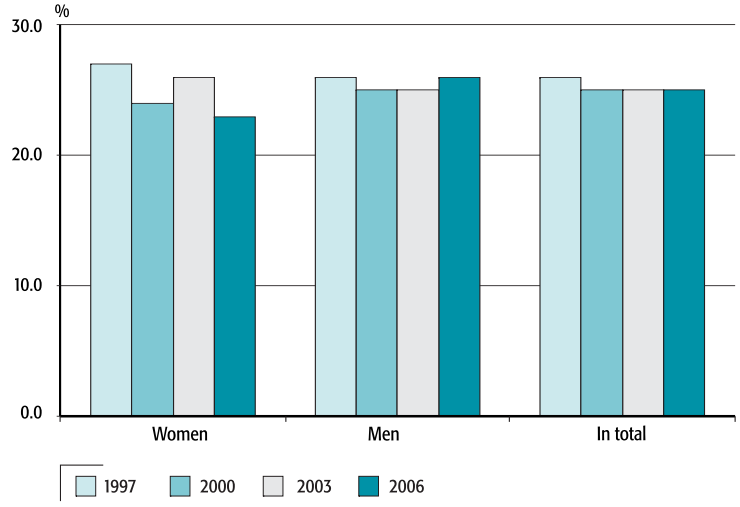
(Employees who experience physical strain at work quite or very often).



Source: Työ ja terveys Suomessa 2006, Finnish Institute of Occupational Health

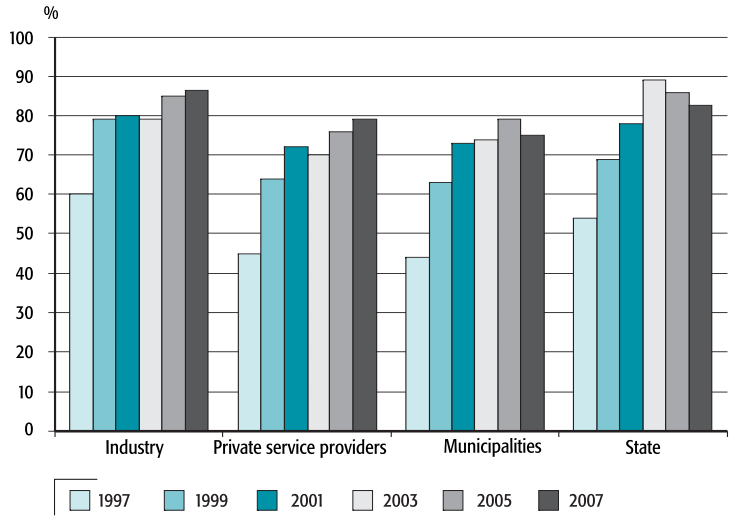
FIGURE 9. PHYSICAL STRAIN AT WORK IN 1997, 2000, 2003 AND 2006

(Employees who experience physical strain at work rather or very often).



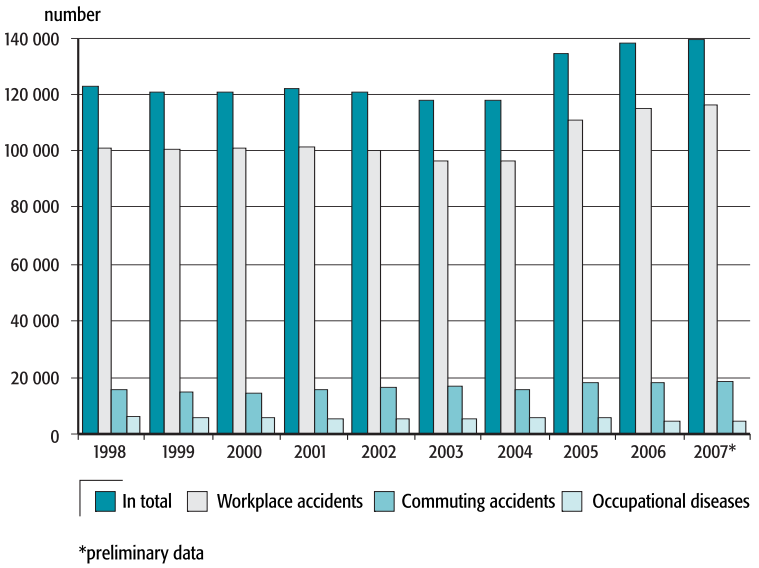
Source: Työ ja terveys Suomessa 2006, Finnish Institute of Occupational Health

FIGURE 10. SIGNIFICANT OR MODERATE CONTRIBUTIONS TO THE OCCUPATIONAL SAFETY AND HEALTH OF EMPLOYEES IN 1997, 1999, 2001, 2003, 2005 AND 2007



Source: Työolobarometri 2006, Ministry of Labour

FIGURE 11. EMPLOYEES' OCCUPATIONAL ACCIDENTS AND DISEASES IN 1998–2007

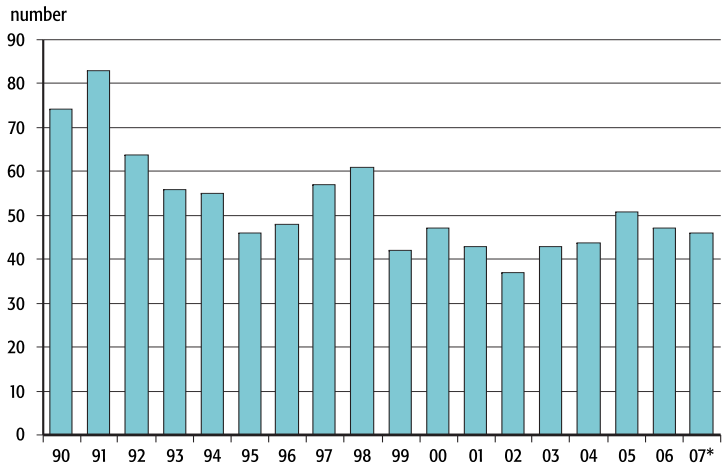


Source: The Federation of Accident Insurance Institutions (FAII)

FIGURE 12. WORKPLACE ACCIDENTS LEADING TO A MINIMUM OF FOUR DAYS' ABSENCE FROM WORK IN 1990–2006 (employees)

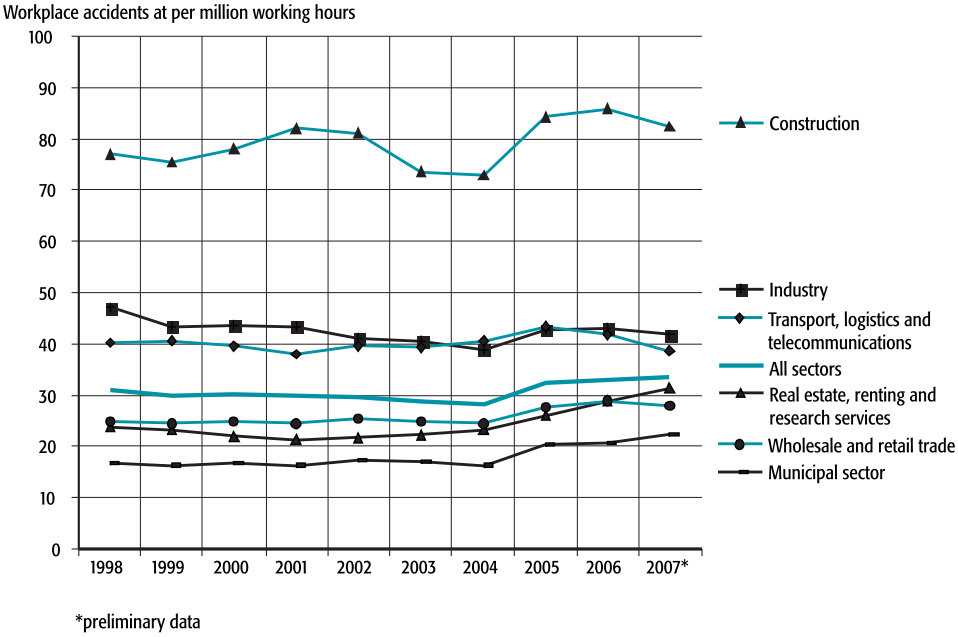
Source: The Federation of Accident Insurance Institutions (FAII), *Ministry of Social Affairs and Health

FIGURE 13. EMPLOYEES' FATAL WORKPLACE ACCIDENTS IN 1990–2007



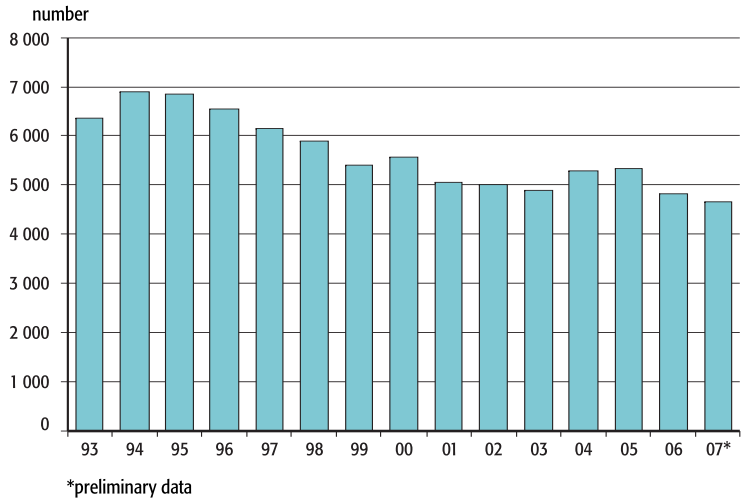
Source: Statistics Finland, * preliminary data of the Federation of Accident Insurance Institutions (FAII) 2007

FIGURE 14. FREQUENCY OF WORKPLACE ACCIDENTS IN SOME SECTORS IN 1996–2007



Source: The Federation of Accident Insurance Institutions (FAII) *preliminary data

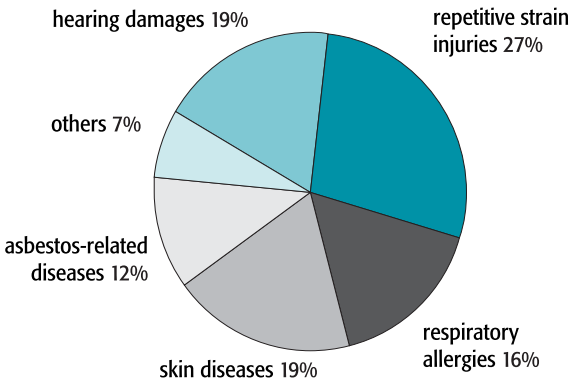
FIGURE15. OCCUPATIONAL DISEASES AND SUSPECTED OCCUPATIONAL DISEASES OF EMPLOYEES IN 1993–2007



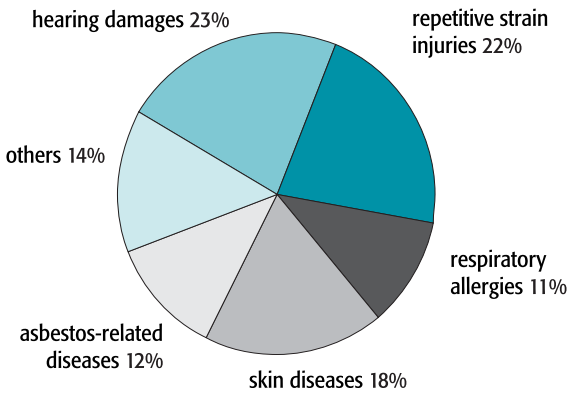
Source: The Federation of Accident Insurance Institutions (FAII)

FIGURE 16. NUMBER OF OCCUPATIONAL DISEASES BY DISEASE GROUPS IN 1996 AND 2005

By disease group in 1996



By disease group in 2005



Source: Finnish Institute of Occupational Health

TABLE 1. OSH SUPERVISION ACTIVITIES IN NUMBERS

Workplace inspections	1998	2000	2002	2004	2006	2007
Number of inspections	26415	24533	23393	17016	17514	19771
Number of inspected objects	19984	16704	15634	11207	12082	13485
Total duration of inspections, hours	60594	54312	55772	43594	38969	41629
Average duration of one inspection, hours	2.3	2.2	2.4	2.6	2.2	2.1
Coercive means						
Number of coercive means	72	69	45	44	111	280
Prohibitions of use confirmed by the Inspectorate	50	29	16	19	20	34
Prohibitions of use not confirmed by the Inspectorate	2	6	6	8	4	5
Binding decisions	22	40	29	27	80	146
Notifications and reports						
Notifications to the police/ prosecutors	117	191	136	225	339	330
Reports to the police/ prosecutors	201	179	183	354	408	599
Reports on occupational accidents	189	266	249			
Requests for services						
Contacts from clients	132633	137289	130650	109860	102087	96 122
- matters relating to employment	82647		71720	59461	56658	56 094
- matters relating to working conditions	41684		38310	38820	38938	35 040
- other requests	8302		20620	11579	6261	5 061
Inspections performed upon request	9517	9077	8542	4206	3695	3717
Reports on ex ante supervision	1432	1299	1151	591	389	311
Number of trainings requested by clients	1090	1032	1098	609	532	448
Training requested by clients, hours in total	86854	78715	106495	45512	53115	64 199
Investigations of occupational accidents and diseases						
Occupational accidents investigated	699	832	632	624	782	797
Occupational diseases investigated	58	99	84	57	35	46
Licence administration of OSH Inspectorates						
Asbestos authorisations	39	21	28	31	23	37
Exemption orders relating to working hours	17	25	22	159	186	190
Personnel (in man-years)						
Department for Occupational Safety and Health	84	84	90	88	87	78
OSH Inspectorates	428	427	426	425	443	449

Source: Annual reports of the OSH administration, the Ministry of Social Affairs and Health.

TABLE 2. FOCAL AREAS OF OSH INSPECTORATE SUPERVISION AND THE OBJECTS OF ACTIVITIES DURING THE PLANNING PERIOD 2004–2007

Mental well-being at work	
Managing client violence	*Social and health care services* *Public administration* Judiciary and prison administration Police and border guard detachment Statutory social insurance Detective, guard and security services *Accommodation and catering* Hotels Restaurants, café-restaurants and snack bars Cafés, pubs and drink bars *Public transport* *Retail trade* *Property maintenance*
Supervision of practices relating to harassment and inappropriate treatment	*Parishes and religious organisations* *Education and research* *Social and health care services* *Public administration*
Supervision of harmful strain factors caused by work	*Social and health care services* *Education and research* *Banking, financing and insurance services* *Public administration* Judiciary and prison administration Police and border guard detachment Statutory social insurance Detective, guard and security services *IT sector* Software designing and manufacturing , consulting Data processing

(continues on next page)

Prevention of MSDs	
Display terminal work	*Public administration* *IT sector* Software designing and manufacturing, consulting Data processing *Banking, financing and insurance services*
Manual lifting and moving	*Construction* *Manufacture of metal products* *Sawmilling and manufacture of wood products* *Food industry* *Trade* *Property maintenance* *Social and health care services* *Agriculture and forestry*
Repetitive work	*Construction* *Textile and clothing industry* *Manufacture of metal products* *Sawmilling and manufacture of wood products* *Food industry* *Retail trade*
Prevention of occupational accidents	
Safety management in accident-prone sectors	*Food industry* *Manufacture of wood products* *Construction* *Glass and ceramics industries* *Metal industry* *Loading and storage*
Safety management in shared workplaces	*Construction* *Ship and boat building* *Terminal operations in land transport* *Environmental care* *Loading and storage* *Maintenance and renovation of industrial plants* *Plants of processing industry*

Source: Sosiaali-ja terveysministeriön ja työsuojelupiirien väliset sopimukset tulostavoitteista vuosille 2004-2007 (The result agreements for 2004–2007 concluded between the Ministry of Social Affairs and Health and the OSH Inspectorates)

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