

OCCUPATIONAL SAFETY AND HEALTH STRATEGY FOURTH FOLLOW-UP REPORT

Occupational Safety and Health Strategy Fourth follow-up report

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SUMMARY

■ The implementation of the occupational safety and health strategy confirmed by the Ministry of Social Affairs and Health is evaluated every three years. The previous follow-up report on occupational safety and health strategy was drawn up in 2008. The current follow-up report, fourth in succession, has been drawn up according to new principles and using a new structure that are different from the previous reports. The aim has been to bring up the key indicators and strengthen the analysis based on the indicators. The Advisory Committee on Occupational Safety and Health, which acts in connection with the Ministry of Social Affairs and Health and in which the labour market parties are represented, participates in the evaluation of the follow-up reports.

The fourth follow-up report presents briefly the objectives and guiding principles of the strategy. Thereafter it discusses the strategy's role and effectiveness. The development of working conditions in the short and long term are analysed by means of key indicators. Finally, the report presents an overall view of the development of working conditions and summarises conclusions.

The report states that no greater changes have taken place in working conditions in the past ten years. On the contrary, changes can be seen in the short term, but it should be investigated to what extent they are the result of the economic recession. In 2011, new policy guidelines for the work environment and well-being at work are introduced. These are partly based on the information and conclusions from the follow-up reports.

Key words: followup, occupational health and safety, strategy, wellbeing at work, working conditions

■ Sosiaali- ja terveysministeriön vahvistaman työsuojelustrategian toteutumista arvioidaan kolmen vuoden välein. Edellinen työsuojelustrategian seurantaraportti on laadittu vuonna 2008. Nyt käsillä oleva, järjestyksessä neljäs, seurantaraportti on laadittu aiemmista raporteista poikkeavin periaattein ja uudella rakenteella. Tavoitteena on ollut keskeisten indikaattoreiden esille nostaminen ja indikaattoreihin perustuvan analyysin vahvistaminen. Seurantaraporttien arviointiin osallistuu sosiaali- ja terveysministeriön yhteydessä toimiva työsuojeluneuvottelukunta, jossa keskeiset työmarkkinajärjestöt ovat edustettuina.

Neljännessä seurantaraportissa kuvaillaan lyhyesti strategian tavoitteita ja johtavia periaatteita. Tämän jälkeen käsitellään työsuojelustrategian roolia ja vaikuttavuutta. Työolojen kehitystä analysoidaan lyhyellä ja pitkällä tähtäimellä keskeisten tunnuslukujen avulla. Lopuksi luodaan kokonaiskatsaus työolojen kehitykseen ja esitetään johtopäätökset.

Raportissa todetaan, että työoloissa ei ole viimeisen kymmenen vuoden aikana tapahtunut suuria muutoksia. Sen sijaan lyhyellä tähtäimellä muutoksia havaitaan, mutta niiden riippuvuus taloudellisesta taantumasta vaatii oman selvityksensä. Vuoden 2011 aikana tulevat voimaan uudet työympäristön ja työhyvinvoinnin linjaukset, jotka osaltaan perustuvat seurantaraporttien antamaan informaatioon ja johtopäätöksiin.

Asiasanat: seuranta, strategia, työhyvinvointi, työolot, työsuojelu

SAMMANDRAG

■ Genomförandet av den arbetarskyddsstrategi som social- och hälsovårdsministeriet har fastställt utvärderas vart tredje år. Strategins föregående uppföljningsrapport är från år 2008. Den aktuella uppföljningsrapporten, den fjärde i ordningen, har utarbetats enligt nya principer och med en ny struktur, som avviker från de tidigare rapporterna. Målet har varit att lyfta fram de väsentliga indikatorerna och förstärka den analys som baserar sig på indikatorerna. Arbetarskyddsdelegationen, som verkar i anslutning till social- och hälsovårdsministeriet och i vilken de centrala arbetarskyddsorganisationerna är representerade, deltar i utvärderingen av uppföljningsrapporterna.

I den fjärde uppföljningsrapporten beskrivs strategins målsättning och ledande principer i korthet. Därefter behandlas arbetarskyddsstrategins roll och effektfullhet. Arbetsförhållandenas utveckling analyseras på kort och lång sikt med hjälp av centrala nyckeltal. Till sist ger man en helhetsöversikt över arbetsförhållandenas utveckling och presenterar slutsatser.

I rapporten konstateras att det inte har skett några stora förändringar i arbetsförhållandena under de senaste tio åren. Däremot kan man se förändringar på kort sikt, men i vilken mån förändringarna beror på den ekonomiska recessionen kräver en särskild utredning. Under år 2011 träder riktlinjerna för arbetsmiljön och välbefinnandet i arbetet i kraft. Riktlinjerna baserar sig delvis på den information och de slutsatser som läggs fram i uppföljningsrapporterna.

Nyckelord: **arbetsförhållanden, arbetarskydd, strategi, uppföljning, välbefinnande i arbetet**

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FOREWORD

During the reporting period of this fourth Occupational Safety and Health Strategy follow-up report (2008–2010), changes have been happening at an accelerating pace. The worldwide economic downturn that began in 2008 contributed to this trend. Specifically, the sometimes radical changes brought about in working life by the downturn distinguish this reporting period from its predecessors in fundamental ways.

It is important that the indicators included in this report be monitored in both the short term and the long term. Short-term monitoring reflects recent changes and reactions in working life to rapid shifts in the surrounding society. Long-term monitoring, on the other hand, demonstrates how well we are performing in more far-reaching occupational safety and health (OSH) efforts and how slow, ongoing changes are manifesting themselves in working life. Both perspectives are important for anticipating the future and for planning future activities for maximum effect.

The implementation of the OSH Strategy focuses on efforts and initiatives of workplaces themselves. The overall aim is to improve the health, safety and work capacity of employees and to reduce the occurrence of accidents and occupational diseases. These have in fact been the core goals of the Strategy for a long time. Particular attention has recently been paid to the number of employees retiring on a disability pension and trends in absences due to sickness. These are points that we will need to address more decisively in the future, for instance because of the goal of extending working careers.

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. The new strategic OSH policies entering into force in 2011 are firmly grounded in the four OSH Strategy follow-up reports.

Helsinki, December 2010

Leo Suomaa

Director General

Chairman of the Advisory Committee on Occupational Safety and Health

I. INTRODUCTION

The current OSH Strategy in the administrative sector of the Ministry of Social Affairs and Health was adopted in April 1998. The goals of the Strategy are to promote the health, safety and work capacity of employees while reducing the occurrence of accidents at work, occupational diseases and other work-related health losses. This is pursued by influencing working conditions so that they comply with the goals set as well as possible. Means for achieving this include strengthening the capacity of workplaces to improve their working conditions themselves and the expertise and resources of the supervising authorities. The OSH Strategy stresses that workplaces themselves have the principal responsibility for maintaining healthy and safe working conditions.

It was agreed that the implementation of the OSH Strategy would be monitored through follow-up reports published at intervals of three years; so far, three reports have been published (2001, 2005, 2008). The last-mentioned of these covered the report period 1998–2007. The present report discusses implementation of the Strategy up to 2010, being based on information available in autumn 2010.

The Ministry monitors the implementation of the strategy in collaboration with the Advisory Committee on Occupational Safety and Health. The development of working conditions is described with the following:

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

The implementation of the OSH Strategy of the Ministry of Social Affairs and Health takes into account the EU Occupational Safety and Health Strategy 2007–2012, headlined Improving quality and productivity and work: Community strategy 2007–2012 on health and safety at work. The implementation of the EU OSH Strategy is being monitored for instance with the Scoreboard project, which was launched in the Nordic countries and now covers all EU Member States.

The Finnish OSH legislation has been subjected to a comprehensive reform in the 2000s, which has had a substantial impact on the implementation of the Strategy. The section on working life in the Government Programme of the 2nd Government of Prime Minister Matti Vanhanen and the Policy programme for work, entrepreneurship and working life based on it have been taken into account in the implementation. The Ministry of Social Affairs and Health is currently reforming its strategy for its entire administrative sector, and new strategic OSH policies will be prepared in this context.

2. STRATEGY GOALS AND KEY PRINCIPLES

The summary of the OSH Strategy crystallises its key objective and at the same time ties the Strategy to its era. The objective is “to maintain and promote the population's working ability and functional capacity so as to reduce premature retirement from working life.” The introduction to the Strategy describes the importance of working conditions from the point of view of health but also in an economical sense.

The Strategy focus is defined by listing six development points which are defined from the perspective of health or wellbeing, or are problem-oriented. These points are referred to as the focus areas of the Strategy. They are:

- maintaining and promoting work ability and functional capacity,
- prevention of accidents at work and occupational diseases,
- prevention of musculo-skeletal disorders (MSDs),
- mental wellbeing at work,
- coping at work, and
- control over one's work.

The key concept in the Strategy is OSH, with an emphasis on how broad the concept is. The subject matter of OSH is based on the concept of a good working environment taking into consideration the latest research data, the views of the social partners and European co-operation. Other important concepts include safety, health, job satisfaction and safety culture.

What could be described as the guiding principle in the OSH Strategy is the idea that workplaces are the principal actors in improving working conditions, together with the aim of organising the OSH administration so as to safeguard the potential for workplaces to undertake this responsibility as effectively as possible. Main principles of OSH are described under the following headings:

- Holistic, systematic and spontaneous action at workplaces,
- Corporate safety culture and safety management,
- Client-orientation,
- The authorities direct their supervision according to the desired effects, and
- Diversification of the supervision methods is continued.

Duties of the Ministry of Social Affairs and Health specified in the Strategy include shaping policy for R&D, steering, advisory services, supervision and preparation of legislation. The importance of networking and performance management of the Ministry's administrative sector are mentioned separately. Finland participates in the preparation and implementation of the EU health and safety law, aiming at a high level of safety. The content and goals of development activities are also described.

The form and content of monitoring the implementation of the Strategy are clearly defined. Interest groups and the social partners play an important role in the monitoring. The Strategy notes that the Ministry outlines the emphasis of the operations, and the whole OSH administration takes the corresponding measures in close co-operation with the social partners.

The Strategy includes a memorandum on justifications, with a thorough explanation of the background and content to each point in the Strategy. The memorandum notes that follow-up reports will be published in 2001, 2004, 2007 and 2010, and that, if necessary, the strategy will be revised.

3. ROLE AND EFFECTIVENESS OF THE OSH STRATEGY

3.1 BACKGROUND

Finland has modern and comprehensive employment legislation and a system of collective agreements setting forth the minimum requirements for working conditions. Finland's national standards are based on EU legislation and on international standards such as the Conventions and Recommendations of the International Labour Organization (ILO). Occupational health care is statutory and caters to workplaces. Putting the extensive and diverse OSH legislation into practice is a major challenge.

The OSH administration promotes OSH in many ways, for instance by improving safety and health at work and by supervising through inspections that regulations and legislation are complied with. The quality of supervision is ensured for instance with uniform supervision practices.

Workplaces must have the awareness, responsibility, motivation and expertise to attain OSH goals in practice. Since health and safety are commonly accepted goals, it is assumed that all parties concerned will comply with the law. However, in practice this is not always the case; there is a certain amount of indifference to be found. Moreover, there are various obstacles and challenges hindering compliance with legislation, varying according to sector, occupation, workplace, job, employer and individual employee, and according to economic cyclical fluctuations. Various parties have cited obstacles and challenges such as:

- inadequate information on how working conditions affect health and what the situation is at one's own workplace,
- complicated legislation that is difficult to understand, and
- practical solutions that are difficult or expensive to implement.

To implement the legislation well in practice requires workplaces to have sufficient knowledge, willingness and skill to do so. Accordingly, the key task or role of the OSH Strategy may be outlined as follows:

- it governs the actions of the administration and its development based on the needs of workplaces,
- it brings parties together to act according to mutually agreed principles and to attain set goals, and
- it contributes to determined and systematic efforts to secure and improve good working conditions nationwide.

In the end, the implementation of the OSH Strategy must be evaluated on the basis of the real development of working conditions and the quality of working life. The key criteria were selected on the basis of effectiveness. However, it is impossible to deduce without separate study what the impact of actions aimed at specific focus areas and measures undertaken on the basis of the Strategy may have been with particular reference to working conditions or to the health and wellbeing of employees. With regard to this, the second OSH Strategy follow-up report (Reports 2005:13) notes that "in this connection precise knowledge of the effectiveness of different measures or different operators is not necessary".

Putting the Strategy successfully into practice is therefore achieved through broad-based co-operation, reflecting the smooth and effective functioning of Finland's OSH system as a whole. The Ministry of Social Affairs and Health on the one hand and the OSH administration on the other play a major role in this and carry great responsibility.

3.2 EFFECTIVENESS OF SUPERVISION

It is difficult to estimate and measure how much and to what extent supervision influences changes in working conditions. Working conditions are mainly influenced by actions taken at the workplace, followed by a number of other factors, even economic fluctuations. National statistics on occupational accidents, occupational diseases and absences due to sickness do not allow for a reliable estimation of the effectiveness of supervision. By contrast, supervision projects aimed at specific problem points in working conditions have managed to reduce the occurrence of these problems significantly. It has also been shown that workplaces participating in safety competitions have improved their safety practices, decreasing the occurrence of accidents.

Through performance management, efforts of the authorities have been focused on workplaces in the most problematic sectors. Specifically, the aim has been to establish smoothly functioning safety management at workplaces in these sectors in order to reduce the occurrence of specific problems. According to data for 2009, roughly half of the workplaces inspected had their safety management systems in order, while the other half had shortcomings to correct in order to attain the minimum level of safety required by law.

So far, safety competitions have not been aimed at any other OSH problems beyond reducing the occurrence of accidents. Competitions have been held in the metal industry, the food industry, the construction industry and the concrete product industry. The participants are mainly companies that are progressive in their respective fields, and it is expected that their safety efforts will affect safety practices among their subcontractors on the trickle-down principle. These competitions have seen the successful use of working conditions indicators developed by the OSH authorities, and their use has spread to other workplaces, too. The OSH Inspectorates have promoted the use of working conditions indicators in workplaces as a development tool.

In the framework agreement period 2008–2011, one key goal is to increase the number of official inspections by 50% compared with the figures for 2006. This goal should be attained by 2011. According to data for 2009, the number of official inspections at workplaces has clearly increased. The number of inspections requested by clients, on the other hand, has decreased. The time used for inspections per workplace has gone down to about 2 h per inspection. According to Laitinen et al. (2009), the number of inspections correlated strongly with improvements in the workplace environment at small workplaces with fewer than 50 employees: the more frequently an inspector visited a workplace, the more improvement was found in the workplace environment.

The amendment made in 2006 to the Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces (44/2006) has clearly enhanced supervision at workplaces for instance by ensuring that compliance with requests presented is monitored fully. This has had the effect of making the actions of the authorities more decisive. The effectiveness of the Act was investigated in a study conducted by the Ministry of Social Affairs and Health and the Institute of Occupational Health (Ruotsala et al., STM:n julkaisusarja 2010). The findings show that inspectors gave mainly positive feedback on the Enforcement Act and noted that the amendment had laid good grounds and clearer goals for supervision as far as inspections were concerned. Uniform supervision practices were considered important for the effectiveness of OSH supervision. The findings show that inspecting safety management systems has emerged as a central area in supervision as supervision tools have developed, in accordance with the goals of the OSH administration. As a follow-up to this study, the implementation of the codetermination requirements of the Enforcement Act at workplaces will be investigated in 2010–2011 along with how OSH codetermination practices influence safety efforts at workplaces.

The purpose of the supervision information systems development project of the OSH administration (Valtimo) is to enhance supervision planning and to harmonise supervision practices. Supervision systems are being developed for instance to devote more OSH inspector resources to workplace inspections. The Valtimo project is also intended to improve the quality of the feedback given to workplaces (the inspection report), which is further expected to improve the effectiveness of supervision. The quality of supervision has been estimated using what is known as a reputation indicator, demonstrating that client satisfaction with the actions of the OSH authorities has been high on the whole.

Performance management underlines more extensive use of project-based operations. Projects implemented jointly with interest groups are believed to have a greater impact on working conditions than individual workplace inspections.

3.3 NETWORKING AND THE ROLES OF VARIOUS ACTORS

Co-operation with interest groups in Finland

OSH in Finland is based on the 'tripartite' model where the central government, employers and employees work together. The Advisory Committee on Occupational Safety and Health is the co-ordinating body, with representatives from the Ministry of Social Affairs and Health and from the main social partners. The Advisory Committee has a Bilbao Section, a Section for Agriculture and Rural Enterprises, and a Section for Employment Matters.

The Ministry of Social Affairs and Health works with interest groups in other advisory committees, too, including the Advisory Committee on the Preparation of Occupational Safety Regulations appointed by the Ministry. The Advisory Committee on Occupational Health Care is based at the Ministry of Social Affairs and Health and handles the planning and development of occupational health care. The National Forum for Wellbeing at Work is an important collaboration organisation bringing together interested parties, including the Ministry and the main social partners.

The preparation of legislation nationally and at the initiative of the European Commission is an important part of the work of the Ministry of Social Affairs and Health. The aim in this has been to ensure that the network of interest groups may inform the officials at the Ministry preparing legislation of their views from an early stage in the process.

Finland's regional government was reorganised as of the beginning of 2010, the country being divided among six Regional State Administrative Agencies. Five of these have an area of responsibility for OSH, which manages OSH supervision within the Agency's domain. OSH supervision in the domain of the Lapland Regional State Administrative Agency is managed by the OSH area of responsibility at the Northern Finland Regional State Administrative Agency. The OSH area of responsibility at the Southwestern Finland Regional State Administrative Agency includes the Åland Islands. The OSH areas of responsibility are governed by the Ministry of Social Affairs and Health. The OSH boards remain as advisory bodies to the OSH areas of responsibility.

Besides the OSH areas of responsibility at the Regional State Administrative Agencies, organisations governed by the Ministry of Social Affairs and Health include the Institute of Occupational Health (TTL), the National Institute for Health and Welfare (THL), the National Supervisory Authority for Welfare and Health (VALVIRA) and the Radiation and Nuclear Safety Authority (STUK).

The Ministry governs the regional OSH administration mainly through performance management and by publishing instructions. The Ministry has used its R&D appropriations for improving the functioning of regional government, although efforts recently have been minor because of cuts to these appropriations.

Broad-based co-operation between actors in the field of OSH has improved their mutual understanding of the goals and means of OSH. As a result, attitudes towards OSH have been constantly shifting in a positive direction. There is a more widespread awareness now that wellbeing at work forms part of the immaterial and human capital of an enterprise and as such correlates directly with productivity and profitability.

Evaluating the impact of this co-operation has been rather sporadic to date. The feasibility and efficiency of the actions of the principal organisations involved – including the Ministry of Social Affairs and Health itself and the OSH administration – have not been systematically evaluated.

Programmes and projects

Various programmes and projects have been put into practice, and many of them have demonstrably achieved results, as witness improved working conditions, personnel wellbeing and work productivity. The problem is that the good practices achieved have not been generally disseminated.

The OSH administration has participated in programmes led by the Ministry of Social Affairs and Health, such as the Policy programme for employment, entrepreneurship and worklife and the Policy programme for health promotion, both under the 2nd Government of Prime Minister Matti

Vanhanen. The Ministry is implementing these through the National Forum for Wellbeing at Work. The main thing in these programmes from the perspective of the OSH administration is to improve working conditions, coping at work and job satisfaction, and to promote practices enhancing work capacity and wellbeing at work.

It is noted in the Policy programme for health promotion: “Well-functioning occupational health services emphasising advance prevention, good management, close co-operation among various parties, and opportunities of employees to influence their work add to wellbeing at work and benefit both the employer and the employee.” The policy programmes continue to strengthen good practices established in previous programmes at workplaces.

The Ministry of Social Affairs and Health has set up a Project to Reduce Depression-Related Work Disability (Masto). The National Workplace Development Programme (Tykes), co-ordinated by the Ministry of Employment and the Economy, was transferred to the Finnish Funding Agency for Technology and Innovation (Tekes) in 2008. This programme encourages Finnish workplaces to develop workplace innovations, productivity and the quality of working life. TYKE-funded workplace innovations are used to support changes in working practices, organisations and management practices at workplaces implemented by management and employees together. In improving the quality of working life, the focus is on the potential of employees for self-improvement and participation at the workplace, on wellbeing at work, and on co-operation and trust within workplace communities, among other things. The OSH administration is contributing to these efforts.

ILO, EU and international co-operation

The International Labour Organization (ILO) is also a key actor in developing occupational safety and health. The Promotional Framework for Occupational Safety and Health (C 187, 2006) ratified by the Finnish Parliament contains matters pertaining to national policies, the OSH system and national programmes. The ILO has addressed issues such as child labour, social justice, equality, human trafficking and OSH in Europe. The debate on decent work, launched by the ILO, has spread to the EU Member States and beyond.

The Advisory Committee on Safety and Health at Work, functioning alongside the European 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 that also functions alongside the European 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). The Agency runs campaigns in EU Member States concerning essential OSH themes, such as the Risk Assessment campaign in 2008–2009 and the Safe Maintenance campaign in 2010–2011.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) provides both research and information and assists in the formulation of EU policies relating to working and living conditions. It has been conducting the European Working Conditions Survey every five years since 1991.

The Nordic Council of Ministers has permanent co-operative bodies addressing the workplace environment. The workplace environment and wellbeing at work are promoted mainly through projects. A new workplace co-operation programme was launched in 2009 for the period 2009–2012. This aims to respond to the challenges of globalisation and demographic trends.

4. TRENDS, CHANGE AND RELATED ANALYSES

4.1 EVALUATIONS OF THE STRATEGY

The focus areas of the OSH Strategy have been relatively well taken on board in various quarters. Not all of the focus areas have been equally prioritised, probably because they overlap to some extent (mental wellbeing at work; wellbeing and coping at work; control of work). The National OSH Profile of Finland prepared for the ILO shows that the focus areas have been addressed in national programmes on working life (Ministry of Social Affairs and Health 2006).

In a Nordic study of work environment policies, countries were compared with one another and with the EU in general, using strategies or similar documents as a basis. The analysis is based on a comparison of dimensions for five themes. Finland's OSH strategy is described here as shown in the following table:

Strategy/programme		Position			
Finland					
Themes	Dimensions	Noticeable characteristics	Features from both	Noticeable characteristics	Dimensions
objectives	specific		XXX		universal
means	concrete			XXX	generic
action level	multilevel nature	XXX			single-level nature
actor level	networking-based	XXX			authority-based
authority action	consultative and/or rewarding	XXX			controlling and/or punitive

Finland tends to employ general means, multi-level functions, networking for actors and a consulting and/or rewarding approach in official measures. With regard to goal-setting, Finland cannot be placed in either of the principal dimensions: specific or universal (Nordic Council of Ministers 2008).

The Scoreboard drawn up for monitoring the EU OSH Strategy compares all EU Member States in several areas and using several criteria. There is a separate chapter in the Scoreboard document on national strategies. Finland is described as follows:

- it is a country with an OSH strategy,
- its strategy is complemented by follow-up reports and the central government budget,
- it is one of the five countries whose strategy has no specific time span,
- it is one of the majority of countries that had set measurable targets,
- is one of the countries where the strategy is being implemented mainly through OSH administration measures, and
- is one of the countries with a formal procedure for evaluation of the national strategy.

According to the report, indicators of working conditions development show that recent developments have been better in many other countries than in Finland. According to criteria describing activities, however, Finland is one of the top countries (European Commission 2009). Working conditions, wellbeing at work and OSH in various countries have been compared in numerous studies and reports.

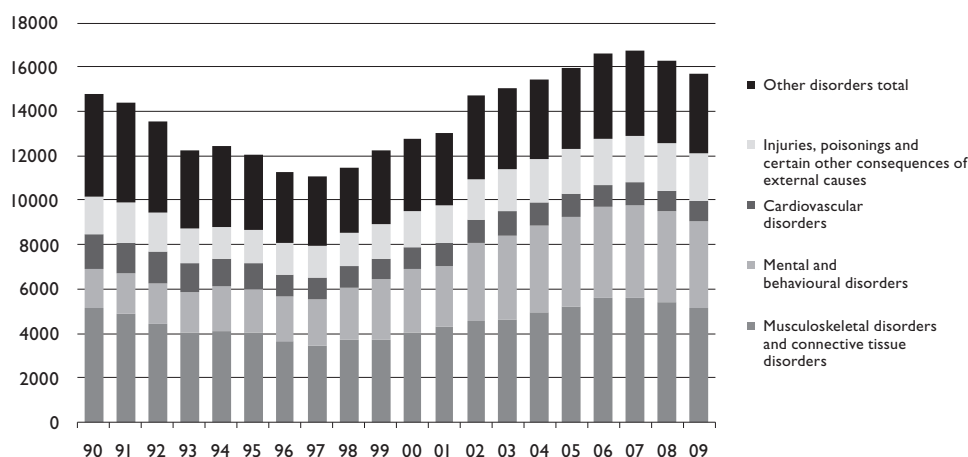
4.2 DATA ON SICKNESS, HEALTH AND WORK CAPACITY

General data and statistics on sickness and health are important for the development of wellbeing at work. Promoting wellbeing at work is part of health policy, and it requires an understanding of the big picture and of the importance of its component areas. Absences due to illness are monitored at workplaces. If absences due to illness at an individual workplace deviate from the average for that industry, this may be an important starting point for the development of wellbeing at work. Absences due to illness equal lost work input, which may cause considerable productivity issues and economic impact.

Disability pensions represent a considerable burden on society in both lost work input and high pension costs. Reducing the number of disability pensions is important for extending working careers. Disability pensions may have considerable financial impact at the level of the individual workplace, too.

Long-term trends may be monitored through disability pension statistics. These data are used to govern actions based on the incidence of various groups of illnesses. However, it is generally not possible to deduce how or to what extent health-related changes are due to changes in working conditions or wellbeing at work.

FIGURE 1. Compensated sickness allowance days (1,000) by disease group in 1990–2009.

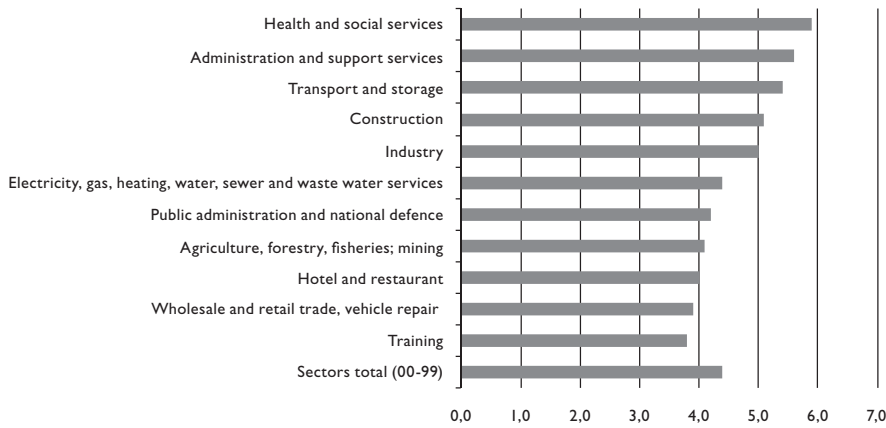


Source: Kansaneläkelaitos [Social Insurance Institution] 2009.

NB: This does not include partial daily allowances.

In 2009, sickness allowance compensation totalled 15,720,000 days, the largest groups being 5,136,000 days (32.7%) for MSDs and 3,934,000 days (25.0%) for mental health and behavioural disorders. The percentage of MSDs remained relatively stable between 1990 and 2009, but the percentage of mental health and behavioural disorders increased significantly during the same period. The number of sickness allowance days per year was at its lowest in 1997, which was already in the rapid growth period that followed the recession of the 1990s. The number of sickness allowance days per year peaked in 2007 and has been slightly decreasing ever since. This decrease was 2.7% from 2007 to 2008 and 3.4% from 2008 to 2009. However, this decrease was probably partly due to the economic downturn that began in 2008.

Figure 2. Absences from work due to illness (% of all working days and sickness days) in certain sectors in 2009.

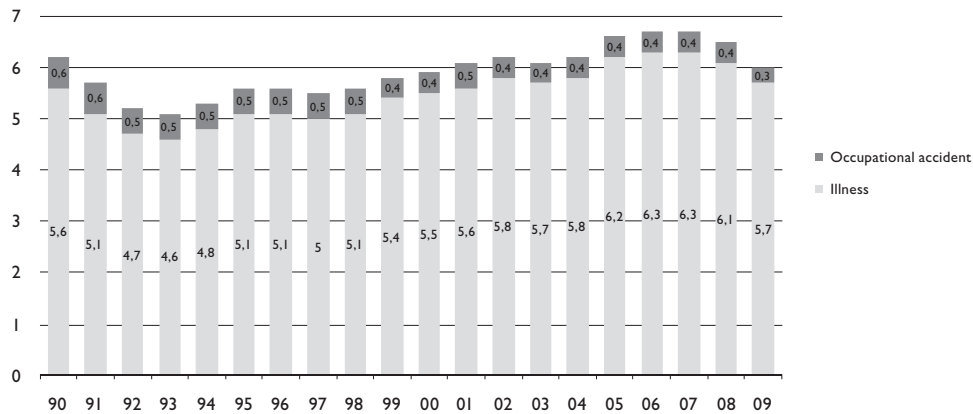


Source: Tilastokeskus [Statistics Finland] 2010b.

The annual number of sick days varies by sector. In 2009, the highest percentages of sick days were recorded in health care and social services (5.9%), administration and support services (5%) and transport and storage (5.6%). In 2008, the comparable figures were 6.4%, 6.2% and 6.1%, respectively. Construction and industry also recorded an above-average percentage of sick days (5.1% and 5.0%, respectively).

In 2009, the average number of sick days per employee per year was 9.3 days, or 4.4% of working days. This breaks down into an average of 10.3 days for women and 8.4 days for men. In 2008, the average number of sick days per employee was 10.1 days: 11.1 days for women and 10.1 days for men.

Figure 3. Absences due to sicknesses and work-related accidents involving industrial employees (1990–2009, out of theoretical regular working hours)*



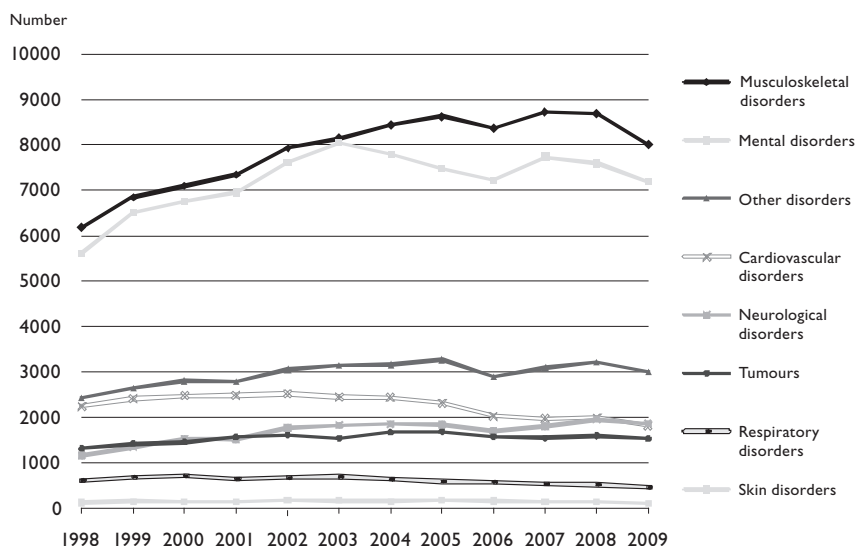
Source: Elinkeinoelämän keskusliitto [Confederation of Finnish Industries] 2010.

*'Theoretical regular working hours' are the working hours agreed on in the working hours or working period system, including time used for annual holidays but excluding overtime and time off to shorten working hours such as 'Pekkanen days', shift leave or national holidays.

According to a survey circulated by the Confederation of Finnish Industries among its member companies, the number of annual sick days among industrial employees decreased from 2008 to 2009 (Elinkeinoelämän keskusliitto 2010), for the second year in a row. After the recession of the 1990s, the number of annual sick days among industrial employees increased steadily. According to this time series, the lowest percentage of sick days out of theoretical regular working hours was recorded in 1993. In general, absences from work tend to decrease during economic downturns.

Absences due to illness or accident amounted to about 4.4% of theoretical regular working hours in member companies of the Confederation of Finnish Industries. Among industrial employees, the figure was 6.0%. Among industrial employees, illnesses account for a considerably higher portion of overall absences than accidents.

Figure 4. The number of those transferred to disability pensions by cause 1998–2009, employment pension recipients.

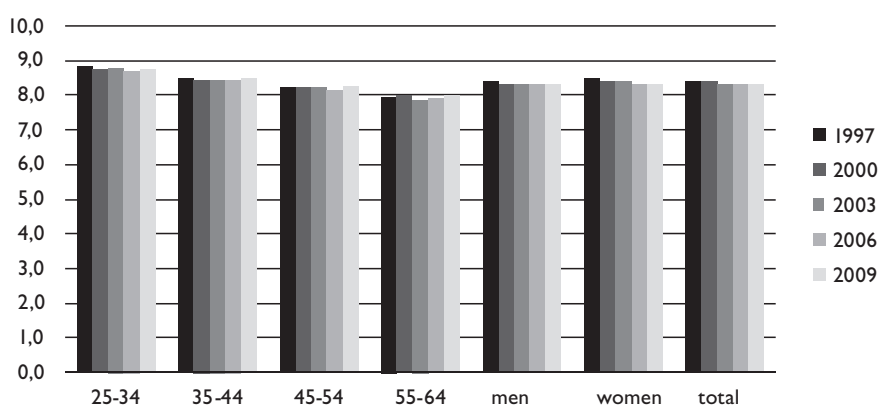


Source: Eläketurvakeskus, Kuntien eläkevuutus ja Valtiokonttori [Finnish Centre for Pensions, Local Government Pensions Institution, State Treasury] 2009.

The annual number of employees retiring on a disability pension (employment pension recipients) increased from 1998 to 2004, then decreased for two years and began to increase again in 2007 and 2008. The most recent data indicate that the annual number of employees retiring on a disability pension has decreased from 2008 to 2009. In 2009, a total of 23,867 employees retired on a disability pension.

The largest categories of causes for disability pensions have for a long time been MSDs on the one hand and mental health problems on the other. Very recently, the percentage of mental health problems as a cause of disability pensions has slightly declined. A similar decline in the percentage of MSDs was observed between 2008 and 2009. The percentages of other causes for a disability pension have remained relatively stable over the period reviewed.

Figure 5. Self-estimated work ability by age group and gender in 1997–2009
(How would you score your work ability at present, on a scale of 1 to 10?)

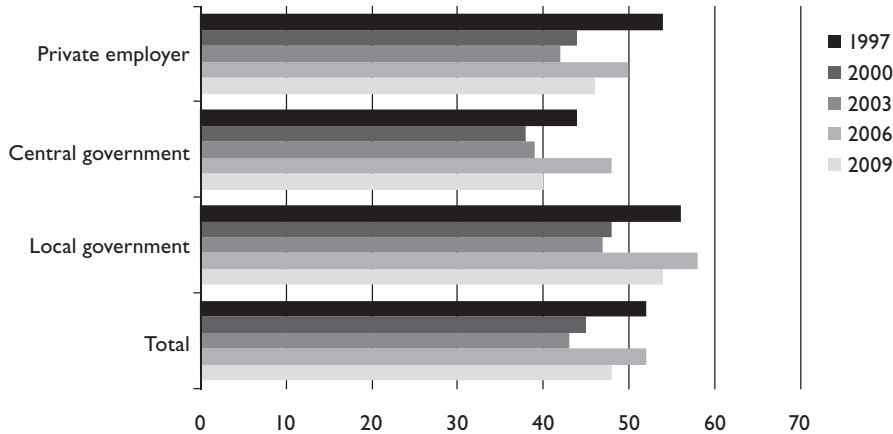


Source: Työterveyslaitos [Finnish Institute of Occupational Health] 2010b.

On average, Finns estimate their work ability to be good, and differences between genders and age groups are negligible. In 2009, the average figure for self-estimated work ability was 8.4, which is good. Work ability was self-estimated to be good also with regard to physical and mental demands. Younger age groups estimate their work ability to be slightly better than older age groups. Women's estimates of their work ability have slightly declined in recent years. According to the Working Life Barometer of the Ministry of Employment and the Economy for 2009, industrial employees estimate their work ability to be better than employees in other sectors. The self-estimated work ability figure was lowest in local government.

4.3 EXPERIENCE OF WORKING CONDITIONS

Figure 6. Time pressure at work, by employer sector in 1997–2009, % (Employees who experience time pressure at work quite or very often).

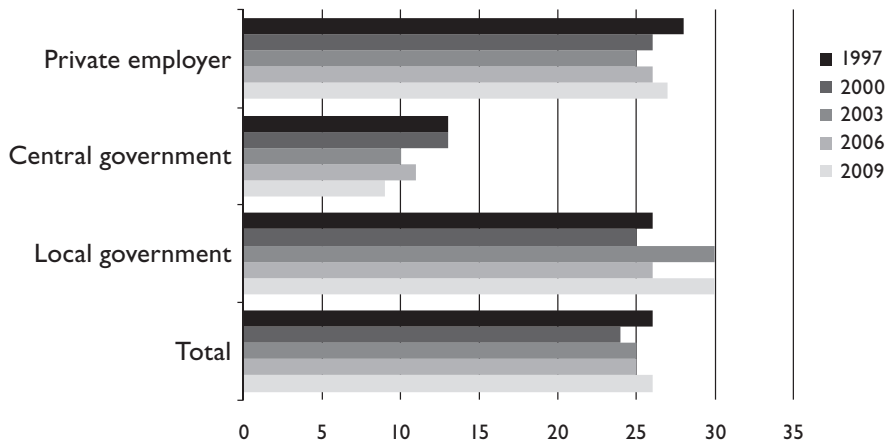


Source: Työterveyslaitos [Finnish Institute of Occupational Health] 2010b.

According to the Work and Health in Finland studies, perceived time pressure at work varied between 1997 and 2009: it was lower in 2000 and 2003 and higher again in 2006 and 2009. Perceived time pressure at work and how much of an impediment it is vary by employer sector. In 2009, time pressure at work was perceived by over 50% of personnel in local government, about 40% of personnel in central government, and nearly 50% of employees in the private sector (Työterveyslaitos 2010b).

According to working conditions studies conducted by Statistics Finland, time pressure is increasingly considered an impediment particularly in local government: 23% of respondents considered it an impediment in 1984, and 37% in 2008. The sense of impediment seems to have increased in all sectors from 1984 but has then remained stable from the 1990s onwards, except for local government. The impediment or strain caused by perceived time pressure correlates with conflicts and mental abuse in the workplace. Time pressure stresses employees the most at workplaces where the work is poorly organised. Time pressure and tight timetables cause the greatest impediment in health care and social services.

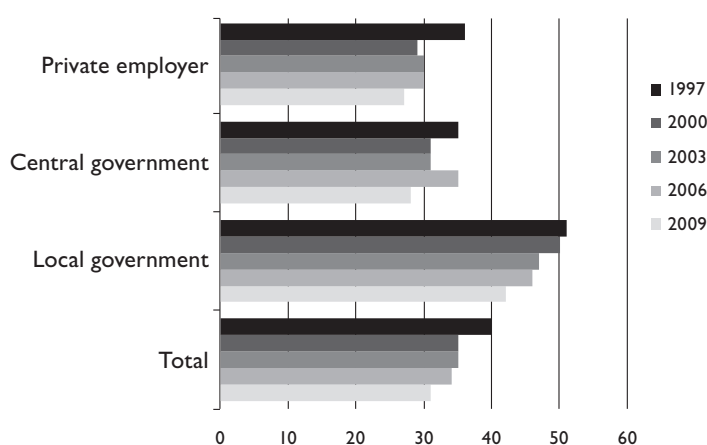
Figure 7. Physical strain at work by employer sector in 1997–2009, % (Employees who perceive moderate or high physical strain in their work).



Source: Työterveyslaitos [Finnish Institute of Occupational Health] 2010b.

Overall, the perceived physical strain of work has remained more or less stable since 1997. The decline in strain after the recession reversed with the new economic downturn and reached the 1997 level again in 2009. This has been the case in the private sector and in local government jobs. In central government, by contrast, perceived physical strain at work has consistently decreased since 1997. Women consider that the physical strain of their work has increased since 2006. In 2009, they perceived their work as physically more strenuous than men did (Työterveyslaitos 2010 b).

Figure 8. Mental strain at work by employer sector in 1997–2009, %
(Employees who experience moderate or high mental strain at work).

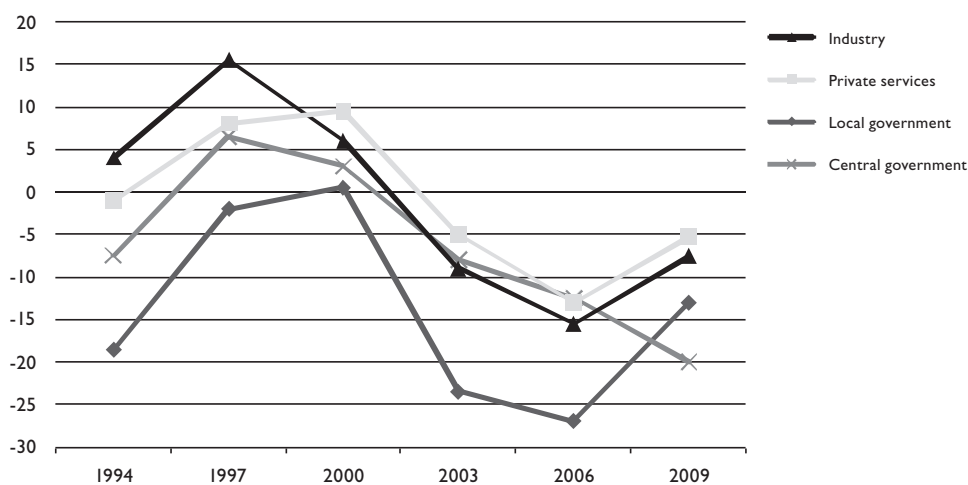


Source: Työterveyslaitos [Finnish Institute of Occupational Health] 2010b.

According to the Work and Health in Finland 2009 study, the mental strain of work seems to have decreased between 1997 and 2009, particularly for women. Up to 2003, men reported less mental strain at work than women, but in 2006 their figure passed that of women. Perceived mental strain has decreased particularly in local government jobs, but also in the private sector and in central government jobs (Työterveyslaitos 2010b).

The working conditions study conducted by Statistics Finland gives a completely opposite view: it shows that the mental strain of work increased from 1977, remained stable in the 1990s and increased slightly again in the 2000s. The greatest increase has occurred in sectors dominated by women, and in the perception of women, while the experiences of men have remained more or less stable. Perceived mental strain of work has increased particularly in local government. Whereas the Work and Health in Finland study stated that slightly over 40% of employees in local government experienced mental strain at work in 2006 and 2009, the working conditions study stated that the figures in 2008 were 68% for women and 59% for men. Mental strain is associated with jobs requiring human interaction and a high level of training and correlates with the perceived impediment of time pressure at work. Conflicts at the workplace and bullying also augment mental strain. Both observations of and experiences of workplace bullying increased from 1997 at least until 2008 (Lehto & Sutela 2008).

Figure 9. Change in the meaningfulness of work (balance) I in various sectors in 1994, 1997, 2000, 2003, 2006 and 2009.



Source: Työ- ja elinkeinoministeriö [Ministry of Employment and the Economy]: Ylöstalo et al. 2010.

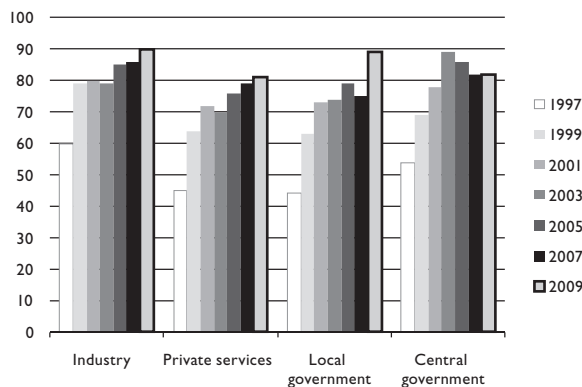
I Balance = sum of % estimating change towards better or worse.

In the early 2000s, a clear majority of wage earners felt, according to the Working Life Barometer, that the meaningfulness of work was changing for the worse as opposed to changing for the better (Työ- ja elinkeinoministeriö 2010). The perceived meaningfulness of work has declined the most

since 1997 in central government. The declining trend continues in central government jobs, while opinions about meaningfulness in other sectors have experienced an upturn since 2006.

The majority of employees under the age of 25 perceive the meaningfulness of work as having improved. Perceived meaningfulness is lower in the age group of over 30 and is at its lowest in the age group of over 55. Analysed by sector, the trend in the meaningfulness of work is strongly negative in local government, regardless of whether we consider young or old employees. In the private sector, young employees have a highly positive perception of meaningfulness, whereas those over 55 have a perception even more negative than in local government. In central government, the most positive trend in the meaningfulness of work is perceived in the age group 25 to 34 and the most negative in the age group over 55.

Figure 10. Significant or moderate contributions to the occupational safety and health of employees in 1997–2009.

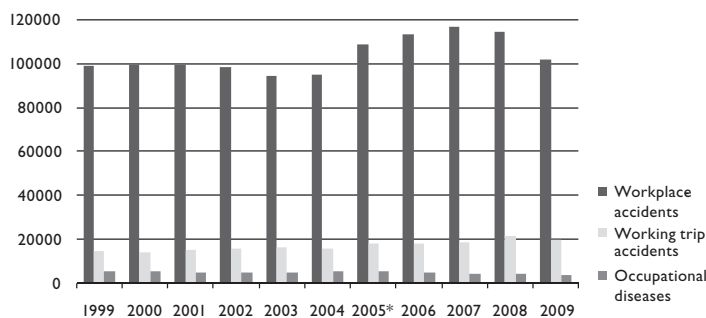


Source: Työ- ja elinkeinoministeriö [Ministry of Employment and the Economy]: Ylöstalo et al. 2010.

According to the Working Life Barometer for 2009, about 90% of employees in industry and local government and about 80% of employees in private services and in central government consider that significant or moderate contributions have been made to OSH. The percentage of employees feeling this way has increased in every sector except central government, where the trend peaked after 2003.

4.4. OCCUPATIONAL ACCIDENTS AND OCCUPATIONAL DISEASES

Figure 11. Employees' compensated occupational accidents, occupational diseases and suspected occupational diseases 1999–2009.

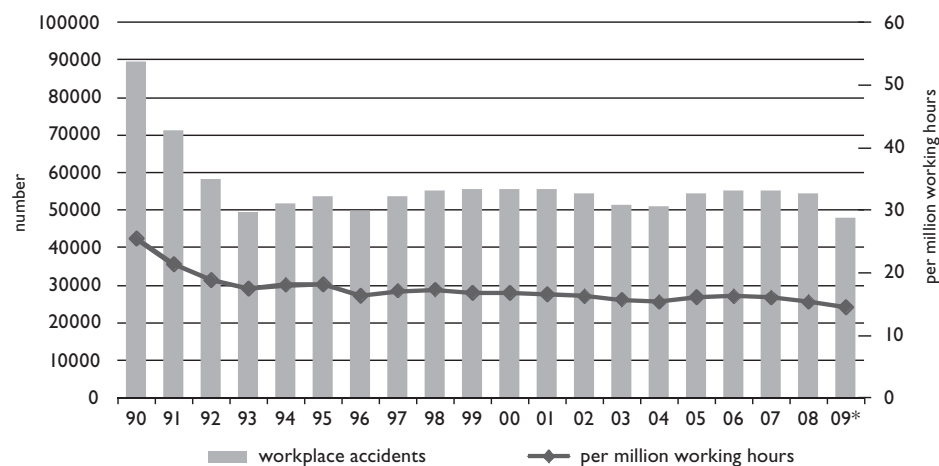


Source: Tapaturmavakuutuslaitosten liitto [Federation of Accident Insurance Institutions (FAII)] 2010.

*From occurrence year 2005, the annual number of accidents is not directly comparable to those of earlier occurrence years because of the 'total liability' reform in hospital care.

The number of occupational accidents in the workplace has remained fairly stable for a decade now, being about 100,000 accidents per year. The number of accidents decreased in 2009, probably because of the economic downturn. In 2009, about 4,000 compensation claims were filed for occupational diseases. The number of accidents during working trips has increased over the past ten years and exceeded 20,000 accidents per year in the last two years. The number of accidents during working trips is about one fifth of the number of workplace accidents.

Figure 12. Workplace accidents leading to a minimum of four days' absence from work in 1990–2009 (employees).

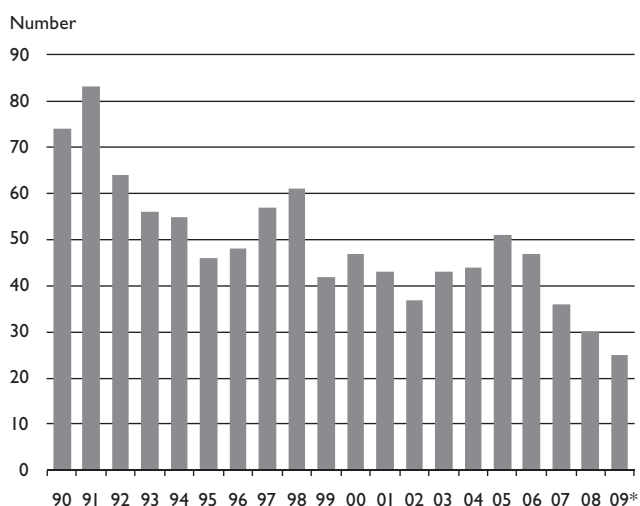


Source: Tapaturmavakuutuslaitosten liitto [Federation of Accident Insurance Institutions (FAII)] 2010.

* estimate / Ministry of Social Affairs and Health (Department for OSH)

About half of all occupational accidents led to a minimum of four days' absence from work in 2009; in numerical terms, just under 50,000 accidents according to preliminary data. The number of such accidents per year decreased considerably in 2009. The frequency of accidents has slightly decreased over the past ten years. Different sectors have very different accident rates, and the same sectors head the accident rate statistics from one year to the next.

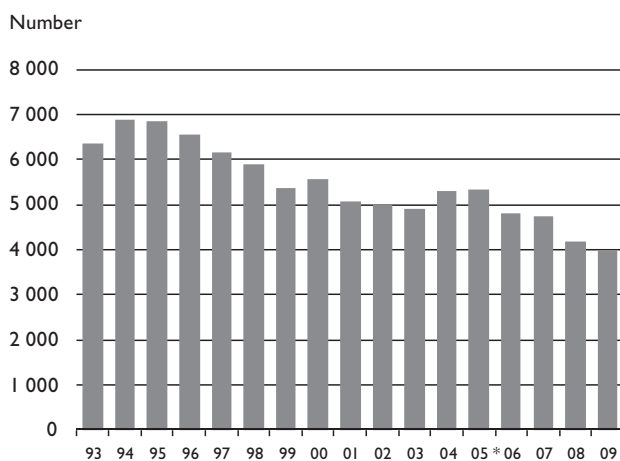
Figure 13. Employees' fatal workplace accidents in 1990–2009.



Source: Tilastokeskus [Statistics Finland] 2010 and *Federation of Accident Insurance Institutions (FAII): preliminary data for 2009.

Over the past 20 years, the number of fatal workplace accidents per year has clearly been decreasing. In fact, preliminary data indicate that an all-time low in fatal accidents was attained in 2009.

Figure 14. Employees' compensated occupational diseases and suspected occupational diseases 1993–2009.

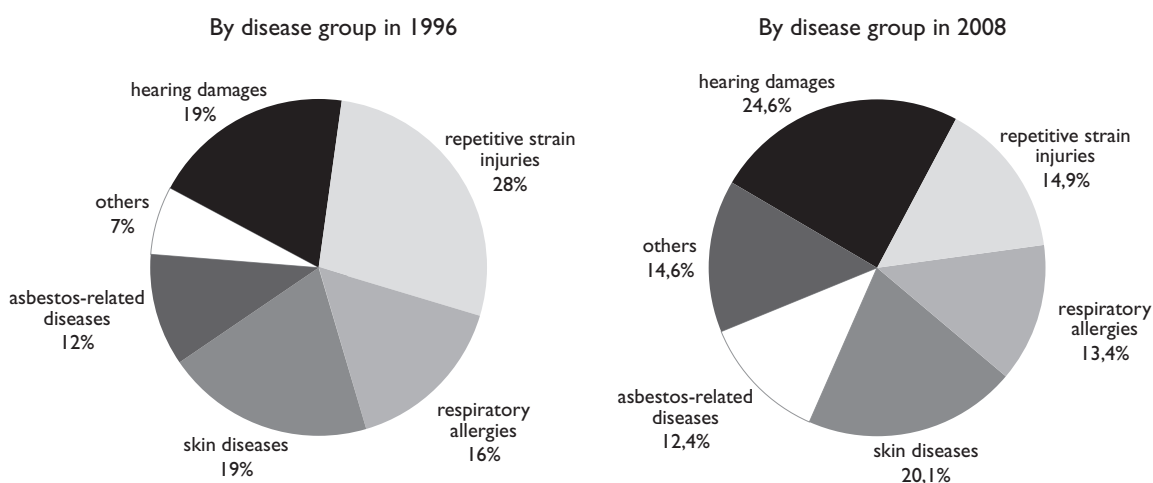


Source: Tapaturmavakuutuslaitosten liitto [Federation of Accident Insurance Institutions (FAII)] 2010.

*From occurrence year 2005, the annual number of accidents is not directly comparable to those of earlier occurrence years because of the 'total liability' reform in hospital care.

The number of actual and suspected occupational diseases per year has decreased rather steadily over the past 15 years. The decrease has been fairly sharp: in the mid-1990s, compensation was paid for more than 6,000 cases of actual or suspected occupational disease, while in 2008, the figure was 4,000. The Institute of Occupational Health regularly publishes its own statistics on occupational diseases; these figures differ somewhat from those published by the Federation of Accident Insurance Institutions.

Figure 15. Occupational diseases and suspected occupational diseases in 1996 and 2008.



Source: Työterveyslaitos [Finnish Institute of Occupational Health] 2010b.

*Because of the 'total liability' reform, data from after 2005 are not directly comparable with those of previous years.

The percentage of hearing damage caused by noise has increased and is now about 25% of all occupational diseases. The percentage of repetitive strain injuries, on the other hand, has decreased significantly. The percentage of asbestos diseases has remained stable at around 12%.

4.5. OSH SUPERVISION

Table 1a. OSH supervision activities in numbers.

Workplace inspections	1998	2000	2002	2004	2006	2008	2009
Number of inspections	26415	24533	23393	17016	17514	20477	19916
Number of inspected objects	19984	16704	15634	11207	12082	14717	14618
Total duration of workplace inspections, hours	60594	54312	55772	43594	38969	42265	40593
Average duration of a workplace inspection, hours	2,3	2,2	2,4	2,6	2,2	2,1	2,0
Coercive means							
Prohibitions of use confirmed by the Inspectorate	50	29	16	19	20	39	40
Prohibitions of use not confirmed by the Inspectorate	2	6	6	8	4	14	6
Binding decisions	22	40	29	27	80	168	184
Number of fees levied for neglecting contractor's obligations and liability						99	77
Notifications and reports							
Notifications to the police/ prosecutors	117	191	136	225	339	331	366
Reports to the police/ prosecutors	390	445	432	354	408	547	522

The annual number of workplace inspections decreased until 2004 and has been increasing since then. At the same time, the number of workplaces inspected has increased. The number of official inspections has increased by about 24% from 2006. During the same time period, the number of inspections requested by clients has decreased by about one quarter. Matters related to the use of foreign labour and to discrimination at work are on the increase in notifications made to the police or prosecutors.

Table 1b. OSH supervision activities in numbers.

Requests for services	1998	2000	2002	2004	2006	2008	2009
Contacts from clients	132633	137289	130650	109860	102087	85027	78103
- matters relating to employment	82647		71720	59461	56658	45350	44638
- matters relating to working conditions	41684		38310	38820	38938	33833	26736
- other requests	8302		20620	11579	6261	6036	5679
Inspections performed upon request	9517	9077	8542	4206	3695	3357	2766
Reports on ex ante supervision	1432	1299	1151	591	389		
Number of trainings requested by clients	1090	1032	1098	609	532		
Training requested by clients, hours in total	86854	78715	106495	45512	53115		
Investigations of occupational accidents and diseases							
Occupational accidents investigated	699	832	632	624	782	856	700
Occupational diseases investigated	58	99	84	57	35	47	29
Licence administration of OSH Inspectorates							
Asbestos authorisations	39	21	28	31	23	31	25
Shotfirers' certificates	767	631	713	767	546	600	510
Exemption orders relating to working hours				159	186	204	195
Personnel (in person-years)							
Department for Occupational Safety and Health	84	84	90	88	87	75,8	70,6
OSH Inspectorates	428	427	426	425	443	448	446

According to statistics compiled by the OSH Inspectorates, the number of client contacts has decreased (Table 1b). There are regional differences in client demand trends; in southern Finland, for instance, client contacts increased in 2009. Service requests have been responded to in full. The human resources available to the OSH Inspectorates increased slightly in 2005 and 2006 (supervision of contractor's obligations and liability; of foreign labour; and of equality) and otherwise remained stable. By contrast, human resources at the Department for OSH at the Ministry of Social Affairs and Health have decreased. Official supervision, supervision requested by clients, and administrative and support measures demand about 60%, 20% and 20%, respectively, of the human resources available. Resource allocation has been consistent with the goals set.

The key goals for OSH supervision are set forth in the framework agreements between the Ministry of Social Affairs and Health and the OSH Inspectorates (now the OSH areas of responsibility

at Regional State Administrative Agencies), further specified in annual performance agreements. In the framework agreement period 2008–2011, supervision is focusing on preventing harmful strain caused by work and working conditions, preventing occupational accidents, enforcing the ground rules of working life, chemical risk management, and the safe use of chemicals in the workplace. Specific sectors will receive the focus of supervision in the preventing of harmful strain caused by work and working conditions and of occupational accidents. These sectors have been chosen so as to pursue the goals as comprehensively as possible, taking into account how serious the problem is and how many sites there are to inspect in the sectors. An important aim in the supervision is to ensure the presence of functioning management systems at workplaces in the chosen sectors.

Supervision has been focused pursuant to the framework agreement. By the end of 2009, the functioning of management systems was inspected and verified at about half of the intended sites. The enforcement of the ground rules of working life has included investigating the right to work of foreign employees and whether their employment relationships fulfil minimum requirements, and the contractor's obligations and liabilities regarding the use of outside labour as per the legislation enacted in 2006. The driving times and rest periods of drivers have been audited in transport companies as per the EU 'Control Directive' 2006/22/EC. As agreed, the framework agreement period 2008–2011 also involves supervising chemical risk management and the use of chemicals at workplaces.

5. FINAL SUMMARY

This fourth follow-up report to the OSH Strategy shows that no great changes have occurred in working conditions one way or another over the past ten years. The indicators used demonstrate that there have been no significant trends for instance in the annual number of occupational accidents except for the dip caused by the economic downturn in the 2000s. The only clear improvement is in the annual number of fatalities, which has decreased consistently. The annual number of cases of occupational diseases has also been slightly decreasing throughout the period under review.

The annual number of sick days per year peaked in 2007 and has been slightly decreasing ever since. The percentage of sick days caused by MSDs remained relatively stable between 1990 and 2009, but the percentage of mental health and behavioural disorders increased significantly during the same period.

Another indicator of absences due to illness described in the report is the statistics compiled and published by the Confederation of Finnish Industries concerning absences due to illness of industrial employees. These statistics show that absences due to illness among industrial employees decreased from 2008 to 2009, for the second year running. After the recession of the 1990s, the number of annual sick days among industrial employees increased steadily. According to this time series, the lowest percentage of sick days out of theoretical regular working hours was recorded in 1993. In general, absences from work tend to decrease during economic downturns.

The number of employees retiring on a disability pension has been scrutinised closely recently, as it is an indicator relevant for the government's aim of increasing the length of working careers by several years. The largest categories of causes for disability pensions have for a long time been MSDs on the one hand and mental health problems on the other. However, since 2007 the percentage of mental health problems as a cause of disability pensions has slightly declined. A similar decline in the percentage of MSDs was observed between 2008 and 2009.

Mental wellbeing at work is largely described in this report based on figures published by the Institute of Occupational Health because these figures are very recent. Indicators show that the perceived mental strain of work has been decreasing since 1997. Regardless of this, the perceived meaningfulness of work has also declined since 1997, particularly in central government. Other sectors, such as local government, private services and industry, have seen a similar trend, but in these sectors the perceived meaningfulness of work has improved since 2006. Perceived time pressure at work increased substantially between 2003 and 2006 and has decreased slightly since then. The greatest time pressure is experienced in local government jobs, which is also the sector where the greatest perceived physical strain of work is also found. Overall, the perceived physical strain of work increased between 2006 and 2009. Employee estimates indicate that efforts have increasingly been made to improve OSH in all other sectors except in central government.

Official supervision of workplaces has been intensively focused on the focus areas of the Strategy. Supervision of management systems has been highlighted in order to encourage workplaces to take action at their own initiative and across the board. The annual number of inspections during the period under review decreased markedly until 2004 but have since increased. Supervision methods have been developed during the period under review with the aim of making the actions of the authorities more effective and improving working conditions.

6. CONCLUSIONS

This is the fourth and final follow-up report to the current OSH Strategy adopted in 1998. New OSH policy guidelines will be written in autumn 2010 and implemented in 2011. The four completed follow-up reports to the current OSH Strategy will form a good basis for the planning of the new policy guidelines.

What is particularly important for future policy planning is to monitor long-term trends in OSH indicators. The indicators can clearly show which focus areas require special attention.

In the present report, we find that no great changes have been observed in trends in occupational accidents and diseases one way or another over the past ten years. In the short term, however, we find that the annual number of occupational accidents and diseases has decreased since 2009. It is not yet clear how much of this is due to the economic downturn and how much to actual improvement of occupational safety.

We cannot either draw an unambiguous conclusion regarding changes in the mental strain of work over the past few years. Mental strain remains a major factor in wellbeing at work, and depression is the cause of a large number of absences due to illness. The demands of work have also increased continuously over the past ten years as regards the mobility of the labour force and the range of skills required.

This follow-up report and its findings demonstrate clearly that the forthcoming OSH policy guidelines require new departures, even courageous initiatives to improve wellbeing at work. The previous guidelines, written in 1998, served well for a long time and provided an excellent basis for the work of the OSH authorities; but the fact that virtually nothing has changed in many indicators measuring wellbeing at work over ten years demonstrates that new steps must be taken. The world is changing, working life is changing, and OSH policy guidelines must move with them.

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