

*Occupational Safety and Health Strategy*

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**Follow-up Report 2004**



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## SUMMARY

**Occupational Safety and Health Strategy: Follow-up Report. Helsinki, 2005. 48 pp. (Reports of the Ministry of Social Affairs and Health, ISSN 1236-2115, 2005:13)**

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Implementation of the occupational safety and health (OSH) strategy, confirmed by the Ministry of Social Affairs and Health, is evaluated every third year. Among the evaluators is the Advisory Board of Occupational Safety and Health working in connection with the Ministry of Social Affairs and Health. The central labour market organisations are represented in the Body. The first follow-up report of the OSH strategy was written in 2001. This second 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 viewpoint 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 discussed separately.

At the end of the follow-up report there are conclusions and assessments made on the basis of the descriptions. Working conditions have further improved in various sub-sectors. Occupational safety and health activities and the comprehensive cooperation in this sector have developed favourably. The report also shows that many challenges still exist for improving working conditions and new ones 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. More information is needed on how working conditions affect the number of disability pensions and sick absences. Employees' well-being is very significant to their work motivation and capabilities to cope with work and continue working.

**Key words:** employees, occupational safety and health, occupational safety and health activity, well-being, working conditions, work motivation



# TIIVISTELMÄ

**Työsuojelustrategian seurantaraportti 2004. Helsinki, 2005. 48 s. (Sosiaali- ja terveysministeriön selvityksiä. ISSN 1236-2115, 2005:13)**

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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. Ensimmäinen työsuojelustrategian seurantaraportti laadittiin vuonna 2001 ja tämä järjestyksessä toinen raportti on laadittu noudattaen samoja periaatteita.

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 ja tutkimuslaitokset sekä EU.

Seurantaraportin lopussa tehdään kuvaillun perusteella johtopäätöksiä ja arvioita. Työolot ovat pääasiassa edelleen parantuneet eri osa-alueilla. Myös työsuojelutoiminta ja siihen liittyvä laaja yhteistyö ovat kehittyneet myönteisesti. Raportti osoittaa myös, että työolojen kehittämässä on edelleen paljon haasteita, ja uusia haasteita syntyy työelämän muutosten myötä.

Työsuojelustrategiaa toteutetaan ottaen huomioon hallituksen, sosiaali- ja terveysministeriön sekä EU:n linjaukset. Työolojen merkityksestä työkyvyttömyyseläkkeiden määrälle ja sairauspoissaoloille tarvitaan lisää tietoa. Työntekijöiden hyvinvoinnilla on suuri merkitys työmotivaatiolle sekä työssä jaksamiselle ja jatkamiselle.

**Asiasanat:** hyvinvointi, työmotivaatio, työntekijät, työolot, työsuojelu, työsuojelutoiminta



## SAMMANDRAG

**Arbetarskyddsstrategins uppföljningsrapport. Helsingfors, 2005. 48 s. (Social- och hälsovårdsministeriets rapporter, ISSN 1236-2115, 2005:13)**

**ISBN 952-00-1760-5 (inh.), ISBN 952-00-1761-5 (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 första uppföljningsrapport kom ut år 2001. Denna andra 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. Särskilt behandlas det samarbetsnät för arbetarskyddsverksamheten, där arbetsmarknadsorganisationer och forskningsanstalter samt Europeiska unionen är de centrala parterna.

I uppföljningsrapportens slut finns slutsatser och bedömningar av det beskrivna. Arbetsförhållandena har i huvudsak kontinuerligt förbättrats på olika delområden. Arbetarskyddsverksamheten och det omfattande samarbetet på området har utvecklats positivt. Rapporten visar också att det fortfarande finns många utmaningar för utvecklandet av arbetsförhållandena och nya uppkommer med förändringarna i arbetslivet.

Arbetarskyddsstrategin genomförs med beaktande av regeringens, social- och hälsovårdsministeriets och EU:s linjeringar. Ännu behövs information om hur arbetsförhållandena påverkar antalet invalidpensioner och sjukfrånvaro. Arbetstagar- nas välbefinnande har stor betydelse för arbetsmotivationen samt för att arbetstagar- na ska orka i arbetet och fortsätta att arbeta.

**Nyckelord:** arbetarskydd, arbetarskyddsverksamhet, arbetsförhållanden, arbetsmotivation, arbetstagar- na, välbefinnande





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## *Foreword*

The Ministry of Social Affairs and Health drew up an occupational safety and health strategy in 1998. The document was prepared in cooperation 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. The OSH strategy defines what kind of information is utilised in the evaluation of the strategy's implementation. Follow-up is to be carried out every three years. If necessary, the strategy will be revised.

The first follow-up report was compiled in 2001 (OSH publications 61. Tampere 2002) and was also published in English and Swedish. This second follow-up report on the OSH strategy was compiled using the same outline and principle as in the first one. The report was prepared at the Ministry of Social Affairs and Health. The Advisory Committee on Occupational Safety and Health has examined the report and accepted it. The observations presented in the report are mainly based on scientific source materials, partly on the OSH administration's opinion, in which the views of various interest groups have been taken into account as widely as possible. By publishing the report, the Ministry of Social Affairs and Health wishes to bring to public knowledge its evaluations of the development of working conditions and occupational safety and health. At the same time, the Ministry wishes to raise discussion on the matter so that OSH policy and measures based on it could in future be rendered more efficient in compliance with the needs of working life.

*Helsinki, February 2005*

*Mikko Hurmalainen*

*Director-General, Chairman of the Advisory Committee  
on Occupational Safety and Health*

# 1 Introduction

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

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 working life, and supervision is targeted as efficiently as possible. The effects of a good working 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.

The Ministry monitors the implementation of the strategy in collaboration with the Advisory Committee on Occupational Safety and Health. The 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 working environment and in work 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. To support the evaluation, statistical and research data based on information available in 2004 are presented in the report's appendices.

In 2002, the Ministry's internal work group prepared the publication *The Policies of Improving Working Conditions - Finalising the Strategy in the Focal Areas* (OSH publications 70. Tampere 2003) with the objective of rendering the administration's activity in the focal areas more efficient.

The Ministry of Social Affairs and Health confirmed in March 2001 the strategy «Towards a socially sustainable and economically healthy society», dealing with social and health policy as a whole. In it, the guidelines 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. To reach these goals, the Ministry has launched the so called Veto (Attraction) programme for the years 2003–2007.

In 2002, the Commission confirmed in its communication the EU's OSH strategy «Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006». The strategy shows a comprehensive approach to occupational well-being and takes account of changes in working life and of new risks, including psychosocial risks. The strategy aims at strengthening safety culture which emphasises risk prevention, utilising all available political instruments, and creating partnership between OSH interest

groups. The strategy emphasises goal-directedness and taking account of the economic significance of working conditions. The Council gave its resolution on the document in the same year, 2002. For monitoring the strategy, a joint Nordic pilot project was launched. The first version, Score Board 2003, was published in the spring of 2004.

The programme of Prime Minister Matti Vanhanen's government contains a chapter on working life. The programme deals with several issues pertaining to development of working life and occupational safety and health. The objectives of the Ministry's strategies relating to working life and working conditions are well in line with the objectives of the government programme.

The new Occupational Health Care Act took effect in 2002, the new Occupational Safety and Health Act – in 2003. Thus, the essential OSH legislation has been modernised and conformed to present needs. The new Employment Contracts Act and the Act on the Protection of Privacy in Working life took effect in 2001. The latter was amended in 2004. The new Non-discrimination Act took effect on 1.2.2004, the Aliens Act - on 1.5.2004. These laws imposed new supervising duties on OSH authorities. In 2004, a committee set by the Ministry of Social Affairs and Health made a proposal for revising the Act on the Supervision of Occupational Safety.

## 2 Focal areas of occupational safety and health

### 2.1 Maintenance and promotion of work ability and functional capacity

In 1989, labour market organisations gave a recommendation on activity maintaining work ability. Though the recommendation was quite wide-ranging, its application at first mainly focused on factors affecting individuals' physical work ability and health at work and in working conditions. Later the concept widened to cover aspects of community and society as well. In workplaces, sub-areas of activity maintaining work ability include promotion of individual health and resources, professional competence, development of work and working environment, and improvement of the functioning of the work community and the work organisation («10 years of activity maintaining work ability», Ministry of Social Affairs and Health, Finnish Institute of Occupational Health, Social Insurance Institution of Finland, 1999). In connection with activity maintaining work ability, the concepts early rehabilitation, basic maintenance, competence maintenance and societal maintenance are also used («Activity maintaining work ability as a programme of social policy», Ministry of Social Affairs and Health, Finnish Institute of Occupational Health, Social Insurance Institution of Finland, 2001).

The Occupational Health Care Act obliges the occupational health service to take into account actions maintaining and promoting work ability in its activity. This means «jointly implemented methodical and goal-directed activity targeted at work, working conditions and workers, by which the occupational health service on its part promotes and supports the work ability and functional capacity of those participating in working life».

Work ability and functional capacity were also strongly supported by the European Social Fund's programme period (ended in 2001), the National Age Programme (ended in 2002), and the programme of Lipponen's 2<sup>nd</sup> government on coping and continuing at work (ended in 2003). These programmes promoted, e.g., implementation of measures maintaining work ability, supported by the occupational health service for small entrepreneurs, and employment of people over 45. On the basis of surveys and reports, methods of promoting coping at work were developed. In this connection, nationwide information campaigns were arranged.

The Finns' experience of health has improved, but there were still differences in health connected with level of education in 1979–2002 (O. Rahkonen et al., Suomen Lääkärilehti (Medicinal Journal of Finland) 20/2004). According to a questionnaire conducted by the Finnish Institute of Occupational Health, work ability, estimated by employees themselves, has, however, somewhat deteriorated from 2000 to 2003.

In recent years, invalidity pensions have further increased, as well as the number of those who retire on an invalidity pension because of mental disorders. Musculoskeletal disorders also continue to be the cause of a significant number of invalidity pensions. In recent years, sick leave days have increased, but in 2003 the sick leave percentage in industry was lower than the year before (Working Time Survey, Confederation of Finnish Industries and Employers 2004). Musculoskeletal and mental disorders cause more than half of sick leave days (Social Insurance Institution of Finland). 25–30% of the

economically active population still continue to work in work environments with considerable ergonomic, physical and chemical disadvantages (Survey of working conditions, Statistics Finland 2004).

Working conditions affect both morbidity and mortality, and there is plenty of research data on the matter. On the other hand, no information is available to show unambiguously to what extent shortcomings in working conditions account for invalidity pensions or sick leaves caused by, e.g., mental diseases or musculoskeletal disorders. Consequently, changes in invalidity pensions and sick leave days cannot be directly associated with changes in working conditions.

According to experts of working life, work-induced stress factors can lead to various health disorders. Stress factors may generate, trigger or aggravate diseases or health disorders (Mental disorders as the cause of an invalidity pension. Ministry of Social Affairs and Health, report, December 2004). The conclusions of the fresh report state that according to the survey there seems to be at group level a recognisable connection between mental stress factors at work and manifested mental symptoms. On the other hand, there is no unambiguous scientific proof of causality between a work stress factor that can be precisely defined and a mental disorder diagnosed at individual level (Memorandum of work group studying occupational disease indemnity for mental diseases (PSYKO), the Ministry of Social Affairs and Health's work group memoranda 2003:19). The effect of work-related factors on mortality has also been studied in Finland, and according to estimates, various connections between work and mortality exist (Nurminen et al. 2001 and Vahtera et al. 2004).

Based on observations and experience of the OSH administration, the use of the methods of identifying and assessing risks, required by the Occupational Health Care Act and the Occupational Safety and Health Act, has come to prevail at workplaces. Evaluation of mental and physical stress and prevention of harmful stress have become a special policy.

Modernised legislation has started to affect measures taken at workplaces, especially the identification and evaluation of risks in working environment and in work. This is also the aim of the Social Insurance Institution's experiment for compensating costs caused by workplace survey at a raised level of 60%. Due to revised legislation, the Ministry of Social Affairs and Health has published guidebooks on the application of the Occupational Health Care Act and on the evaluation of risks. Their aim is to render the activity of local occupational health care units more vigorous and unified.

The number of the occupational health care units has remained nearly unchanged (slightly over 1,000 units), and they all report that their activity includes measures maintaining work ability. It is also mentioned in most action plans of occupational health care.

In maintenance and promotion of work ability and functional capacity there are still defects outside growth areas and in small enterprises, in which it is difficult to get occupational health care services or the services are limited. This has partly been due to scarcity of professionals with special education, and also to insufficient quantity of municipal occupational health care services.

The measures maintaining and promoting work ability and functional capacity will continue to be challenged by the

ageing workforce that will also decrease in the future, as well as by the rapid transformation of the way in which work is organised. As a consequence, the needs of young employees will also gain more significance.

## **2.2 Prevention of occupational accidents and diseases**

According to the Federation of Accident Insurance Institutions, 117,000 occupational accidents and diseases of employees were compensated in 2003. The number of compensated fatalities was 151. Of these, 91 were caused by occupational diseases, 40 happened at work and 20 on journey to or from work. In 2002, approx. 55% of workplace accidents led to at least three days' absence from work. The average duration of such sick leaves was approx. 21 days.

During the severe economic recession at the beginning of last decade, the number and frequency of occupational accidents and diseases decreased. During an economic upturn, the number and frequency of occupational accidents increased to some extent. After that, 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 2002, most workplace accidents happened in industry, construction and municipal work. Jointly these three sectors accounted for approx. 60% of all occupational accidents. In proportion to the amount of work performed, construction is the most dangerous sector, followed by industry and, in third place, transport, storage, and telecommunication.

Work is often divided between several contractors and subcontractors. Contractor

and subcontractor chains can be very long. This development has created lots of so called common workplaces, where employees of several employers work at the same time. This applies especially to short-term installation, maintenance and repair work. In addition to construction sites, typical accident-prone common workplaces include plants of the processing industry, docks and freight terminals. In common workplaces, combining the work of different employers poses a particular challenge to the improvement of occupational safety. This requires, e.g., good organisation of communication and co-operation.

The Eurostat statistics reform is a project connected with the European Union's applied statistics on occupational accidents, which at first unifies the criteria and methods of applied statistics on occupational accidents. Member states change over to the new system in different years. In Finland statistics on workplace accidents have been compiled using the new system since 1 January 2003. Eurostat has compared occupational accidents in different countries. Taking account of reservations concerning comparability of statistical data, we can make a preliminary estimate to the effect that the occupational accident ratio in Finland is clearly better than the EU average.

In 2002, 4,807 occupational diseases or suspected occupational diseases were reported to the register of work-induced diseases. From 1990, occupational diseases have decreased approximately by half. Repetitive strain injuries (RSIs) constitute the biggest disease group (28%), followed by occupational skin diseases (20%). From 1998 to 2002, the number of new cases of RSIs reported to the register of work-induced diseases increased by 3.5%. On the



other hand, new cases of noise damage decreased by approx. 12% and occupational skin diseases remained nearly unchanged.

### **2.3 Prevention of musculoskeletal disorders**

Musculoskeletal disorders (MSDs) are the main reasons for early retirement and invalidity pensions, as well as short and long-term sick leaves. MSDs account for the majority (52%) of chronic diseases that are diagnosed by a physician and impede work. In 2003, MSDs caused 31% of retirements on invalidity pension.

Surveys show that exposure to physical strain such as awkward work positions, lifting of heavy weights and moving of burdens has decreased in working life. Yet an increasing number of people find that their work assignments are still physically heavy and that the strain on the locomotor system has not changed. Symptoms of the locomotor system are clearly more common among those whose work involves awkward work positions or is physically strenuous. In these heavy sectors (construction, forest, agriculture and port sectors) morbidity has increased (preliminary results from the 3T health survey, Helena Rytönen, Mutual Pension Insurance Company Etera, 2004). When population of working age was asked about symptoms, up to one third of the employed had experienced symptoms of the locomotor system which according to them were to a considerable extent caused by work (Work and Health in Finland 2003, Finnish Institute of Occupational Health). In Finland, approximately one third of all occupational diseases are stress injuries of upper extremities. Only part of MSDs are compensable occupational diseases.

In work performance, stress is caused, e.g., by physically hard work, repetitive or

static strain, use of handpower, handling of burdens, lifting and moving by means of human labour, as well as bent and twisted body positions. Individual and psychosocial factors are also important factors of exposure to stress. These include, e.g., gender, age, height, overweight, insufficiency of exercise, unchallenging work, insufficient opportunities to influence the work, and insufficient social support. In prevention of MSDs, wide cause-effect relationships must be borne in mind. For example, work climate is clearly connected with symptoms of the locomotor system.

Strain injuries occur, e.g., in the manufacture of foodstuffs and beverages. Strain on upper extremities is common also in construction, agriculture and forestry. Information technology is a growing sector, where strain on upper extremities has not been studied much. Stress harmful to health exists both in application of information technology and in manufacture of components.

Physical strain factors have decreased in recent years. Lifting of heavy loads is typical of occupations in which back injuries occur. The nursing and care sectors are examples of this.

### **2.4 Mental well-being at work**

Today, the entity of mental well-being is examined using the concepts stress or strain. The European strategy on health and safety at work 2002–2006 states that stress, depression and anxiety, as well as harassment and bullying which are new risks in working life account for 18% of problems relating to occupational health. In the Finnish Occupational Safety and Health Act, threat of violence as well as harassment and inappropriate treatment are specifically mentioned as risks affecting mental well-being, health and work

ability. To promote coping at work, the Veto (Attraction) programme launches development projects especially in those sectors and occupations, in which work-related stress and mental strain are common. So far, a health care sector project has been launched within this framework. The objectives are incentive work, improved support at work and better job control, promotion of coping at work and reduction of bullying and violence in workplaces. The Veto programme aims, e.g., at reducing sick leaves by 15%.

According to some expert opinions, serious burn-out seems to have diminished (Work and Health in Finland 2003, Finnish Institute of Occupational Health). At the same time, however, employees' experience of the threat of serious burn-out has rather increased than decreased (Survey of working conditions, Statistics Finland 2004). In 2003, 50% of employees (in 1997: 47%) experienced burn-out as a threat, 9% of them – as a distinct threat. In 1990, 1997 and 2003 half of all employees found their work mentally rather or very strenuous (Survey of working conditions, Statistics Finland 2004).

Alongside with 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 1990s. In 2003, approximately one third of new invalid pensions were granted on the basis of mental disorders. At that time they accounted for approx. 40% of the entire pension stock, while at the beginning of the 90s their share was only about a 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.

The main parties to the labour market in the EU member states drew up a framework agreement on work-related stress in autumn 2004. The agreement deals, e.g., with the concept of work-related stress, the identification of problems connected with work-related stress, liability issues, and the possibilities of preventing, diminishing and eliminating work-related stress (Framework agreement on work-related stress, ETUC, UNICE, UEAPME, CEEP 2004).

Those who suffer from affective disorders find it especially difficult to cope with demands concerning participation in networks and work groups, to endure conflicts and uncertainty, to adapt to constant changes and to preserve their role and identity in the changing operating environment. For the majority of the economically active population these demands are not particularly problematic. On the other hand, the majority finds that the meaningfulness of work has decreased (Working life barometer 2003, Ministry of Labour).

Demands for qualification and performance are still increasing. Demands for performance have increased, in particular, in the social sector. Time pressure has decreased, mental stress remained unchanged. Municipal employees find their work mentally more strenuous than employees in general. In the social and health care sector, eight out of ten find their work mentally strenuous. As regards conflicts, workplaces are polarised: the number of workplaces where conflicts have decreased has grown, but so has the number of those workplaces where conflicts exist. The most negative development is observed in health care (Municipal working life barometer 2003, Centre for Occupational Safety).

Age discrimination is experienced in about ten per cent of workplaces. Discrimination and unequal treatment concern, in particular, temporary or part-time employees. In the municipal sector, however, discrimination of these categories has somewhat decreased. Observed cases of gender discrimination have somewhat decreased (Working life barometer 2003, Ministry of Labour).

According to the questionnaire Work and Health in Finland 2003, mental violence at work has decreased. However, the survey of working conditions indicates that the share of those who have experienced mental violence has rather increased. Unequivocal reasons for discrepancies in survey results have not been found. In 1997, 39% of employees noticed mental violence in their workplace, in 2003 - 42%. In 1997, 16% of employees had themselves been an object of mental violence, in 2003 the figure had risen to 21%. In most cases, violence was caused by a fellow employee (46%), often also by a superior (39%), sometimes by a subordinate (3%) or a client (12%). Client violence or the threat of becoming exposed to it have also somewhat increased (in 1997 14%/2003 18%).

Support by a superior, work community climate and relationships between employees have either somewhat improved or remained unchanged. It has been observed that small workplaces with less than 10 employees have the highest degree of work satisfaction and the best relationships between fellow employees. Attitudes towards changes in production, working methods and organisation of work have become more positive in almost all sectors other than construction and financing and among agricultural entrepreneurs (Work and Health in Finland

in 2003, Finnish Institute of Occupational Health).

## 2.5 Coping at work

Coping at work depends on different sub-areas in working conditions: mental, social and physical. Several factors that are assumed to have impact on coping at work have improved; the greater part of the employed report that they feel rather well at work. In spite of this, ill-being at work is still experienced as a wide problem.

According to the survey of working conditions, overtime work compensated with money or overtime leave has somewhat increased during a reference period of twenty years. In 2003, 68% of employees reported that they perform overtime work compensated with money or overtime leave, whilst the corresponding figure in 1984 was 62%. Approx. 25% were in shift work. Night work was performed in the course of a month regularly by approx. 10% and occasionally by approx. 7%. Compensated overtime work is more common among men than among women. Approximately one third (31%) of wage and salary earners performed uncompensated overtime work relating to their main line of work (in 2003) (Survey of working conditions, Statistics Finland 2004).

Both in the private and the municipal sector, coping at work is impeded by problems of the work community or mental stress, decrease in motivation or enthusiasm for work, and problems of the working environment or physical strain (Finnish Centre for Pensions, 2004). The majority of the employed find that work has become less meaningful in the course of the last ten years (Working life barometer 2003, Ministry of Labour).

In the 45–64 age group, certainty of keeping one's job is considered the main

factor contributing to coping at work. Three out of four employees are of this opinion. Improved rehabilitation opportunities, a decrease in the amount of work and time pressure, improvement of the working environment and development of occupational health care could also promote coping at work. In addition, more flexible working hours and improved management methods would promote well-being, in particular, among those aged 45–54 (Survey of working conditions, Statistics Finland 2004).

According to the statistics of the Central Pension Security Institute, the retirement age has increased from the middle of the 1990s to the year 2003 by approximately six months. In 1996, the average age of all those who retired on an earnings-related pension was 57.2 years, in 2003 the figure was 57.5. In 1996, the expected retirement age was 58.8 years, and in 2003 58.9 years. In addition to factors relating to working conditions, the pension reform entering into effect at the beginning of 2005, the unemployment pension and the part-time pension also affect the retirement age (Retirement age in the employment pension system in 2003, statistical report of the Finnish Centre for Pensions 4/2004).

In 2003, approx. 19% of employees wanted to retire before pension age, whilst in 1997 the corresponding figure was approx. 15% (Survey of working conditions, Statistics Finland 2004). Possible negative attitudes towards old employees do not seem to have increased, though their effect on thoughts of retirement has remained considerable. Insufficient opportunities to influence (work assignments, pace, working hours, division of labour and work methods) strengthen the desire to retire, as do also conflicts, mental vio-

lence, some experiences of discrimination at work (availability of information, wages, unequal treatment) and the experience of threat of serious burn-out. Of those who experience threat of serious burn-out, one out of six thinks of retirement often, whilst one out of twenty does not think of retirement at all (Mental disorders as the cause of an invalidity pension. Ministry of Social Affairs and Health, report, December 2004).

According to the materials of the survey of working conditions, there does not seem to be a significant connection between employees' thoughts of retirement and the efficiency of the workplace's OSH organisation or the personal experience of the efficiency of occupational health care. Well-being can best be promoted through workplaces' own positive solutions and procedures.

The four-year programme on coping at work ended at the end of 2003. First and foremost the programme helped influence the systems guiding working life and the general awareness and create and disseminate good practices promoting well-being. During the programme period, handling of matters relating to coping at work increased in the media and also wider in society.

## **2.6 Job control**

By job control refers to the possibility and ability of employees to control their work. In addition to competence, opportunities to influence and participate as well as social support are essentially included in good job control. The strain experienced by a person depends on several factors, including those not related to work. By improving job control, it is possible to have a positive effect on the total strain experienced by a person.

Opportunities to influence matters relating to oneself have weakened in forestry and agriculture (Work and health in Finland 2003, Finnish Institute of Occupational Health). In health care and social services opportunities to influence the amount of work are experienced poorer than on the average. Men have better opportunities to influence the amount of work than women. The opportunities of municipal employees to influence their work, pace and division of work have increased. The fast work tempo in health care, however, reduces the municipal employees' opportunities to influence their work (The municipal sector's working life barometer 2003, Centre for Occupational Safety). In public administration opportunities to 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 decreased from 1997. However, there are rather great differences between different sectors on this point. The strongest time pressure is observed in the accommodation and catering sector and in financing. 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, in particular (Work and health in Finland 2003, Finnish

Institute of Occupational Health).

Getting support and encouragement from superiors has decreased from 1997. However, support and help provided by superiors have improved, e.g., in state-owned companies. In general, management has developed in a positive direction. 74% of employees are satisfied with the actions of their superior. 82% of employees felt that their nearest superior treated them fairly and equally at least fairly often. However, e.g., in the accommodation and catering sector one out of four experienced that superiors treated employees unfairly and unequally. 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. Relationships between fellow employees and mutual support and help have remained at a good level: seven out of ten felt that they received support always or most of the time (Work and health in Finland 2003, Finnish Institute of Occupational Health).

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 55. More than half of employees find that performance targets have become tighter and result monitoring more efficient (Work and health in Finland 2003, Finnish Institute of Occupational Health).

## 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 working environment can be created in each workplace by the measures taken by the individual workplaces. The strategy emphasises the importance of good 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 working environment to quality and productivity is emphasised. According to the strategy, the co-operation between occupational safety and health and occupational health care should be intensified.

The Nordic Score Board pilot project, aimed at monitoring the EU strategy, assessed widely OSH activity and its implementation in various sub-areas. According to the Score Board 2003 report, the Finnish way of implementing preventive OSH measures in workplaces is on a very high level. 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 comes fourth (Economic security for a better world, ILO 2004).

#### **Method of action**

In recent years, an increasing number of organisations have managed to link OSH matters well with the line organisation and made it a part of personnel management. The statutory occupational safety and health action programme of workplaces has supported the implementation of systematic occupational safety and health work. However, all workplaces do not yet invest in sufficiently goal-directed

and systematic OSH work. The OSH action programme is not generally used as an OSH planning instrument, nor is the significance of investigating and assessing risks always taken sufficiently into account.

Creation of various safety control systems has, partly due to revised occupational safety legislation, become more important in the development of workplaces' own OSH activity. In workplaces, this development work creates procedures that make it possible to identify risks and impediments threatening health and safety, to set goals for removing and/or reducing risks, and to monitor the sufficiency and efficiency of the 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 activity.

Companies that lead the development of safety have invested in the development of safe methods, specifically from the point of view of problem control. Along with the new Occupational Safety and Health Act, workplaces have invested in systematic investigation and evaluation of risks. The Occupational Safety and Health Act emphasises the expert role of occupational health care for the employer. This complements the operating model specified in the Occupational Safety and Health Act and steps up co-operation between the workplace and the occupational health care.

#### **Management**

Development of working conditions is now seen more clearly as a management issue. The new Occupational Safety and Health Act has also emphasised safety

management. The law puts stress on preventive approach with its requirements concerning investigation. The OSH administration finds that safety management and systematic goal-directed activity are on the increase. Control procedures are improved by specifying safety management by means of, e.g., determining action obligations and monitoring the implementation of measures.

On the market, clients and owners pay increasing attention to safety and health. Demands from these parties gain increasing importance in business and are reflected on the entire production or service chain by making demands both on subcontractors and other co-operation partners. This is exemplified by the fact that the occupational safety card is more and more often becoming a precondition for work. The way in which subcontractors or parties to co-operation manage occupational safety and health issues arouses increasing interest. The introduction of certified safety systems has increased.

### ***Economic thinking and productivity***

The OSH strategy pays attention to work-related economic losses and is based on the assumption that better consideration of the economic impacts of working conditions motivates and encourages companies and workplaces to improve working conditions. Economic thinking also helps better understand the problems and behaviour of companies and helps make right choices when aiming at well-being.

According to the estimate of the Ministry of Social Affairs and Health, the costs of occupational accidents and work-induced diseases to society were in 1996 approx. 15.1 billion marks (approx. 2.5 billion euros) and in 2000 approx. 2.9 billion euros, i.e., nearly 3% and correspondingly

a good 2% of GDP. By disease group, the biggest losses (over a third) were caused by MSDs. By type of cost, the biggest losses were caused by invalidity (premature pensions 46%). The estimate was drawn up using a model that was produced by Nordic co-operation and is 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 losses (Figure 16 of the Appendix).

An expert report compiled for ILO (Hoel, Sparks and Cooper 2000) estimates that the costs of stress and violence experienced at work may account for 1–3.5% of GDP. The estimate is based on figures received from several countries.

In Finnish working life, the consideration and use of economic aspects continues to increase. 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 preconditions for combining improvement of working conditions with productivity and good management.

Research activity associated with working environment economics has become wider and more versatile. In recent years, the network of experts in the sector has been developed on the initiative of the Finnish Institute of Occupational Health. Companies participating in the studies usually have a strong feeling of positive interaction between good working conditions and pecuniary advantage. The Council's resolution on the EU strategy on health and safety at work 2002–2006 requires further increasing of the awareness of the meaning of good working conditions for productivity, quality and performance.

### **Occupational health care**

The coverage for occupational health care agreements has remained unchanged in companies with more than 50 employees (97%). From 1997 to 2003, the coverage improved both in workplaces with less than 10 employees (from 51% to 64%) and with 10–49 employees (from 85% to 91%) (Work and health in Finland 2003). The content of occupational health care has been developed on the basis of the revised provisions of the Occupational Health Care Act and the Occupational Safety and Health Act. Co-operation between OSH control authorities and the occupational health care has been developed, i.e., in workplace reports, evaluation of risks, investigation of occupational diseases, detection of harmful strain and proposal for measures aimed at reducing it. On the other hand, workplace reports are not always on a satisfactory level or up to date.

The availability of occupational health care services is not sufficient in areas of scattered settlement, especially in eastern and northern Finland. The problem concerns especially small enterprises and agricultural entrepreneurs. In practice, there have also been defects in the implementation of the occupational health care of employees in atypical employment relationships (e.g., part-time and fixed-term employment and leased labour).

### **The state and development of the occupational safety and health co-operation**

OSH co-operation in a workplace plays an important part in the success of practical OSH work. At the end of 2003, the Centre for Occupational Safety's register of OSH representatives contained information on 12,017 workplaces and 65,482

OSH representatives. 12,017 OSH managers and 9,018 OSH delegates for workers and 4,703 OSH delegates for clerical employees were registered. Reports delivered to the register come mainly from workplaces with more than 10 employees, where an OSH delegate (and deputy delegates) should be elected. At the end of 2000, there were 10,500 OSH managers and over 9,000 OSH delegates for workers and nearly 5,000 OSH delegates for clerical employees in the register. Approx. 15% of the workplaces which gave a notification of an OSH manager, did not give a notification of an OSH delegate. The share of those workplaces which have not given a notification of an OSH delegate has clearly increased in recent years. In 2003, State Treasury was informed of a total of 1,033 OSH delegates for workers and clerical employees, i.e., 57 more than in the previous year.

The information received from the OSH administration's workplace information system implies that often no OSH delegate has been elected in small workplaces. The reasons given for this were passivity in starting co-operation or unwillingness to accept the task. Therefore, the proposals of the Committee on the Revision of the Act on the Supervision of Occupational Safety and Health aim at promoting co-operation by increasing interaction.

In recent years, the number of those who have participated in the OSH basic course of the Centre for Occupational Safety has increased, especially as regards OSH delegates, but also OSH managers. A distinct increase has been observed in the number of those who participate in OSH manager courses of the Finnish Institute of Occupational Health. The demand on workplace-specific training has also



grown, as regards both the Centre for Occupational Safety and the Finnish Institute of Occupational Health. OSH training is also arranged by other parties than those mentioned above. In 2003, 26% of the OSH managers, 34% of the OSH delegates for workers and 33% of the OSH delegates for clerical employees of whom a notification had been given to the register of the Centre for Occupational Safety had completed an OSH basic course. In small and medium enterprises, in particular, OSH personnel's schooling level is low.

### **3.2 Action in the occupational safety and health administration**

In line with the occupational safety and health strategy, the OSH administration supports employers' facilities for attending to occupational safety and health and the associated co-operation obligations. The administration's main clients are in workplaces: employers and employees. The administration supervises observance of the provisions of legislation and guides the development of operating systems in workplaces. The OSH administration promotes safety culture and safety management, emphasising in its activity the needs of working life and society. An essential operating principle is to enhance workplaces' own OSH activity.

The resource work group of OSH inspectorates, set by the Ministry, has made several proposals for developing the OSH administration's activity and for related appropriations for the years 2003–2006 (Ministry of Social Affairs and Health. Work group memorandum 2001:26). Proposals of the work group have been implemented by diversifying the know-how of OSH inspectorates' personnel, by passing know-how on to new inspectors, and by

improving the inspectorates' management by results and direction of activity. The amended provision entitles the Ministry to transfer the national supervision of a specified sector to a specified OSH office of its choice. The OSH inspectorates of North Karelia and Kuopio, the OSH inspectorates of Mikkeli and Kymi, and the OSH inspectorates of Oulu and Lapland were consolidated at the beginning of 2004. The objective of these changes has been to enhance OSH inspectorates' activity and use of resources so that they could better meet the demands brought about by changes in working life.

The Ministry steers the implementation of the strategy by means of negotiations concerning performance targets, held annually with the district administration. In determining performance targets for OSH inspectorates, we now apply an outline based on the Balanced Scorecard model, according to which objectives are divided into four groups: social effectiveness, operational processes and structures, renewal and work ability of personnel, and resources and economy. In management by results, a switch was made to a model based on a four-year framework agreement on performance targets and on an annual result agreement to supplement it. The model is aimed at clarifying the process of management by results and enhancing the connection between the Ministry's strategic goals.

For several years, the inspectorates have focused on three areas: mental well-being at work, prevention of MSDs, and prevention of occupational accidents. Approx. 50% of the resources on which the inspectorates themselves decide have been used on these focal areas, and the objective is to further raise this figure. In accordance with the target effectiveness, su-

pervision is targeted so that as great a part of the resources as possible is used on essential maladies in the focal areas. The objects of supervision are selected according to jointly agreed criteria from sectors, where OSH problems are known to be most widely-spread.

In order to increase the efficiency of activity in the focal areas of OSH inspectorates, the inspectorates' and the Ministry's co-operation group dealing with the central focal areas was established. The group is divided into sections. It has prepared proposals for increasing the expertise in the focal areas, for assessment of training needs, for improving the supervision methods and for focuses in the inspectorates' activity in the years to come. The supervision methods have been developed to correspond to the amendments of the Occupational Safety and Health Act.

A reputation survey targeted at the OSH inspectorates' interest groups was conducted in order to investigate satisfaction of regional interest groups with the administration's activity. Reputation was gauged by indicators associated with actions of authorities, respect, reliability, service, and efficiency. The interest groups included in the inspectorates' strengths usefulness, reliability, expertise and sense of responsibility. The areas in which there was most room for improvement were modernity, flexibility and management. The inspectorates utilise the survey results to improve their activities.

Within the Nordic Score Board pilot project implemented for the monitoring of the EU strategy, OSH supervision was also assessed. By all of the seven selected criteria, the Finnish OSH administration did well.

The OSH inspectorates' resources have not significantly changed since 1998.

The inspectorates' activity consists of support and advice to employers and, on the other hand, of supervising the observance of regulations. In recent years, the number of measures taken by the administration has somewhat decreased. In accordance with the Occupational Safety and Health Act, supervision of legislation has mainly been directed at supervision of the evaluation of risks in the workplace and of measures taken on that basis. At the same time, the character and content of the supervisory tasks have become more complicated. Whilst the conditions associated with the traditional physical characteristics of the work environment can often be supervised by means of various measurements, the new obligations require several juridical and social assessments that are often difficult to evaluate and require plenty of work (Table 1 of the Appendix). In the budget for 2005, additional resources have been allocated for establishing offices for 12 or 13 new inspectors who are to attend to the new tasks associated with the supervision of the Non-discrimination Act and the Aliens Act.

### ***Prevention of occupational accidents***

Efforts to improve preconditions for the work of preventing occupational accidents have been made by co-operating more closely with insurance institutions responsible for collecting and editing statistical data, and with their representative body, the Federation of Accident Insurance Institutions. The inspectorates have at their disposal both nationwide and district-specific statistics.

To gather workplace-specific information on accidents, the inspectorates have implemented, e.g., questionnaires at individual enterprises. 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 ELMERI, TR and MVR indicators. Studies have shown that the results based on these indicators correlate with the workplace's accident frequency. Therefore, the aim is to put these indicators to wider use.

Prevention of accidents is particularly targeted at accident-prone sectors and accident-prone common workplaces. The target state for 2007 is that safety management methods and monitoring procedures for working conditions are applied in workplaces. The aim is to focus the inspectorates' actions on jointly agreed sectors.

The national occupational accident prevention programme 2001–2005, Occupational Safety to the Top of the World, accepted by the Government, was launched at the beginning of 2002 and will end at the end of 2005. The central aim of the programme is to make the vision zero approach part of OSH activity at workplace level and to promote good occupational safety culture. The implementation of the programme is steered by the Occupational Accidents Section of the Advisory Committee on Occupational Safety and Health. Sector-specific projects within the accident prevention programme include, e.g., the technology industry's We Challenge competition (previously the MET We Challenge occupational safety competition) and the RaTuKe project which concentrates on improving safety in construction. What makes the projects significant is, inter alia, that interest groups in different sectors co-operate widely to decrease the number of accidents. Other measures fully or partly financed by the programme include, e.g.,

the launch of the Zero Vision Forum, survey of the state of occupational safety training, and measures to improve it. Procedures are being developed for disseminating and establishing the results and good practices brought about by it even after the end of the programme.

The European Week for Safety and Health at Work 2001 concentrated on prevention of accidents under the slogan "Success is no accident". In 2004, the week concentrated for the first time 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 employees' falling accidents in all member states. The campaign continued in 2004, when falling of objects and risks caused by machines moving heavy objects on construction sites were added to the themes. According to plans, the campaign will continue also in 2005; it will then be carried out in the ten new member states of the EU.

Prevention of accidents has also been promoted by developing standardisation. What makes the new Occupational Safety and Health Act important is, inter alia, that it emphasises the significance of safety management for creating safe working conditions. Clarification of regulations on safety management is also essential when regulations on construction work are amended.

In the OSH administration, the occupational accident report register has been developed so that workplaces and other parties can also utilise it when they plan preventive measures. The OSH administration has increased its participation in the Accident Investigation Board's investigation committees which investigate the

causes of catastrophes or other accidents that have caused risk, as well as measures for preventing similar accidents. We have been able to utilise information gathered during investigation in prevention of occupational accidents.

### **Prevention of musculoskeletal disorders**

In OSH supervision, increased attention has been paid to prevention of MSDs. The new Occupational Safety and Health Act has guided the implementation of OSH supervision in the focal area to a more systematic and anticipatory direction as part of the management of health and safety at work. Strain management includes organised evaluation of risks, in which attention is paid to physical strain, to work postures, and to making the work in which the strain is continuous and one-sided lighter. The measures included in the action programme "Support for occupational safety and health activities" are aimed at preventing MSDs by means of training and various ergonomics projects.

The Finnish Institute of Occupational Health has created the Näppärä (Handy) method for assessing display terminal work and a unified database for recording its assessment results. By means of a repetitive work project, a method was created for OSH inspectorates and workplaces; it can be used to detect tasks containing repetitive work in the workplace and to evaluate the organisation's activity and safety management systems and instruments, work facilities and working environment.

Both of the above method development projects included training which will be continued in OSH inspectorates to secure the introduction of the methods. In collaboration with experts from the Finnish Institute of Occupational Health, an

ergonomics training and strain evaluation package relating to manual lifting and moving is also under preparation.

In the nursing and care sector, an intervention project aimed at preventing MSDs in risk professions was implemented and reported. In the OSH administration, a health care supervision project has been launched, in which manual lifting constitutes one part. Co-operation with interest groups has also been active in this sector. As regards the focal area of preventing MSDs, criteria will be prepared for manual lifting and moving, display terminal work and repetitive work.

### **Mental well-being at work**

Management by results, applied in the 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 increasing extent dealt with coping at work. The target outcome agreements concluded between the Ministry and the inspectorates for the years 2001-2004 contained improving the inspectorates' capabilities in issues of mental well-being. The aim has been to increase district administration's expertise through co-operation with regional operators and national expert organisations. In accordance with the OSH administration's strategy, OSH offices 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 prevention of accidents and MSDs. The Focal Area Section has acquainted itself with the procedures of the health and safety inspectorates as regards promotion and supervision of mental well-being at work. It has also prepared a summary and

background material for the negotiations concerning performance targets for the years 2001–2004. The main themes in this focal area have been the supervision of working time legislation, control of workplace violence, and identification of psychosocial risks that hinder coping at work.

To support supervision, the Focal Area Section has defined the criteria for the control of the threat of client violence, harassment and inappropriate treatment. In supervision, special attention has recently been given to inappropriate treatment.

Tackling of stress factors at work, prevention and control of client violence, and elimination or reduction of harassment and inappropriate treatment are included in the performance targets of OSH supervision, on which the OSH inspectorates conclude annual target outcome agreement with the Ministry. Supervision of the observance of the working time legislation is also included in the OSH authority's performance targets.

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 within the Nordic working environment co-operation.

### **Product control**

With the introduction of the EU legislation, surveillance of the compliance of products that have entered the market with the requirements was introduced. Similar procedures in the so-called market surveillance of products are in use in all sectors of administration. Product manufacturers and launchers have been widely trained to adopt the principles followed in the territory of the European Union: products whose safety is ensured by means of

directives' high-level safety requirements can in accordance with the EEA agreement move freely in the territory of the European Union, including the EFTA countries.

Responsibility for the safety of products (machinery, devices, personal protective equipment, chemicals) rests with their manufacturers, importers and other launchers, who must observe the product safety requirements laid down in legislation. The authorities' task is to supervise that products brought on the market comply with requirements. Machinery, personal protective equipment, devices, and chemicals of high safety level help prevent accidents and occupational diseases that the products might otherwise cause, if used at work.

The EU's product legislation is constantly being revised and developed. The machine directive is being revised, and the new chemical legislation (the so-called REACH regulation proposal) is under preparation.

Administrative co-operation with the competent authorities of the European Union member states has been developed further. In all product groups, the Commission and member states have paid attention to the member states' surveillance authorities' co-operation needs with the aim that the internal market would work as planned and the high safety level of products would be secured. Co-operation groups have been established for various product groups, and the Commission has created websites for information exchange. In co-operation, we have learned about surveillance methods and unified surveillance practices. Unstrained communication with surveillance authorities of other member states has also been initiated. We have participated in joint Nordic

market surveillance projects, e.g., in the market surveillance of personal protective equipment.

The Ministry of Trade and Industry has acted as the co-ordinator of several product surveillance authorities operating in the country. Communication between different authorities is functional and constant.

In connection with the normal workplace supervision and at fairs and exhibitions, the OSH inspectorates have ascertained that products used at work comply with requirements. In addition, nationwide surveillance projects have been implemented, partly in co-operation with other surveillance authorities. The projects have been targeted, in particular, at machine categories, chemicals and personal protective equipment that have been found dangerous. In 2004, the projects were targeted at loading cranes, tail lifts, the food industry's packing machines, and filtering devices used in the joinery industry. Within chemical surveillance, we have participated in European co-operation projects.

Within product surveillance projects, we have paid attention to the observance of the obligations of both the product's supplier and the employer by checking the products' compliance with safety requirements and the observance of the requirements relating to the use of the product. Decisions on marketing restrictions have been made rarely. Our aim has been to eliminate defects detected in products in co-operation with the product's launcher.

### **Legislation**

As regards development of legislation, the strategy states that Finland participates in the preparation and implementation of

the EU's occupational safety and health legislation and aims at a high level of safety. Finland's participation in the EU's legislative work has been active. The statutes concerning the implementation of OSH directives that have been implemented in Finland support the workplaces' own preventive action 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 Act, and the Occupational Safety and Health Act, have been revised within the last ten years. Revision of the Act on the Supervision of Occupational Safety and Health and Appeal in Occupational Safety and Health Matters is under consideration. The committee that prepared the matter submitted its report in autumn 2004, and further preparation is underway.

The provisions of the new Occupational Safety and Health Act take account of the focal and development areas mentioned in the strategy. The Act has been received positively in workplaces, and the application of the new legal provisions has gained acceptance.

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 the OSH legislation and clarifying the legislation.

### **3.3 Network of occupational safety and health activity**

In accordance with the OSH strategy, the Ministry of Social Affairs and Health improves OSH activity, on the one hand, by networking, and on the other hand, by ap-

plying management by results to the administration subordinated to it. The essential members of the network are the parties to the labour market, the research, expert and insurance institutions in the sector, and the European network.

In Finland, matters relating to the world of work are dealt with on tripartite basis between representatives of the state, the employers and the employees. Co-operation is of long standing. Organisations play an important part in almost all legislative and development activities.

Matters of principle relating to OSH and other essential matters are dealt with by the Advisory Committee on Occupational Safety and Health. The Committee's activity has been developed by establishing, within its authority, the Occupational Accidents Sections, 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 Advisory Committee on Preparation of Occupational Safety Regulations and Advisory Committee on Occupational Chemical Safety exist separately for the preparation of legislation. The OSH committees function alongside the OSH inspectorates. In addition to representatives of labour market organisations, other regionally important parties influencing the development and promotion of occupational safety and health participate in the OSH committees.

The Ministry of Social Affairs and Health has for its part co-ordinated the institutions within its authority in negotiations on performance targets as well as financed the implementation of various programmes and projects. The Ministry has held negotiations on performance targets with 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 of Finland.

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 launched in 2003. The programme is a project aimed at developing co-operation between the Finnish Institute of Occupational Health and the OSH administration. The objective is that the know-how existing under the umbrella of the Ministry of Social Affairs and Health is used as efficiently as possible for improving working conditions; thus its effectiveness is increased at workplace level. Co-operation produces operating models and methods for promoting occupational safety and health for the use of both the co-operating parties and the workplaces. Through improved co-operation, the OSH administration can more efficiently promote the introduction of knowledge and tools produced by means of research in workplaces and increase the use of the expertise of the Finnish Institute of Occupational Health to support administration, control and guidance activity.

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. Reports required for preparing legislation and focusing the administration's activity have also been financed.

OSH research and development has been financed by the Work Environment Fund, the State Work Environment Fund, the Farmers' Social Insurance Institution (MELA), the National Technology Agency

of Finland, the Academy of Finland, and insurance institutions. The OSH administration's co-operation with these parties has been intense.

The OSH administration has taken an active part in the preparation and implementation of the national Productivity Programme (ended in 2003), the National Workplace Development Programme (ended in 2003 and continued as of 2004 under the name Tykes), the National Programme for Ageing Workers (ended in 2002), and the National Well-Being at work Programme (ended in 2003) based on government programmes. At present, the Ministry of Social Affairs and Health directs the occupational accident prevention programme (2002–2005) and the Veto programme (2003–2007).

On the responsibility of the Ministry of Social Affairs and Health, 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. As

part of this activity, the Finnish databank for occupational safety and health has been created on the Internet. It contains contact information on Finnish research, training, development and funding institutions in the sector. It also gives examples of practical solutions at workplace level.

The Ministry of Social Affairs and Health has also continued its wide participation in other international health and safety co-operation. ILO's activity continues to be of great importance to Finland. In the development of working conditions, Nordic co-operation plays an essential part and is guided by the labour market and working 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 Score Board pilot project created to follow up the EU strategy, building of partnership was also evaluated. Measured by all the eight criteria used Finland was performing well.



## 4 Conclusions and evaluations

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This report evaluates the implementation of the OSH strategy confirmed in 1998. The first follow-up report was drawn up in 2001, and this report was compiled using the same structure and in the same manner.

Working conditions are connected with the production and service structure as well as the production methods and technology, which in general change comparatively slowly. Attitudes and organisations are also slow to change, wherefore we cannot assume that considerable changes have taken place in the development of working conditions after the previous evaluation. This report considers development for the entire period of existence of the OSH strategy, i.e., since 1998. This concluding chapter describes the implementation of the strategy and development of working conditions at general level with the aim of summarising and crystallising essential issues.

### **Development of working conditions and the focal areas**

When occupational accidents and diseases are observed, the connection between working conditions and health is usually clear. However, working conditions also affect other morbidity and mortality of employees. We also have research data on the matter. On the basis of the available statistical data or surveys we cannot, however, state to which extent the changes in the number of disease incidents are partly or entirely due to changes in the working environment or the working conditions. More research data on the matter is required.

The observed change in the number of new invalidity pensions gives a rather negative picture of the development of the health of Finnish employees. The number of invalidity pensions has steadily increased

throughout the reference period (1998–2003). The main disease categories that have caused the increase are MSDs and mental disorders. During the same period, the above disease categories have also played an essential part in the increase in sick leave days. However, in 2003 the sick leave percentage of industrial workers was somewhat lower than in 2002.

The ageing of the workforce 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. In any case, the problems existing in the focal areas and mentioned in the OSH strategy affect invalidity pensions and sick leaves. However, the descriptions of the specific focal areas presented in this report are based on statistics, and surveys do not indicate worsening of working conditions. During the reference period, working conditions have not significantly changed and as far as changes can be discovered, they are mainly positive.

According to questionnaires arranged by the Finnish Institute of Occupational Health, time pressure at work has clearly decreased from 1997 to 2003. Mental strain at work has also diminished, though not during the last three years. According to the questionnaires of Statistics Finland, both physical and mental strain at work have remained unchanged, although at a higher level than before, from 1990 to 2003. According to information from the Finnish Institute of Occupational Health, the number of serious burn-out cases has decreased, but there has been an increase in the number of cases in which burn-out was experienced to be a threat. The great

majority of employees report that they manage well, and the experienced health of Finns has improved. To get a more precise picture of the development, surveys of specific sectors and professions are required.

Accident risk varies greatly in different sectors and functions. The trend in occupational accidents (including fatalities) has been positive for more than two decades, and in occupational diseases for more than ten years. OSH activity can be considered successful in this respect. The strong economic upturn at the end of last and at the beginning of this decade stopped the positive development as regards occupational accidents, but the last few years have again shown some positive development.

Finland works for better working conditions using a wide co-operation network. With this aim, national working life development programmes are implemented. International comparisons show that working conditions in Finland, as well as the OSH system with its various sub-areas, are of high international level. On the basis of the available information we cannot, however, conclude what exactly has been the effect of actions targeted at focal areas and of measures based on the OSH strategy on working conditions or the health and well-being of employees. However, in this connection precise knowledge of the effectiveness of different measures or different operators is not necessary.

### ***Other principles of the strategy***

Over the years, the principle of the OSH strategy which emphasises unprompted and systematic action of the workplace itself has been increasingly adopted. We have reason to expect that the Occupational Safety and Health Act which entered into force in 2003 will further promote the implementation of this principle. OSH issues have to an increasing extent

been incorporated in the line organisation and personal management, and development of working conditions is more clearly seen as an issue of management.

Positive attitudes towards the development of working conditions and the well-being of personnel have increased. Economic aspects have been better taken into account and utilised in the development of working conditions. Good working conditions are to an increasing extent associated with high productivity and good quality.

Co-operation between occupational health care and occupational safety and health is a generally accepted objective and there has been development in this respect. However, the availability of occupational health care services has not been sufficient in sparsely populated areas. Occupational health care is developed in accordance with a Government resolution of 2004 (Occupational Health 2015 – Development strategy for occupational health care).

The OSH administration's activity has been stepped up with resolution throughout the strategy period. The Ministry of Social Affairs and Health steers the implementation of the strategy through performance target negotiations held annually with the district administration. In the definition of performance targets, an outline based on the Balanced Scorecard model which emphasises social effectiveness was adopted a few years ago. In particular, resources of the OSH inspectorates have been targeted at three focal areas: mental well-being at work, prevention of MSDs and combating occupational accidents. The aim is to concentrate the administration's resources on the most problematic sectors in order to improve effectiveness. Efforts to improve the activity are made by means of a reputation survey targeted at the administration's interest groups.

### **Premises and requirements for updating the OSH strategy**

In connection with the compilation of this follow-up report, requirements for updating the OSH strategy have also been assessed. The Ministry of Social Affairs and Health will take a separate decision on the updating of the strategy on the basis of negotiations with the labour market organisations. Below, we give a short description of some of the issues and aspects that have so far come up in the course of the work.

After the OSH strategy was confirmed, new programmes of two governments have steered the development of working life (1999 and 2003). 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 attractiveness of working life have been specified as the main development targets in working life. The objectives of government programmes have corresponded well to the objectives of the OSH strategy and the OSH administration has implemented objectives of government programmes as well.

In 2001, the Ministry of Social Affairs and Health confirmed the strategies of health and social policies 2010 – towards a socially sustainable and economically healthy society. In this strategy, increasing the attractiveness of working life is one of the four main strategies. The more detailed objectives of this main strategy are well in line with the OSH strategy. To implement it, the Veto programme (2003–2007) was launched.

The Occupational Safety and Health Act that entered into effect in 2003 is a solid foundation for improving working conditions in near future. With the new law, attention will also be paid to matters

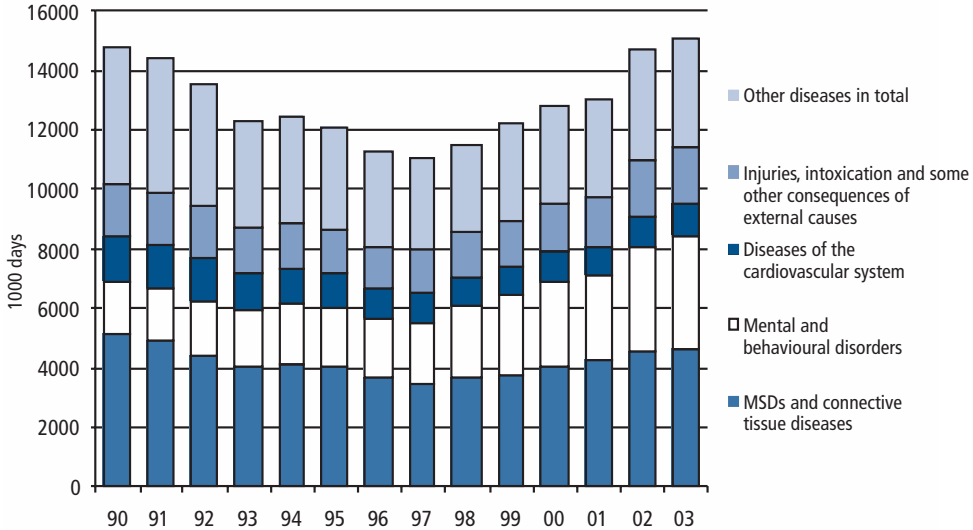
which previously were less emphasised. These include, e.g., work stress, threat of violence, and harassment. The new legislation of the recent years has imposed new functions on the OSH administration. The objective of the revision of the Act on the Supervision of Occupational Safety and Health is to step up supervision and promote OSH co-operation in workplaces. The aim is to develop co-operation by increasing interaction. At the same time, direct co-operation between the superior and the worker in the line organisation is emphasised.

The European Commission adopted an OSH strategy for the years 2002–2006. The Council of the European Union gave its resolution on it. The strategy binds the member states to purposeful action and at the same time requires measures from both the Commission and the parties to the labour market. The main issues include a global approach to well-being at work, more efficient risk prevention, combining a variety of political instruments, partnership, and taking account of economic impacts. The resolution advises the member states to make sure that the existing legislation is observed better, e.g., by rendering supervision more efficient. The strategy emphasises goal-directedness. The updating of the EU's OSH strategy takes place around the time of Finland's presidency in 2006. The EU's investments in OSH research are expected to increase.

In order to develop the working environment policy and the OSH administration's activity, we need more information on the contribution of working conditions to invalidity pensions and sick leaves. In any case, the general well-being of employees is of great importance to work motivation and willingness to cope and continue in working life. Mental well-being in particular is important in this respect.

## Statistical and research data on working conditions and occupational safety and health

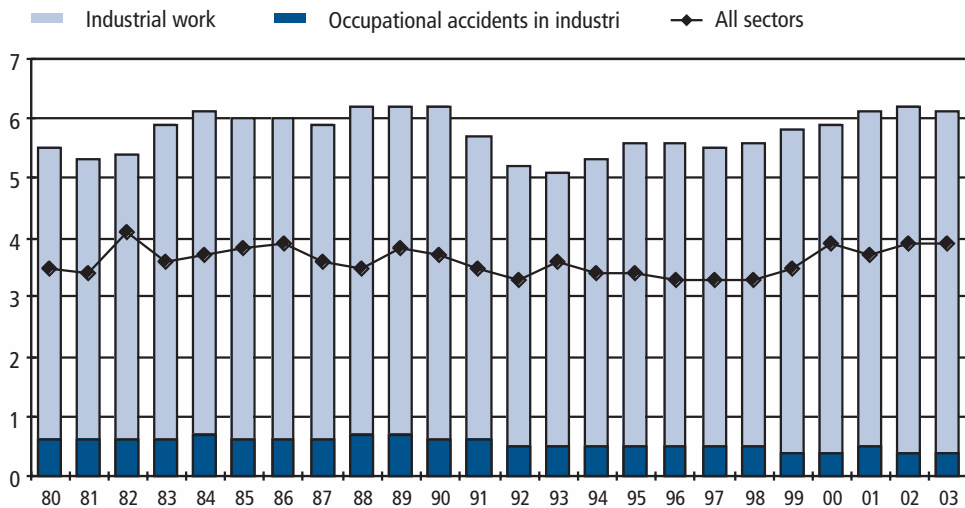
**Figure 1. Days of paid sick leave by disease in 1990–2003**



Source: Health insurance and family benefits statistics, Social Insurance Institution

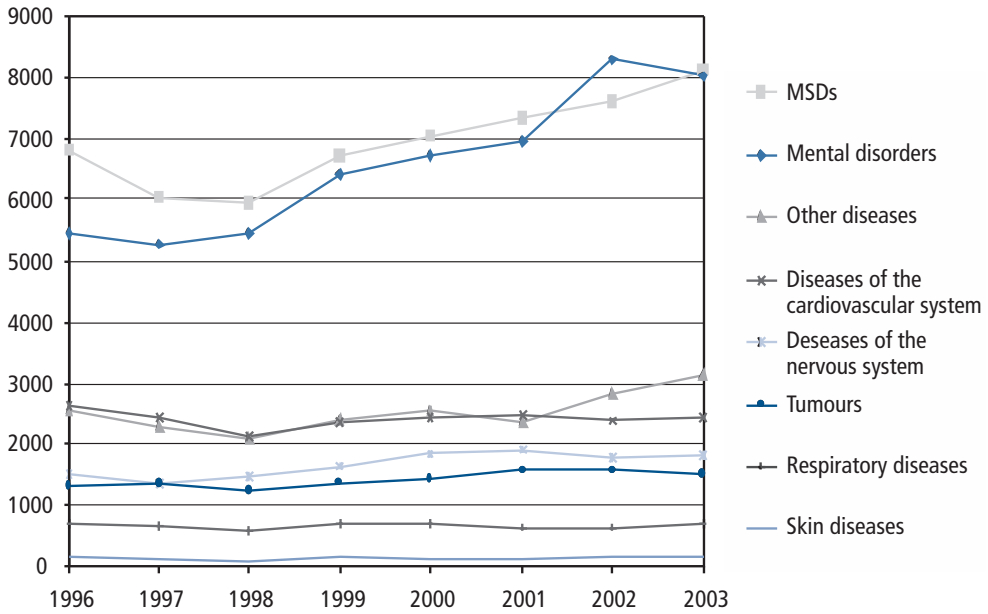
**Figure 2. Sick leaves 1980–2003**

Sick and accident leaves of industrial workers (% of theoretical regular working time) and sick leaves of all employees



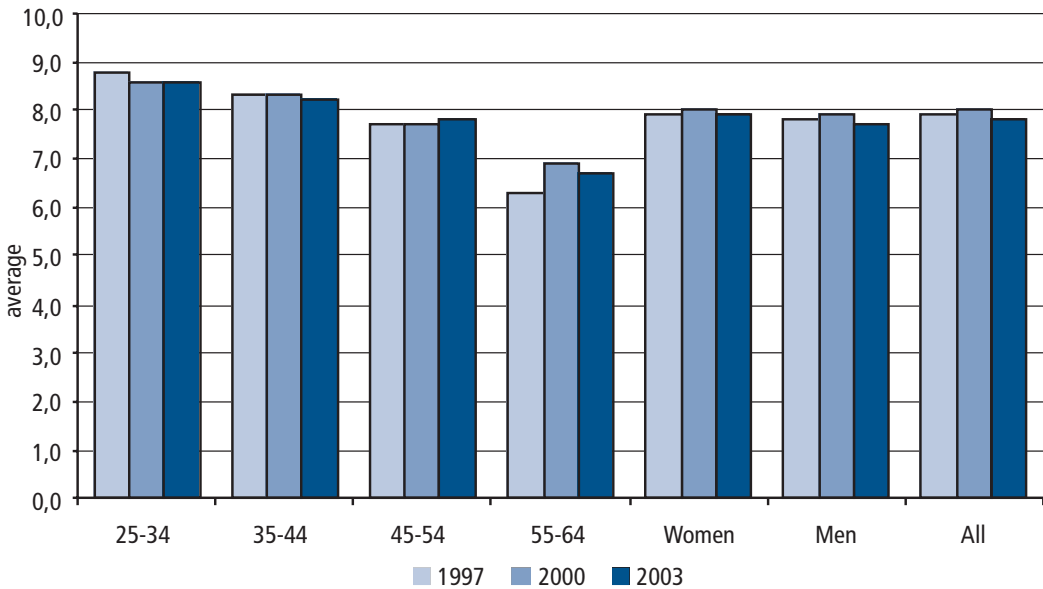
Source: Working Time Survey, the Confederation of Finnish Industry and Employers. Labour Force Survey, Statistics Finland

**Figure 3. The number of persons retired on invalidity pension by disease 1996–2003**



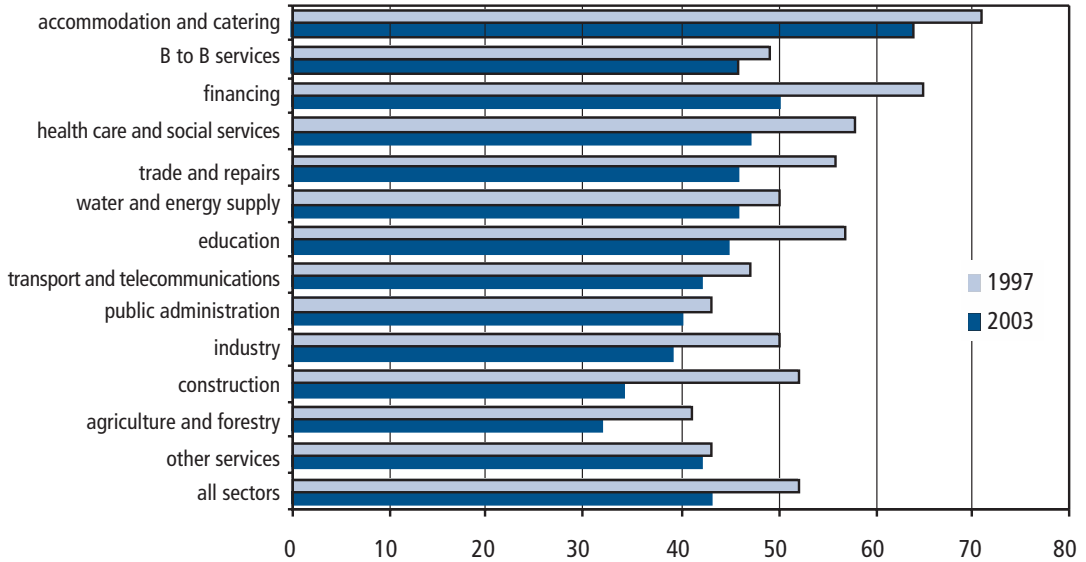
Source: Recipients of employment pensions in Finland 1996-2003, Finnish Centre for Pensions, Social Insurance Institution, State Treasury

**Figure 4. Self-estimated work ability by age group and gender in 1997, 2000 and 2003 (all persons of working age)**



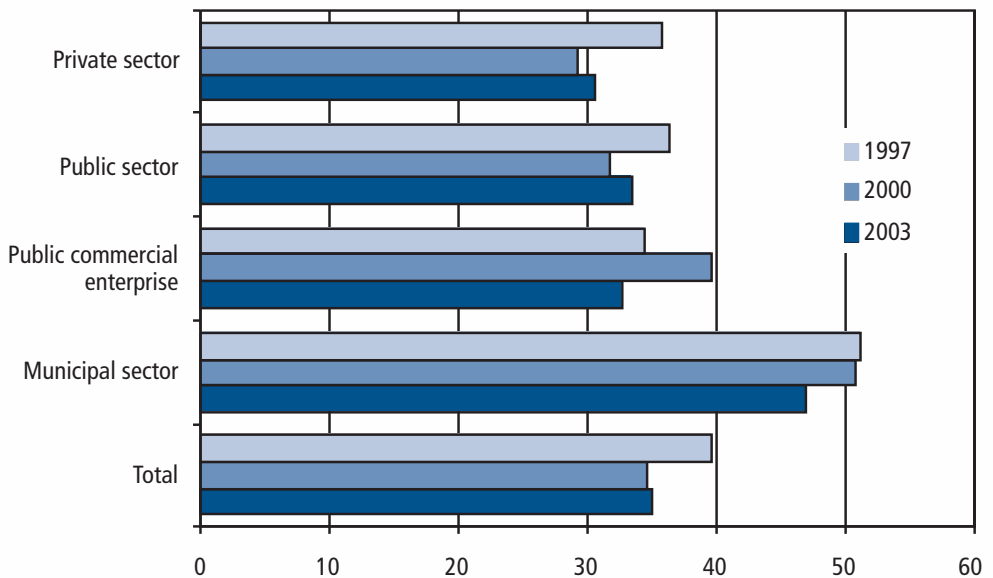
Source: Work and Health in Finland 2003, Finnish Institute of Occupational Health

**Figure 5. Time pressure at work by sector in 1997 and 2003 (%)**



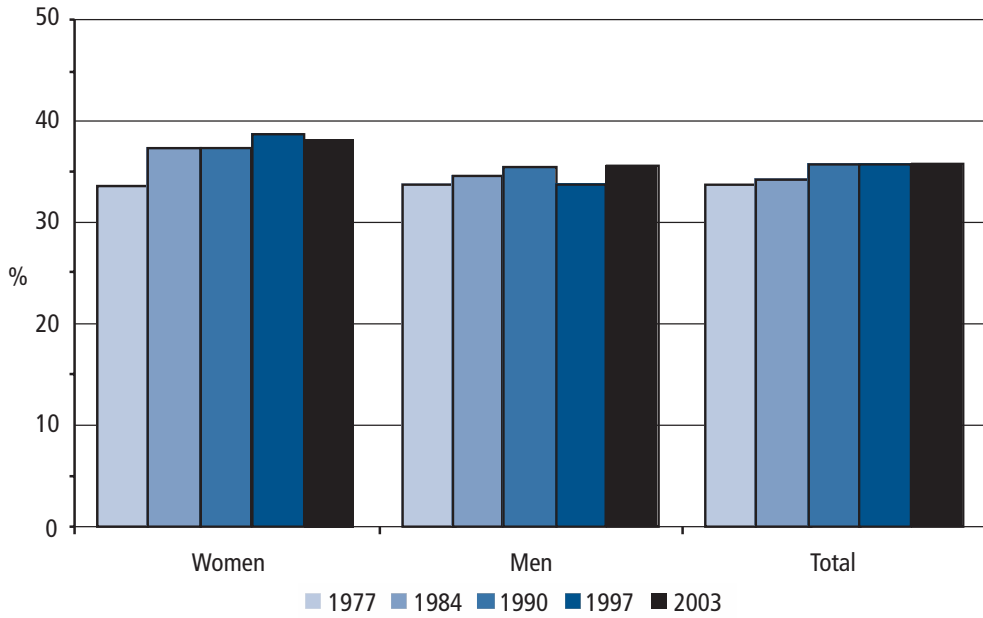
Source: Work and Health in Finland 2003, Finnish Institute of Occupational Health

**Figure 6. Employees experiencing mental strain at work by employer sector in 1997, 2000 and 2003 (%)**



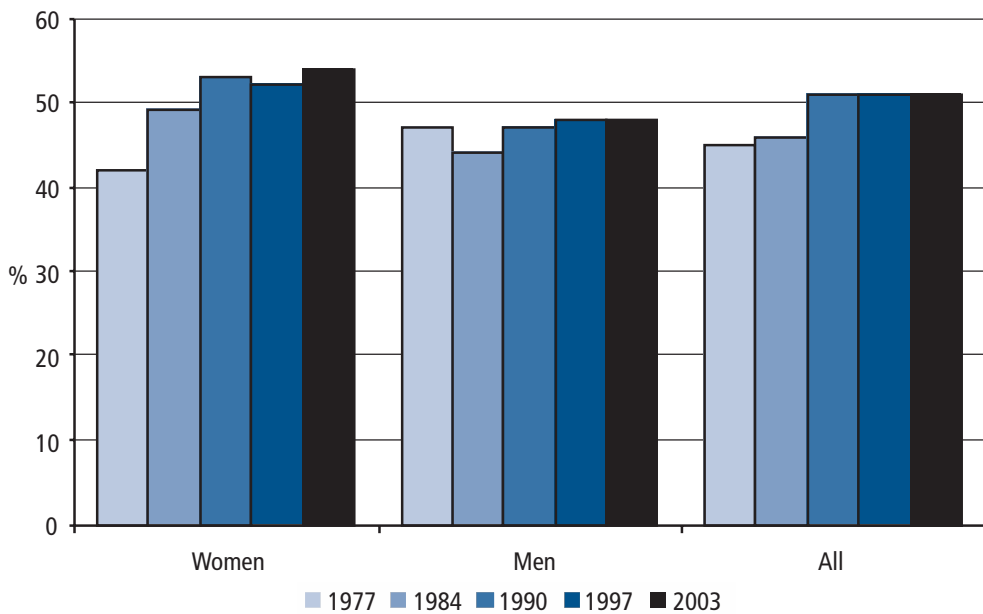
Source: Work and Health in Finland 2003, Finnish Institute of Occupational Health The employed; those who have experienced their work mentally very or rather stressful (%).

**Figure 7. Physical strain at work**



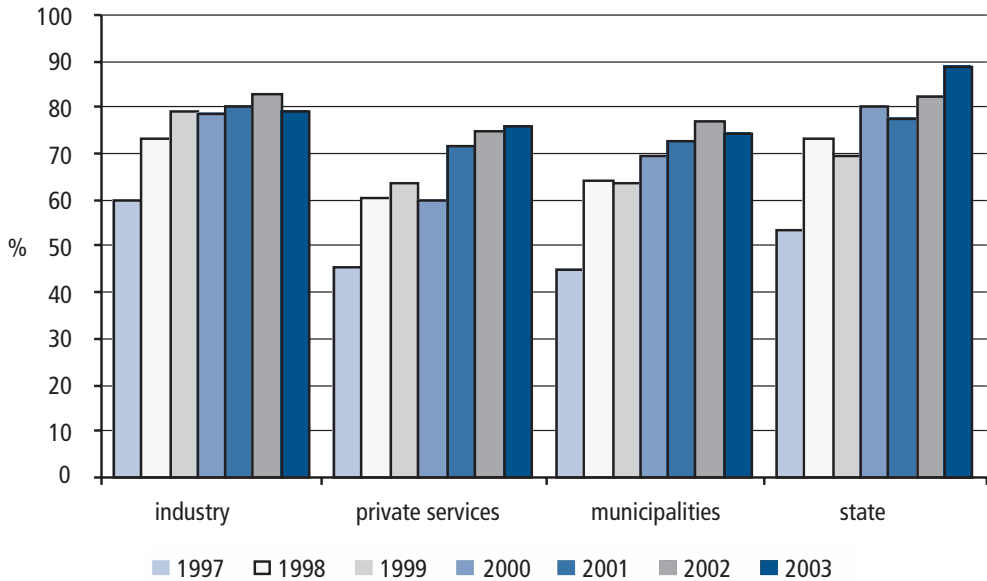
Source: Statistics Finland

**Figure 8. Mental strain at work**



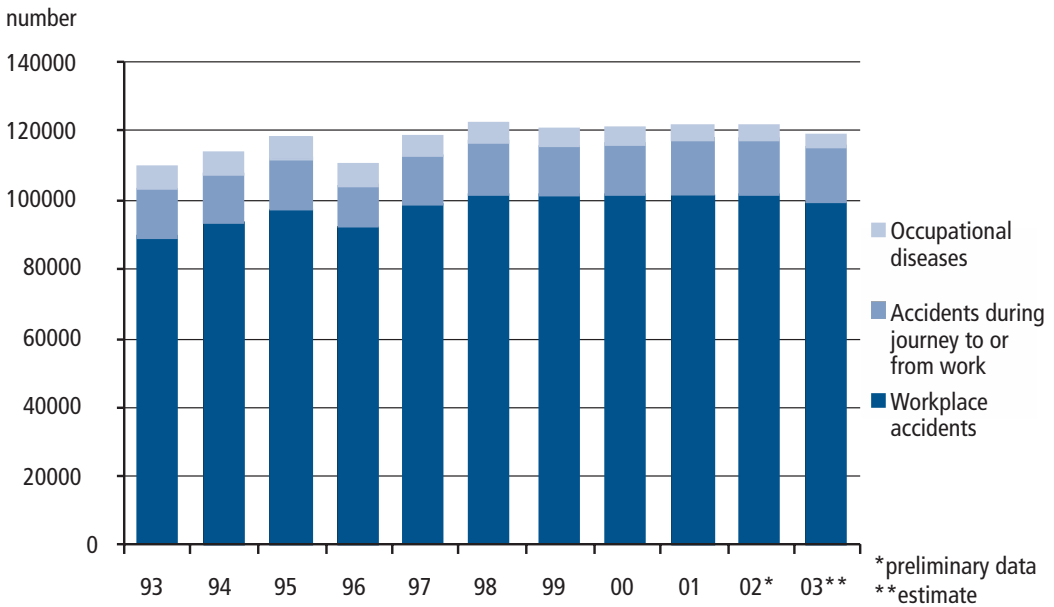
Source: Statistics Finland

**Figure 9. Employees' occupational safety affected significantly or to some extent, 1997–2003**



Source: Working life barometer 2003, Ministry of Labour.

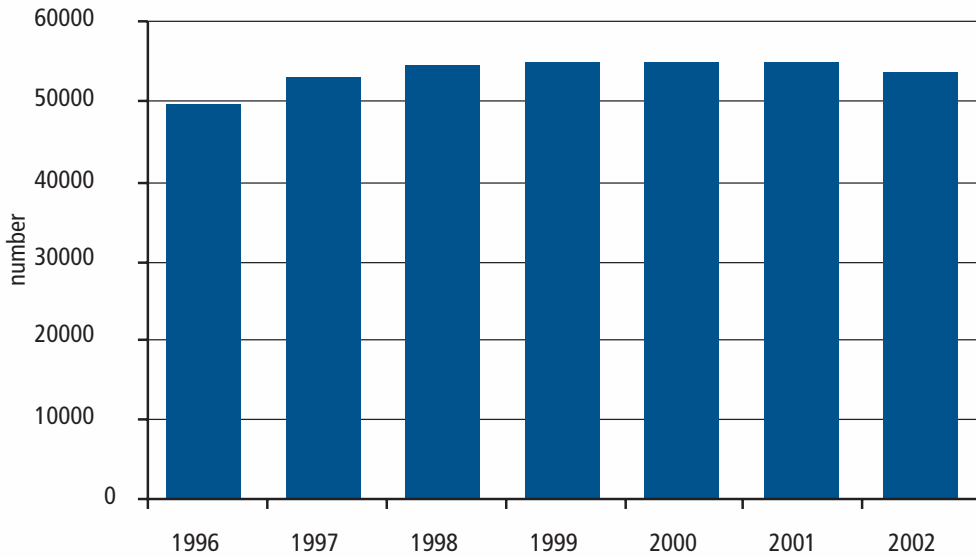
**Figure 10. Employees' occupational accidents and diseases 1993–2003**



Source: Federation of Accident Insurance Institutions.

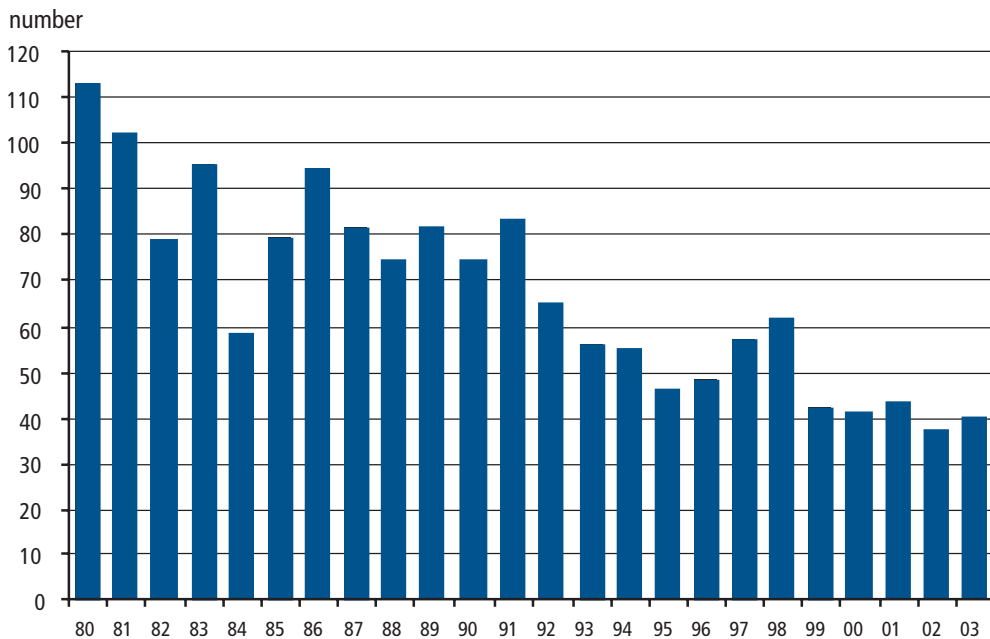


**Figure 11. Workplace accidents leading to disability exceeding three days 1996–2002 (employees)**



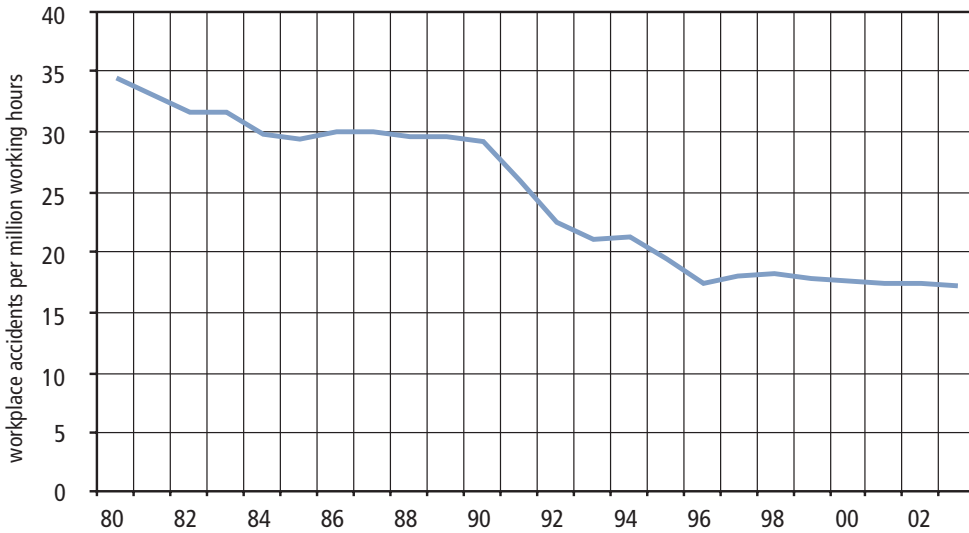
Source: Federation of Accident Insurance Institutions.

**Figure 12. Employees' fatal workplace accidents 1980–2003**



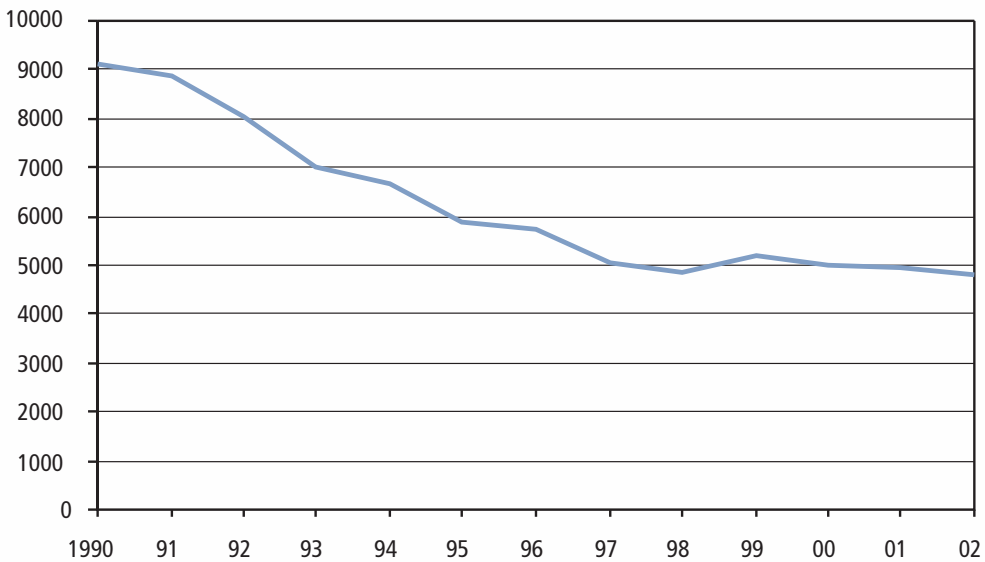
Source: Statistics Finland

**Figure 13. Workplace accident frequency among employees 1980–2003**  
(disability of at least 3 days)



Source: Statistics Finland

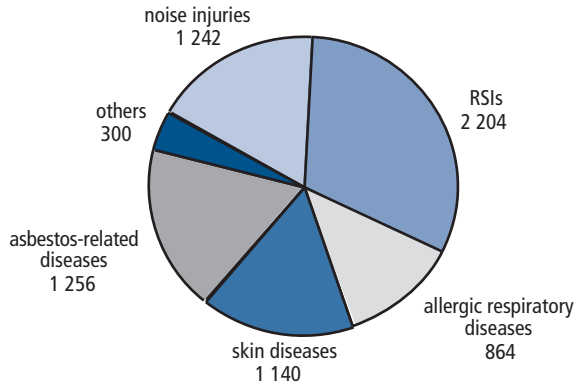
**Figure 14. Development of the number of occupational diseases in 1990–2002**



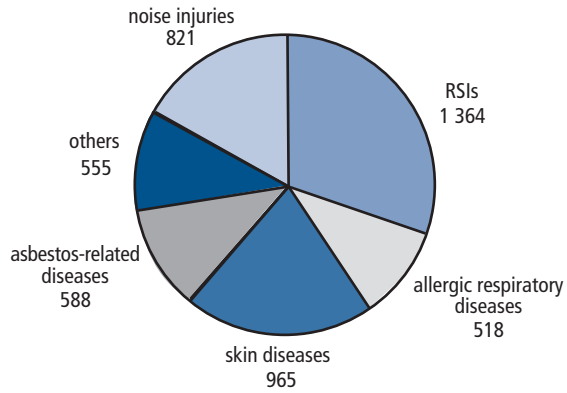
Source: Finnish Institute of Occupational Health

**Figure 15. Number of occupational diseases by disease group in 1993 and 2002**

**By disease group in 1993**



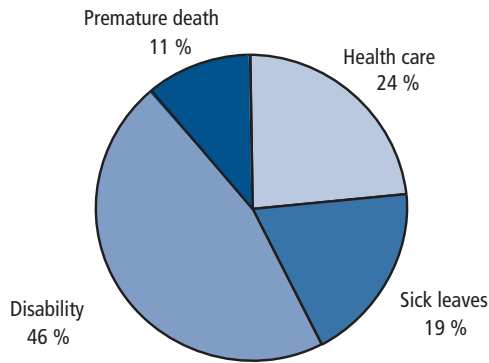
**By disease group in 2002**



Source: Finnish Institute of Occupational Health

**Figure 16. Costs caused by work-induced diseases and accidents in 2000**

Disease class	Caused by work (estimate)		COSTS
	%	cases	million euros
Tumours	4 %	700	102
Mental disorders	5 %	2 600	193
Nervous and sensory system disorders	20 %	3 900	334
Cardiovascular diseases	10 %	2 500	400
Respiratory diseases	25 %	5 600	273
Skin diseases	45 %	2 900	67
MSDs	33 %	43 100	1 030
Occupational accidents	100 %	65 700	454
Total		127 100	2 853



Source: Ministry of Social Affairs and Health, Department for Occupational Safety and Health, Ulla Reina-Knuutila, February 2003.

**Table I. Supervision of occupational safety and health in numbers**

<b>Workplace inspections</b>	<b>1998</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
Number of inspections	26415	24242	23393	22700
Number of inspected objects	19984	16537	15634	15448
Hours used on inspections, total	60594	51032	55772	55244
Hours used on one inspection, average	2,3	2,1	2,4	2,4
<b>Coercive measures</b>				
Number of coercive measures	72	71	45	80
Prohibitions of use confirmed by inspectorate	50	55	16	48
Prohibitions of use unconfirmed by inspectorate	2	9	6	6
Binding decisions	22	16	29	32
<b>Notifications and reports to prosecutors</b>				
Notifications to prosecutors	117	128	136	143
Reports to prosecutors	201	211	183	188
Reports on occupational accidents	189	299	249	219
<b>Service demand</b>				
Contacts by clients	132633	136300	130650	130070
• employment relationship issues	82647	77660	71720	69680
• working conditions issues	41684	37840	38310	41410
• other service demand	8302	20800	20620	18980
Inspections on request	9517	9236	8542	6451
Reports on preliminary supervision	1432	1196	1151	821
Client-initiated training, days	1090	918	1098	1229
Client-initiated training, hours of training	86854	73314	106495	94757
<b>Investigation of occupational accidents and diseases</b>				
Investigated occupational accidents	699	647	632	653
Investigated occupational diseases	58	65	84	83
<b>Permit administration of OSH inspectorates</b>				
Asbestos authorisations	39	37	28	25
Other exemption orders	17	36	22	20
<b>Personnel (person-years)</b>				
Department for Occupational Safety and Health	84	91	90	88
OSH inspectorates	428	428	426	431

Source: Annual reports of the Occupational Safety and Health Administration, Ministry of Social Affairs and Health.

**Table 2. Focal areas of supervision by OSH inspectorates, and objects of activity in the planning period 2004–2007**

<b>Mental well-being at work</b>	<ul style="list-style-type: none"> <li>Control of client violence</li> <li>Health care and social services</li> <li>Public administration</li> <li>Judicial system and prison administration</li> <li>Police and frontier guard</li> <li>Compulsory social insurance</li> <li>Detective, guard and security services</li> <li>Hotel and restaurant sector</li> <li>Hotels</li> <li>Restaurants, cafe-restaurants, food kiosks</li> <li>Coffee, beer and drink bars</li> <li>Public transport</li> <li>Retail trade</li> <li>Real estate maintenance</li> </ul>
<b>Control of practices pertaining to harassment and inappropriate treatment</b>	<ul style="list-style-type: none"> <li>Parishes and religious organisations</li> <li>Teaching and research</li> <li>Health care and social services</li> <li>Public administration</li> </ul>
<b>Control of harmful stress factors caused by work</b>	<ul style="list-style-type: none"> <li>Health care and social services</li> <li>Teaching and research</li> <li>Banking, financing and insurance activity</li> <li>Public administration</li> <li>Judicial system and prison administration</li> <li>Police and frontier guard</li> <li>Compulsory social insurance</li> <li>Detective, guard and security services</li> <li>IT sector</li> <li>Software planning, making and consulting</li> <li>Data processing</li> </ul>
<b>Prevention of MSDs</b>	<ul style="list-style-type: none"> <li>Public administration</li> <li>IT sector</li> <li>Software planning, making and consulting</li> <li>Data processing</li> <li>Banking, financing and insurance activity</li> </ul>
<b>Lifting and moving by hand</b>	<ul style="list-style-type: none"> <li>Construction</li> <li>Manufacture of metal products</li> <li>Manufacture of sawn timber and woodwork</li> <li>Food industry</li> <li>Trade sector</li> <li>Real estate maintenance</li> <li>Health care and social services</li> <li>Agriculture and forestry</li> </ul>

<b>Repetitive work</b>	<ul style="list-style-type: none"> <li>Construction</li> <li>Textile and clothing industry</li> <li>Manufacture of metal products</li> <li>Manufacture of sawn timber and woodwork</li> <li>Food industry</li> <li>Retail trade</li> </ul>
<b>Prevention of occupational accidents</b>	
<b>Safety control in accident-prone sectors</b>	<ul style="list-style-type: none"> <li>Food industry</li> <li>Manufacture of woodwork</li> <li>Construction</li> <li>Glass and ceramic industry</li> <li>Metal industry</li> <li>Loading and storing</li> </ul>
<b>Safety control in common workplaces</b>	<ul style="list-style-type: none"> <li>Construction</li> <li>Ship and boat building</li> <li>Terminal operations in road traffic</li> <li>Environment maintenance</li> <li>Loading and storing</li> <li>Reconstruction and maintenance of industrial plants</li> <li>Plants of processing industry</li> </ul>

Source: Agreements on performance targets concluded between the Ministry of Social Affairs and Health and the OSH inspectorates for the years 2004-2007.

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