

FROM PUBLIC TASK TO PRIVATE BUSINESS. THE DEVELOPMENT OF THE RELATION BETWEEN THE DANISH OCCUPATIONAL HEALTH SERVICE AND THE COMPANIES – THE PAVLA PROJECT

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Professional Advice as an agent towards the Local working environment Activity (PAVLA) can be an important base for leaps in the management of health and safety. Six casestudies and experiences from quality controllers shows that while the motive to make the leap comes from authorities or costumers, the advisors long term relation to company safety management can establish a successful community of practice.

OHS, prevention, advice, quality, community of practice

1 Introduction

The Danish Occupational Health Service (OHS) was established in 1979. It was designed as a service focusing on workplace prevention whereas the traditional medical services such as medical check ups or individual treatment of workers were scaled down. (Kabel et al 2007, Hasle & Limborg 2004). The service was organized as independent institutions governed by bipartite employer/employee boards, overlooked by a tripartite committee according to the reflexive Danish labour market model (Hasle & Petersen 2004). Companies in certain hazardous sectors were obligated to affiliate the OHS, and the service was gradually expanded. OHS covered approximately 40% of all employees in 2004. There was no formal academic education in occupational health and safety, but the OHS-system created an occasion for the development of a new profession of occupational health and safety advisers (Limborg 2001).

The OHS-system was built upon a technical prevention strategy, which differentiate substantially from the medical based OHS found in most other countries. Through the nineties this strategy has been challenged by a development approach influenced by the professionalism of psychologist and consultants within management and organisation. This change of paradigm has been seen as the foundation of a contemporary professional Occupational Health Service among the professionals themselves.

In 2005 the OHS-framework was fundamentally reconstructed. The general obligation for the industries to be affiliated has been replaced by a possibility for labour inspectors to issue improvement notes to use OHS. At the same time the obligation to create bipartite independent institutions was lifted, and the OHS is now functioning as traditional consultant firms providing a broader range of services, including individual health checks and lifestyle treatment (Bjørnstad & Petersen 2004). The role of OHS is undergoing a transformation in focus from strengthening the preventive health and safety activities based on bipartite co-operation in the companies to a system rectifying the risks that are in conflict with the legislation. Alongside this change of organisational role, a change of the professionalism and the perception of how consulting of companies should be organised is gradually changing.

A quality assessment of the OHS was established from the late 90's. The quality of the OHS was assessed in relation to three important general objectives referred to as the three "mantras". Each OHS unit had to pursue: (i) To be holistic and multidisciplinary. (ii) To have a high level of prevention. (iii) To support the member companies in their own working environment effort.

2 Objectives of the PAVLA project

The PAVLA project is aiming to assess to what extent the Danish Occupational Health Service, with its special emphasis on technical prevention, has had an impact on the ability of companies and intermediaries to improve working conditions. More than the working environment itself the project focuses upon the organisation, the methodology, the role and experience of the OHS advisers and the relation between the OHS and the companies, in order to understand what constitutes positive impacts and improvements from Occupational Health Service. The project has assessed to what extent the three above mentioned "mantras" i.a. objectives have influenced, the content of the OHS tasks and the strategies of the intermediaries. The fundamental research question is if the system has lead to an improved and self sustained management of the working environment within companies and institutions and how it has developed over time. The project has through 6 case studies analysed how these companies have developed their use of and demand for advisers and consultants within OHS. Storylines have described the development of the relation between company and OHS-unit. A cross analysis of these relations focuses upon what incentives has made the companies utilise OHS-services and how the quality of the services has changed.

PAVLA is a development project supported by the Danish Working Environment Research Fund. Output is a scientific report, a pamphlet to the companies and a training material used for vocational education of potential working environment professionals.

3 Methods

The project has been organised to collect data in four levels: Existing literature on the role and working methods of Occupational Health Services, experiences from the accredited controllers performing audits of the OHS units related to the quality assessment system, six case studies of the long term relation between OHS and a specific company and three forum meetings with scientists and education planners. The included literature survey has been limited to European publications and concentrated to Nordic experiences. Controllers conducting quality audits answered a short inquiry and were gathered to a weekend seminar and taking through a series of focusgroup interviews. The case studies are performed as Chronicle workshops (Limborg and Hvenegaard 2006) which enable selected relevant actors to reveal their experience of the relation in a chronological frame. Each case study has been examined in order to elucidate the important element of the process of consultation. The analysis is based upon a model of the relation between advisory system and company or institution, see fig. 1. Further focus has been upon how the three general objectives of the quality system are conducted in practice. The initial findings and hypotheses have been scrutinized in "forum meetings" which has been held with danish and scandinavian scientists. A third meeting focusing upon education and the planned training material will take place in september 2007.

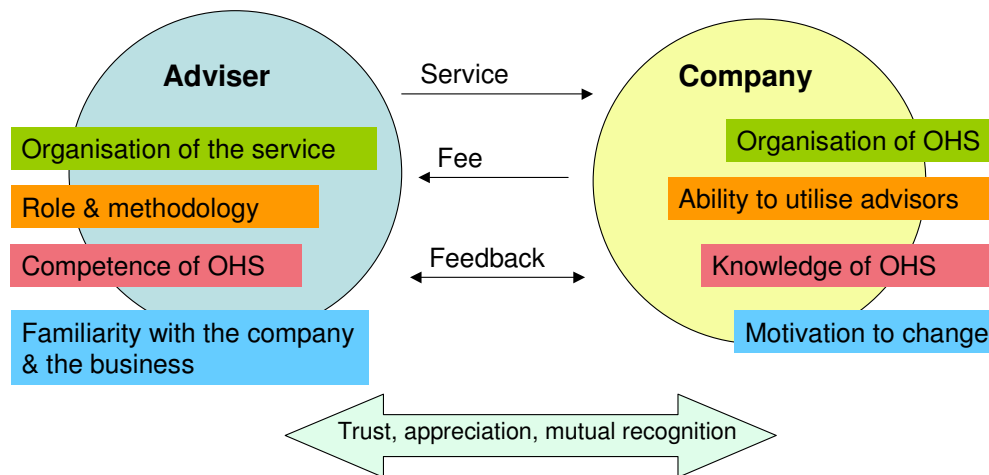


Fig 1: Model of the relation between adviser and company

4 Results

At first sight it seems obvious that the relation gradually has developed from brief expert based advices of concrete improvements (referred to as an “ambulance service”) to become a far more integrated support to the internal OHS management and related processes. From a more thorough analysis we found a parallel development in the cases which was constituted by crucial leaps in the perception of how the working environment should be managed. These originated from changes of attitudes, interests, and political priorities within the companies, sometimes generated by new external demands from costumers or authorities. Whether these changes also created a new relationship between company and OHS advisor seems to depend on the prerequisites of the OHS. The change processes in the companies developed within what we refer to as a “community of practice” using the concept of Wenger et al. (2002), defined as a group of people who share a passion for something that they know how to do and who are able to interact regularly. The contribution of “the know how to do” is obviously a role by which an Occupational Health Service can play an important part in the community of practice; by having a firm knowledge of the working environment issues in focus, acquaintance with the production conditions and by proving skilful in supporting social relations. In the following these findings are substantiated by the data and case studies.

4.1 Experience from the quality controllers

The required quality approval for an OHS concerns a system, resources, competencies and procedures. Once approved for a period of 5 years, the OHS-unit have a control visit two times (or three times if needed). The lead auditor will control the documentation of the system while the second auditor (a working environment expert) follows an OHS-consultant on a planned visit in a company. These controllers were our informants in the Focus Group workshop. They reported large differences in the quality and the conduct of the OHS advisors, but also general improvements in the OHS ability to develop their quality system. The OHS unit had difficulties to transfer the preventive, holistic and supportive objectives into operational measures for their advisory practice. They are obviously not possible to consider as “off-the-shelf services”, but they are met in the companies cultivated by the long term relation to skilful consultants.

4.2 *Case: Residential institution*

The workplace is a large unit which is a part of the social-psychiatric sector in a municipality with internal OHS. Following a long period of a few minor practical tasks given to the OHS, a turning point in the long term relation to the OHS has been identified and was connected to a change of paradigm for the core task: from nursing the clients to a social and pedagogic effort towards the clients. A new safety manager and a new contact person among the OHS-consultants have been key actors in a project reducing violent behaviour from the clients. The project has been organized with inspiration from the theory on communities of practice. As the project proved to be successful in the participating department, a policy of conflict handling was decided. A follow-up project goes deeper into the core task and aims at establishing a better communication between the different actors concerning the clients: police, hospitals etc.

4.3 *Case: Factory from the food, beverages and stimulants sector*

The factory with more than 500 employees have had a membership in the local OHS-center from the early eighties. On a base of chemical and ergonomic routine tasks, a closer and more holistic cooperation has emerged. A turning point occurred in the mid nineties, involving a professional safety manager, a new safety organization, labour inspection and attention from top management. At this point, the OHS became “relevant” to the management as a safety rep says. Establishing a systematic effort and later a system to get a working environment certificate is supported heavily by the OHS. Confidence grows and the OHS-psychologist is invited to plan and realize a process together with the safety organization, concerning psychosocial problems in one department. Working together comes close to a community of practice. Free to leave behind the mandatory OHS-membership because of the certificate, the factory decided to continue the relation in order to obtain support in maintaining the certificate.

4.4 *Case: Biotech industry*

The workplace is the mother company with administration, research laboratories, test production and canteen. A membership in a larger OHS-center is extended to some production sites shortly after 2000 and together with an adapted inspection from the authority and a new safety organization it represents a turning point. Key actors have been a safety manager promoted, a new contact person from OHS and, not the least, commitment from top manager. One effort has been education of first line managers concerning their responsibility and duties with respect to the working environment. Focus groups on chemicals, accidents, heavy lifting, body and motion as well as psychosocial working environment has been formed with OHS-consultants either as members or as external experts. Support to keep working environment certificate is a task now and in the future. This can be seen as a community of practice with safety manager and OHS contactperson communicating and interacting regularly.

4.5 *Case: Biochemical process industry*

The workplace is a department of a multinational industry producing substances for industrial use. The company has an internal Occupational Health Service separated in a medical centre performing health examination and promotion, and a working environment section providing technical and ergonomic support. Safety management and OHS was challenged when an important customer commented the exposure to biological substances and considered change of supplier. The demand was “no

exposure” and a documentation of this as well. A zero-exposure project was launched including all relevant departments from design to sales together with the two OHS departments. This task force developed the qualities of a community of practice while scrutinising the total production flow. As a result technology, procedures, behaviour and training was reformed, leading to almost zero waste and thus no exposure of workers. The medical centres knowledge of the occupational health aspect and their procedures for monitoring exposure levels was in combination with the technicians’ knowledge of the production process, ventilation and other measures to reduce waste, important players in the project, but in it self not sufficient to create the zero exposure leap.

4.6 Case: Metal goods factory

Being a small enterprise the relation was for a long period limited to two tasks: Reducing noise caused by handling of iron and a high number of accidents like cuts and squeezes. A lot of reports and following technical improvements were performed. Nevertheless, the number of accidents was not reduced, neither came the noise level below the threshold limit. Taken over by a larger company in the nineties the management was encouraged to apply for an OHSAS 18001-certification. A process which was conducted by a senior staff member with support from OHS. Through this process the limitation of the former relation was realized and from this point of departure OHS was given a new task of training first line managers, aiming at a better risk behaviour.

4.7 Case: Six companies from various sectors

Chronicle workshop participants from building and machine industry, grocery store, health care products, municipality and higher education had different priorities for OHS. Safety reps wants external advisers, especially when it comes to breaking the taboo of the psychosocial working environment. Safety managers consider it an important leap when their jobs are promoted and upgraded in order to take over many of the services OHS provided before. Both parties agree on the need for external advisers for education and for specialized expert advice, and they agree on the advantage of the long term relation. “No need to explain new consultants about the whole company” as a safety manager says.

5 Discussion

Case studies are of course by no means representative, but analysed as critical cases they revealed a somewhat common storyline of the relation between companies and OHS. From this we found it possible to bring to light a number of parameters and conditions which are crucial in the development of a - prevention oriented, holistic and structurally embedded - working environment practice. The cases show us that the occasion and the causes for companies to develop their attitude towards working environment arise from a change of management focus. This can be initialised by demands from authorities, costumers’ demands or a general change in management philosophy, but it does not seem to develop from sound advice or arguments alone. The OHS can play an important role in the accomplishment of integrating the new approach and to transform it into a daily practice. But it depends on how the relation between OHS and company is constituted. The relation has in all the cases developed from the “ambulance service” to an integrated support to the internal OHS management and other taskrelated processes. The relation is far more diverse than the traditional conception of an OHS consultant, as it is depending on the relations developed between

all key actors involved. The groundbreaking leaps in the approach to working environment uncovered in the casestudies were depending on the formation of a company related “community of practice”, that shared a perception of a healthy working environment as essential to the business although for various reasons, and a wish to overcome the traditional level of risk acceptance.

If the OHS consultants and the organisation they represent shall contribute to the community of practice they must meet four demands of which some are challenging the traditional concept of OHS advisors and all require acquaintance and trust. As before they must have a thorough and extensive knowledge and experience with the concrete working environment issues at stake. They should be humble and able to take up the role as an expert as well as a mediator that can challenge diverse interests. They must have a professional network by which they can expand their own and the companies perception of acceptable risk. And finally, they must be able to recognize important communities and not limit development to formal or legal structures.

The Danish Occupational Health Service has since 1980 depended upon long term contracts established through the mandatory affiliation. And the companies have been limited to a few different OHS models. These relations will now change to a much more complex and diverse market of many different consultancies representing multiple competences and methodological approaches. This is leaving the companies with the difficult demand, to be able to assess the quality of the diverse offers, ranging from individual therapy to advisers of complex technical issues. If the OHS shall not be reduced to a mere technical support to solve what’s just necessary to keep the Labour Inspection out, the OHS units and their staff as well as the responsible politicians must emphasize that “quality” of a preventive service relates to the way relations are developed and maintained, far more than price or CV’s.

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